



Cambridgeshire  
Community Services  
NHS Trust



*Celebrating*  
our people

**Annual  
Report**

2022-  
2023



# Introduction

## Our Mission:

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

## Our Values:

Honesty

Empathy

Ambition

Respect

## Our Objectives

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

Our portfolio of services in 2022/23 was provided from the following main sites, as well as from GP surgeries and health centres, community settings such as schools, children's centres and people's own homes:

### Bedfordshire

The Child Development Centre in Bedford and a range of community-based facilities

### Cambridgeshire

Brookfields Hospital in Cambridge, Doddington Hospital, Princess of Wales Hospital in Ely, North Cambridgeshire Hospital in Wisbech, Oak Tree 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, Vancouver House in King's Lynn and a range of community-based facilities

### Peterborough

City Care Centre, Midgate and Kings Chambers

### Suffolk

Orwell Clinic and Nash House in Ipswich, Regent Road in Lowestoft, Abbey View and Hillside in Bury St Edmunds, Newmarket Community Hospital and a range of community-based facilities

### Milton Keynes

South Fifth Street

# Our Services

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk	Milton Keynes
<b>Adult services</b>							
District nursing/ community matrons			X				
Specialist nurses/ long term conditions			X				
Neuro-rehabilitation	X	X Oliver Zangwill Centre**					
<b>Specialist services</b>							
Community dental services, dental access centres, and minor oral surgery	X Oral health promotion only	X		X Minor oral surgery only	X	X (excluding DAC)	
Musculoskeletal services		X			X		
Sexual health and contraception services	X	X		X	X	X	X
HIV services	X	Huntingdonshire		X	X	X	
Covid-19 vaccination centres****		X		X	X		
<b>Children's services</b>							
Health visiting	X	X	X	X	X*		
School nursing	X	X	X	X			
Therapies	X	X		S&LT			
Community nursing	X	X	X				
Audiology	X	X	X				
Community paediatricians	X	X	X				
Children's rapid response	X		X				
Family nursing partnership		X		X			
Emotional health and wellbeing service		X		X***	X*		
Continuing care	X		X				X

\*These services in Peterborough are provided in partnership with Cambridgeshire and Peterborough NHS Foundation Trust

\*\*Centre closed on 30 June 2022

\*\*\* Launches on 1 April 2023

\*\*\*\* Contract ended on 30 March 2023

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*Celebrating*  
**our people**

# Thank you to our PPE volunteers for helping to keep our staff safe

**Our personal protective equipment (PPE) volunteers carried out their final shift in March 2023.** Since June 2021, the volunteers have supported with the distribution of PPE stocks to sites across the Trust, which has involved packing and sorting hundreds (possibly thousands!) of boxes of PPE to help keep our people safe.

Since December 2021, the Trust has had a partnership with Switch Now, an organisation which supports young adults with learning difficulties/disabilities to have training and work experience. We welcomed five young adults from Switch Now as well as two members of staff who supported them during their volunteering shifts. One of these volunteers went on to secure employment in a similar role, thanks to their volunteering experience at CCS.

This has been a wonderful example of partnership working and inclusive volunteering, and has demonstrated how volunteering can improve confidence, skills and employment prospects.



# Performance Report

**Chair and Chief Executive's Welcome**

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# Chair and Chief Executive's

# Welcome

**Our annual report for 2022/23 shows the enormous commitment, compassion and resourcefulness of our teams in another challenging year.** Serving a population of 3.2m people from Lowestoft in the east to Milton Keynes in the west, we provide universal and specialist community health services in people's homes or from local clinical facilities providing essential services, often 365 days a year.

Key to delivering care across this large geography are partnerships with NHS, local authority, education and third sector partners. We are active members of the integrated care partnerships in Bedfordshire, Luton and Milton Keynes; Cambridgeshire and Peterborough; and Norfolk and Waveney. Improving care for local residents also means creating opportunities to work differently and supporting pressures being felt by other organisations, not just our own. Therefore, the development of community health and care-at-home models that support people to stay well and prevent ill health for adults and children are crucial, as are the community diagnostic centres that will be based on our sites in Cambridgeshire. These models of care will ensure waiting times are minimised and people can access diagnostic tests quicker and closer to where they live.

Without our teams, staff and volunteers, we do not have an organisation, nor would we be able to provide the outstanding services that we offer, 52 weeks a year. However, we have gone through an unparalleled period where even the cost of travelling to work has stretched people financially beyond what they can bear. We have rightly enhanced the range of health and wellbeing support and introduced financial support for those who are particularly struggling.

Having an inclusive culture and work environment is also vital to attract staff that reflect our local population. Our staff networks play a key role in supporting staff, inspiring a sense of belonging and facilitating progressive change.

**Our large-scale Covid vaccination sites have delivered a remarkable**

**1,764,201 vaccines**

**since they first opened.**

We have now wound down our role in the national Covid vaccination programme, but our thanks go to our inspirational staff and volunteers who played such an important role in this historic endeavour.



Our cultural diversity network chair, **Austin Chinakidzwa** stated in his recent Board discussion, ***"People feel safe to come and talk about issues around inequalities and fairness as well as share stories and their own personal experiences of working within the Trust."***

The results from the annual staff survey reflect the culture in the Trust, built on kindness, compassion and putting people first. We were the best performing community trust nationally for being compassionate and inclusive, safe and healthy, always learning, working flexibly and each having a voice that counts. There is always more we can do, but our people's commitment to one another and to delivering outstanding patient care shines through. This supportive culture was also demonstrated during recent industrial action, as we saw our teams working together to find the best outcomes for service users. This included stepping up services to support others in the system and helping to minimise the impact on patient care, whilst supporting colleagues exercising their rights to strike.

**Without our teams, staff and volunteers, we do not have an organisation, nor would we be able to provide the outstanding services that we offer, 52 weeks a year.**

During the second half of the year, we worked with our service users, staff and partners to create our new three-year strategy, which was signed off by our Board in April 2023. We believe it will help us to deliver on the things that matter most to our service users and the people who work with us. Partnerships with health and care organisations and educational colleagues is at the heart of that plan, as providing integrated care means we all have to change how we work together, to give our local residents the outcomes they deserve.

We are excited to move into 2023/24 creating new opportunities with partners whilst retaining our steadfast commitment to our values and our people.

**Mary Elford**  
Chair

**Matthew Winn**  
Chief Executive



# Overview

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

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

We provide health services for people across five counties, in their homes and neighbourhoods, to support them to live healthier lives. We do this in partnership with individuals, their families and carers, and with health, care and educational providers, preserving good health as well as responding to ill health. We are proud to provide outstanding quality services that meet the needs of our diverse communities in an accessible way, closer to home, giving people more choice and control over their health and wellbeing.

During 2022/23, the Trust received its funding through Clinical Commissioning Groups (CCG), NHS England and local authorities, which totalled **£180 million**.



Many of our services are provided at a regional level and are predominantly focused on preventative care, funded by public health commissioners. Increasingly our work will be characterised by collaboration with other NHS and Care providers, working together in integrated models of care for adult and children's services. Where tenders do happen, we will seek to retain and hopefully expand our services, within the clearly defined parameters approved by the Trust Board. We are however not looking to develop into new service areas beyond our current areas of expertise.

In line with the NHS Long Term Plan, the work we undertake will become more important as the NHS seeks to prevent ill health, support an ever-growing older population, deal with the increasing level of obesity (in children and adults) and manage the complexity of care required to support people to live independently in community settings.

This report sets out our many achievements over the last 12 months, focusing on how we have successfully improved existing services and introduced innovation, 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
- Are integrated across health and social care 'boundaries'
- Are focussed on maximising an individual's potential and independence.

The Trust will continue to work with integrated care systems and local authorities to redesign services to support the achievement of local plans and joint forward plans. These plans will ensure that, where it is clinically appropriate, services will move from the acute hospital setting to the community, making the services more accessible for patients and cost effective for the system as a whole.

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's audit committee regularly reviews strategic risks. Component risks of the corporate risk register are reviewed by other Board sub-committees.

Further information on risk management procedures is provided within the annual governance statement (page 68).

The narrative in the following performance report meets all the requirements and disclosures of strategic reports as required by the Companies Act 2006.

# Performance Analysis

This section of the report reviews the Trust's performance against each of its four strategic objectives:

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

A summary of key priorities for 2023/24 is also provided for each of the four objectives. The strategic risks to delivery of the objectives are mapped to four strategic objectives and managed and reported through the year in line with our assurance and governance processes and more detail is included in the annual governance statement.



## 1 Strategic Objective 1 – Provide outstanding care

We are proud that the CQC rated our services 'Outstanding' in August 2019 following their inspection in Spring 2019. No Trust-wide inspection visits have taken place in 2022/23, however the organisation supported system partners in Bedfordshire, Luton and Norfolk in their Ofsted inspections.

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

In reviewing our performance on providing outstanding care, we have taken into account:

- Patient safety: Incidents; infection prevention and control; the Modern Slavery Act; safeguarding; information governance; and emergency planning
- Clinical effectiveness: Clinical audit and effectiveness; research; and publications
- Patient experience and people participation: Patient feedback; engagement, participation and co-production; Patient Advice and Liaison Service; and complaints
- Diversity and inclusion: Demographics; objectives; and measuring outcomes

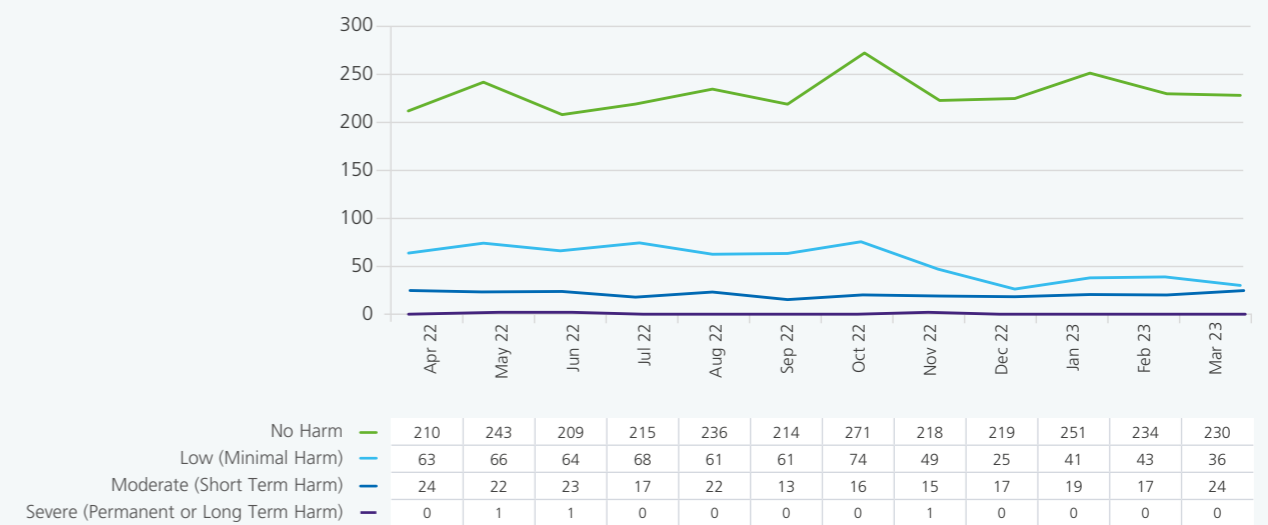
## Patient safety

### Patient safety incidents

3,631 patient safety incidents and near miss incidents were reported via our web-based incident reporting system Datix. This is a decrease over the previous 12-month period of 309. This level of reporting equates to approximately 0.4% of the contacts our staff have with service users each year which is the same proportion

as the previous 12-month period. 93% of these incidents resulted in no or low harm, 6.5% moderate harm and the remaining 0.5% relate to severe harm which occurred off caseload (these are incidents that our people have found as part of their clinical visit, which are not linked to care provided by the Trust).

Patient Safety Incidents by degree of harm: April 2022 – March 2023



Our staff are encouraged to record patient safety incidents:

- Which occur as a direct result of CCS care.
- Which originated whilst the patient was cared for by another organisation (such as in an acute trust or while receiving domiciliary care), these are referred to as 'happened upon incidents'.
- Where there has been no professional health/social care input.

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, ensuring learning is identified and shared.

In addition, all patient safety incidents that occur as a direct result of care delivered by the Trust are submitted into the National Reporting Learning System (NRLS).

## Serious Incidents (SIs)

The Trust undertakes full root cause analysis of all serious incidents. These investigations are undertaken to identify the cause of harm and the learning which is then shared across relevant services to reduce the risk of similar incidents occurring again. During the investigation process, we work in a supportive and compassionate way with the patients/families affected and the staff. Where possible, our patients and families are invited to be involved in the investigatory process. There were two serious incidents reported during the year, both within the Luton adult service.

The first incident highlighted the need to work collaboratively with care home and nursing homes to ensure we have clear processes to identify whether someone has cognitive impairments or capacity concerns. The second incident identified the need for a consistent approach to safeguarding escalation across the Trust, as well as a need to embed our 'Think

whole family' approach to safeguarding across all our services. Both incidents resulted in a detailed action plan with the relevant teams to avoid the issues repeating again.

There has been a reduction in the number of serious incidents in the Trust compared to the previous 12-month period (see table below). We review and learn from all incidents and, following review at our weekly incident panels, decisions are taken about the type of investigation required (in line with the Serious Incident Framework).

The table below shows the type of investigations agreed and undertaken following the weekly panel discussions. Whilst there has been a reduction in serious incidents, rapid review and terms of reference reviews have increased significantly. During the year we have also improved the assurance processes connected with closing an incident down once the action plan is completed.

	2020/2021	2021/2022	2022/2023
Learning Workshop	0	2	0
Rapid Review	22	9	21
Reflection Exercise	0	2	0
Root Cause Analysis	16	10	4
Serious Incident	8	7	2
Terms of Reference Review	0	3	11
Thematic Review (SEIPS)	0	0	1
<b>Total</b>	<b>46</b>	<b>33</b>	<b>39</b>

The Trust has started to adopt the processes in the new NHS Patient Safety Strategy through undertaking a thematic review using the methodology of Systems Engineering Initiative for Patient Safety (SEIPS).

This will move away from the single root cause analysis towards identifying gaps within the wider system. The incidents identified within the thematic review would not have individually met the criteria for a serious incident investigation.

## Implementation of the duty of candour

The Trust ensures that the requirements of the duty of candour legislation are followed and are embedded into practice.

## Infection Prevention and Control

The most complex infection prevention and control challenges over the past year have been the continued impact of coronavirus (Covid-19) and Mpox. Extensive infection prevention and control arrangements have been put in place to protect both staff and service users.

There were zero cases of Clostridium difficile, MRSA bacteraemia, MSSA bacteraemia or E. Coli bacteraemia across the Trust.

## Modern Slavery Act

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

Our annual Slavery and Human Trafficking Statement for 2022/23 was approved by our Board and can be found on our website [www.cambscommunityservices.nhs.uk](http://www.cambscommunityservices.nhs.uk).



## Safeguarding

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

- **External Quality Controls:** The Trust participated in multi-agency reviews and audits which focussed on local procedures and safeguarding practice reviews for children and adults and one Ofsted Joint Targeted Area Inspection (JTAI) in Bedford Borough (the response to this is currently pending). The Trust participated in a Joint Area SEND revisit in Luton to review progress against the findings from the 2018 inspection which concluded that sufficient progress had been made in addressing all the significant weaknesses identified previously.
- **Internal Quality Controls:** Our training and development group, across adult and child safeguarding teams, has continued to co-develop refresher training packages that are founded in a 'Think whole family' approach.

Compliance with safeguarding training is recorded in the electronic staff record (ESR) and data is shared with service directors to ensure compliance levels remain above 90%.

The Trust's annual safeguarding supervision survey has taken place and adaptations have been implemented based on the feedback given. Our safeguarding teams and practitioners are all able to access appropriate support which can be tailored to meet their needs.

A new domestic abuse and safeguarding people policy has been created and was ratified in March 2023 to reflect the Trust's objective to embed the 'Think whole family' approach in all safeguarding and clinical working practices.

Record keeping templates for monitoring and recording escalations and Prevent and Mental Capacity Act (MCA) have been implemented over the past year in our clinical system. Audits will be undertaken to review the quality of data collected from these alongside other annual audits which will focus on key issues and inform our quality improvement journey.



- **Section 11 Audit:** The Trust participated in the Norfolk and the combined Bedford Borough, Central Bedfordshire and Luton local safeguarding children boards section 11 self-assessments, which audit how organisations and services are meeting standards to safeguard children and young people. The Cambridgeshire and Peterborough Section 11 self-assessment commenced in March 2023.

**Learning from multi-agency reviews:**

The Trust participated in:

- Child safeguarding practice reviews, safeguarding adult reviews and domestic homicide reviews. Action plans are monitored internally against learning identified through operational safeguarding meetings in each locality and through the strategic safeguarding meetings; externally these are monitored by the local partnership boards with which we fully participate.

- Section 42 enquiries (investigation of allegations of adult abuse or neglect).

A quarterly learning paper is produced for each strategic safeguarding meeting and is cascaded through the intranet, operational safeguarding and clinical meetings, as well as available to the executive team for their oversight.

- **Multi-Agency Safeguarding Arrangements (MASA):** We continued to participate in safeguarding children and adult partnerships, developing arrangements specific to each of the Trust's localities.

**Safeguarding Training (children and adults)**

	% achieved 2020/2021	% achieved 2021/2022	% achieved 2022/2023
<b>Children's safeguarding training</b>			
Level 1 - Mandatory for all staff	97	97	97
Level 2 - Mandatory for all clinical and non-clinical staff in regular contact with parents, children and young people	97	89	95
Level 3 - Mandatory for all staff predominantly working with children, young people and adults	90	83	87
<b>Adult safeguarding training</b>			
Level 1 - Mandatory for all staff	95	97	97
Level 2 - Mandatory for all clinical and non-clinical staff in regular contact with adults, their families or carers and the public			94
Level 3 - Mandatory for all staff predominantly working with children, young people and adults	N/A	61	81 (Against a Trust trajectory of 80% for this year)

**Information Governance**

The Trust continues to follow General Data Protection Regulation (GDPR) compliance measures including:

- Training for staff
- Publication of privacy notices and completion of privacy impact assessments
- Utilising contracts/information sharing agreements
- Creating an information asset register
- Introducing a comprehensive subject access rights system

The Trust achieved 91% compliance (against a target of 95% compliance) with mandatory information governance training at year end in March 2023. We last met the 95% target in October 2022.

The data protection and security toolkit is designed to test compliance with the National Data Guardian's 10 data security standards. We submitted our baseline assessment to NHS Digital on 20 February 2023 and anticipate publication by June 2023 of the full assessment showing all standards being met as assessed by the algorithm used.

During 2022/23, three data breach incidents were reported to the Information Commissioner. All three resulted in confirmation from the Commissioner that regulatory action would not be taken.



**Emergency Preparedness, Resilience and Response (EPRR)**

The Trust demonstrated continued readiness and preparedness throughout the year. Organisational resilience included:

- Response to the Covid-19 pandemic, which involved an effective and responsive incident control centre, with key decisions made by the incident management team, chaired by the Accountable Emergency Officer and consisting of senior Trust personnel.
- The Trust comprehensively delivered its response to the MPox incident throughout Q1 to Q3 and more recently the impacts of industrial action have been managed through the Trust's established incident response frameworks, including the use of resilience operational huddles.
- An annual audit of the NHS England EPRR Core Standards Assurance Framework resulted in a Trust assessment of 'partially compliant' against the standards. The Trust has a detailed action plan to achieve full compliance with the new standards within the coming financial year.
- Business continuity planning and implementation continued during increases and decreases in the national pandemic levels and we managed the subsequent impacts on services.
- The Trust Board received and approved our critical and major incident plan, Trust business continuity plan and surge and escalation planning assurance during autumn 2022.
- The Trust's Accountable Emergency Officer and the Trust's EPRR Lead attended local health resilience partnerships across all Trust localities at their respective levels of delegated responsibility.

The EPRR focus for the coming year will be the implementation of the Core Standards action plan and full recovery from and implementing lessons learnt from the Covid-19, industrial action and MPox incidents.

## Patient Experience and People Participation

One of our highest priorities is to ensure that the people who use our services are involved in shared decision making and co-production. This section sets out how the involvement of service users and their carers supports the Trust to improve the services we deliver and how we are acting on feedback, to improve the things that matter most to those we serve.

### Service user feedback

Service users and carers are routinely asked to provide feedback via the Friends and Family Test

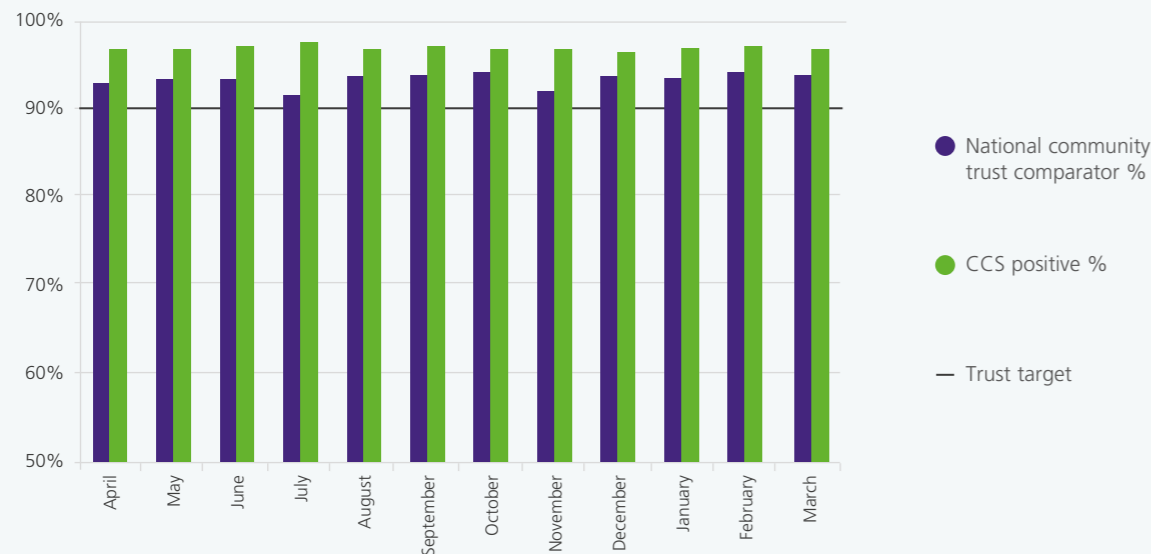
Test (FFT) which includes an opportunity to:

- Rate the quality of our services against nationally-determined categories ranging from very good to very poor.
- Provide narrative comments on the services delivered.

Service user feedback was incredibly positive with 97.15% of the 27,444 people who answered the FFT question saying the service provided was either very good or good.

The chart below shows how the Trust compares to the average score for community trusts across the country.

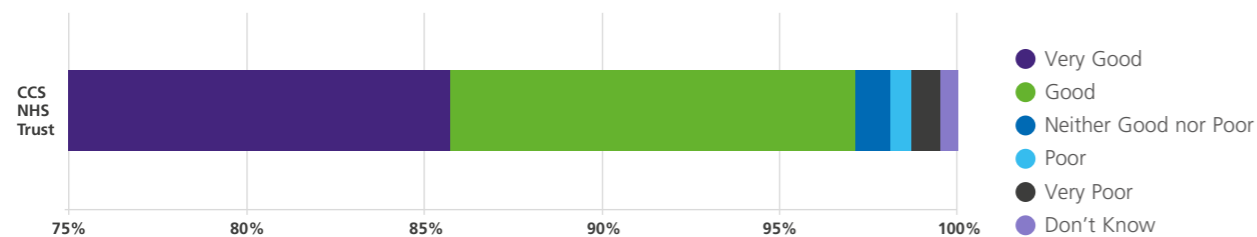
Cambridgeshire Community Services NHS Trust Friends and Family Test recommend scores compared to average national community trust scores



We are consistently above the average score for community trusts and the Trust's target.

The chart below shows a breakdown of the responses received by their rating:

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



## Compliments

38,579 positive comments

and compliments were received by our services during the year  
Some of the words used in the feedback are illustrated in the word cloud.

## Case Study

# Children's community health hub:

# One stop contact point

**The Bedfordshire and Luton children's community health hub is a growing single point of access – which is designed to make it as easy as possible for our families to contact us.**

Since it launched in 2021, our teams continue to act on feedback from our families and health and care colleagues to develop and add more services to the platform.

**Currently, the following services are contactable via the hub:**

- Bedfordshire and Luton health visiting and school nursing (calls and emails)
- Bedfordshire and Luton children in care services (calls only)
- Luton community paediatrics service (calls only)
- Bedfordshire community paediatrics service (calls only)
- Bedfordshire and Luton speech and language services (calls only)

Between 1 April 2022 and 31 March 2023 the hub received 57,659 calls and 52,162 emails!

Our aim is to bring all children's services under one new email address and one contact number across Luton and Bedfordshire, simplifying access for families.

**Children's Community Health HUB**  
Your one stop contact point  
Tel: 0300 555 0606  
Email: [ccs.bedsandlutonchildrenshealthub@nhs.net](mailto:ccs.bedsandlutonchildrenshealthub@nhs.net)

## Improving services using service user feedback: You Said, We Did

We use service user feedback to improve the services we provide and below are a few examples of improvements we have made across a range of services in response to feedback:

### You Said...

When I came out of the room, I missed my way back to reception...maybe an arrow to direct you back to reception.

Luton Adults Community Phlebotomy

I parked round the back and I went looking for a bell on the door and couldn't see it.

Luton Adults Community Phlebotomy

A patient fed back that his appointment letter for structured education was not clear. He believed he could come anytime between 9 and 12.

Luton Adults Diabetes Service

Parents and carers provided feedback through Pinpoint (a parent carer forum) that they wanted to have the option to speak with an occupational therapist directly without going through a third party.

Cambridgeshire Children's Specialist Services

### We Did...

We have put up some signs in the main corridors to make it clearer which way to go back to reception.



We have put new signs up on the back door and on the post where the bell is to make the bell's location clearer.

The team has amended the appointment letter so that it states the session start time clearly.

Cambridgeshire Children's Occupational Therapy service worked with Pinpoint to develop and launch an advice line for parents and carers.

Parents who received a 0-19 Healthy Child Programme appointment letter suggested that the content needed to be simplified.

Cambridgeshire Children's Specialist Services

Dads are important in their children's lives and we would like somewhere on Just One Norfolk where we can find information for us.

Norfolk Healthy Child Programme

Parents requested that clear guidance on processes and referral into the service be created for parents to access.

Norfolk Speech and Language Therapy

I didn't know it would have been helpful to bring my red book to the three-year development review.

Children's 0-19 Bedfordshire

The 0-19 service collaborated with new parents and our Equality, Diversity and Inclusion Lead to ensure all letters received by parents from their child's conception through to 2.5 years old are formatted correctly using plain English and that important dates/times are easily identifiable. The new format of the letters will also make it easier for a parent to translate using Google Translate if they wish to do so.

A focus group of dads co-designed and co-created a draft Just One Norfolk landing page for fathers. In addition, a co-produced video is due to go live in spring 2023.

Guidance on processes and referral into communication/speech and language therapy was co-produced and added to the Just One Norfolk website - [www.justonenorfolk.nhs.uk/speech-language/communication-referrals/](http://www.justonenorfolk.nhs.uk/speech-language/communication-referrals/)

We added a note in the appointment letter for parents/carers to bring the red book to their three-year development review.

**We would like to have more information on individual healthcare plans in schools and who can create them.**

Children's 0-19 Bedfordshire

We co-produced a written update for schools and parents/carers that has been sent to schools and is available for parents/carers to access. It details what an individual healthcare plan is, who can create one, and how we can help.

**The telephone system needs changing.**

Children's 0-19 Luton

We have developed our health hub contact telephone/email offer. There is now one phone number and email to contact many of our teams and services, and we have changed telephony providers to ensure the process is as efficient as possible for families.

**It is hard to find anywhere to weigh my baby.**

Children's 0-19 Luton

We have added six self-weigh clinics across Luton every week and are about to launch one more.

**We would like to know more about what the Occupational Therapy Service does in video format.**

Specialist Children's Bedfordshire – Paediatric Occupational Therapy

We co-produced a short video on what we do and how occupational therapy works.

**We would benefit from more information and support on sensory processing challenges.**

Specialist Children's Bedfordshire – Paediatric Occupational Therapy

We co-produced sensory processing resources and training videos with parent carer forums which are available on our website.

**We would like more information and an improved process for preparing for adulthood and transition into adult services.**

Specialist Children's Bedfordshire – Community and Specialist Nursing

A project is underway to improve transition and young people's preparation for adulthood within our Epilepsy Luton Service. This included hosting a 'Transitions Information Day' for young people and parents/carers to attend and access a variety of services involved in their care. We have also been piloting the use of 'Patients Know Best' digital tool to support faster communication between patients and clinicians.

**It would be helpful if things like eyedrops could be more easily accessible.**

Specialist Children's Bedfordshire – Eye Service

We are posting out eye drops, patches, vision therapy sticks and cards to parents'/carers' homes for their convenience.

**We would like to be able to access information and support from the service quicker.**

Specialist Children's Bedfordshire – Speech and Language Therapy

We have set up a parent telephone advice line to support faster access to advice.

**The waiting times for appointments are too long.**

Specialist Children's Bedfordshire – Community Paediatrics

We applied for and have now received an additional short-term investment that has enabled us to offer more than 1,000 extra appointments between January and March 2023. As a result, waiting lists are reducing.

## Sharing service users' stories

Each Board meeting held in public starts with a service user's story. The story provides insight into how service users experience our services and helps to identify areas of excellence and where we can make improvements. This feedback is very powerful, and recommendations are identified by the Board to further improve the overall experience of service users. We are pleased to now be able to offer service users the opportunity to record a digital story if they prefer.

Stories this year included:

- A service user who shared his experience of accessing support from Bedfordshire acquired brain injury service. The Board noted the positive impact the service had had on the service user and how staff had appropriately involved his wife in decision making. The service user described the continuity of service as well-coordinated and said he felt supported. He also commended the team for their care and compassion and acknowledged that he felt they were very friendly and interested in his welfare.
- Staff from iCaSH Norfolk and adult safeguarding shared a patient's story and explained how the working relationship between the iCaSH service and the safeguarding team had improved following the incident. New initiatives were developed to make the relationship and processes more robust, and learning from the serious incident has subsequently been embedded within iCaSH and safeguarding services.
- The parent of a child with complex care needs who is supported by Cambridgeshire community paediatric team shared their experience of how delivering services in the school setting had benefitted their child and facilitated holistic care. Actions have been agreed to ensure services delivered by multiple partners are better co-ordinated.

## People participation (patient and public engagement)

Our co-production leads support services to regularly involve those who use our services and people from our local communities in order to improve service delivery. Below is a summary of some of the activities undertaken throughout the last year:

### Website development

Parents/carers and stakeholders have worked together with the communications team and Bedfordshire, Luton, Cambridgeshire and Peterborough children's services to co-produce the development of the new Trust-wide website. The project group has been working with developers to design the look, layout, usability and accessibility of the new children's services website. The delivery of this project and the engagement activities throughout the programme will not only improve accessibility of services, it will also ensure the new website will be fit for purpose and truly co-produced.

### Trust strategy workshop

A workshop was held with service users from each of the Trust's directorates to support the development of the Trust's new three-year strategy. The workshop output was shared with the Trust Board and has contributed to the strategy and service plans, helping to ensure they truly reflect the needs of the communities we serve. Below is some feedback from participants about their experience of the workshop:

\\ Came across as professional and well planned, broad range of participants. //

\\ Our points of view were all listened to, everyone could have their say //

## Cambridgeshire Children and Young People's Services

The healthy child programme is co-producing a digital film with young people aged 13 to 16. This will provide a clear message on how the Getting Ready for Change (GRFC) Initiative can support young people with key transition stages by offering health advice and information. The film will form part of a social media campaign promoting GRFC information on Instagram. Young people will also receive a questionnaire via their school inviting them to answer questions on issues affecting them and offering signposting to our GRFC website pages.

In the best start in life project, we worked with families to understand hesitancy around immunisations, receiving 332 survey responses, in five different languages. This helped us to support primary care colleagues to support changes aimed at increasing future immunisation uptake. A new information sheet has also been designed for families based on feedback from the survey.

The same project has worked with early years, children's and family centres, the healthy child programme and speech and language therapy services to co-produce six recipe cards to support families at home with tips and tricks that aim to encourage communication. These include QR codes to access resources digitally along with contact details for the health visiting team.

We have updated the community paediatric autism pathway website with expected waiting times, referral information, and resources providing links and contacts to organisations that parents can contact for help and support whilst waiting. QR codes have been provided for each link for easy access via mobile phones at home.

### Bedfordshire and Luton Children's Services: Occupational Therapy: Sensory processing

The paediatric occupational therapy service has worked collaboratively in a project group with six parent carer forum representatives and the designated clinical officer to develop a short animation film and subsequent PowerPoint on the theme of 'Planning Wheels'. 'Planning Wheels' is a strategy for parents/carers to use to help children achieve their goals and fulfil their abilities to do everyday tasks such as dressing and cleaning teeth. The animation is presented through the eyes of a young person and six young people were consulted for their views and feedback throughout its development.

## Continence/Enuresis Service: Improved communications

A working group of co-production leads, parent carer forum chairs across the three local authorities and our service leads have regularly met throughout the year. Accessibility to the specialist continence service and support for families on enuresis matters was raised as an area of challenge by the parent carer forum, leading to the formation of a co-production task and finish group.

As a result, three initiatives were co-produced:

1. A 'meet the continence/enuresis team' session was held online for parent/carers to attend, understand how the service could help, ask questions, and receive information on supportive resources and local charities.
2. A comprehensive frequently asked questions document was developed based on questions raised by parent representatives which will be launched as a webpage and via communication channels.
3. An infographic was developed outlining: 'What is enuresis?', 'Do' and 'Don't' strategies to try at home, how to access the service and further signposting.

## Attention Deficit Hyperactivity Disorder (ADHD) in girls focus group

Feedback from families, coupled with research from the community paediatrics service, has highlighted a number of challenges surrounding the diagnosis of ADHD in girls.

A focus group was held with seven parent/carers of girls with ADHD and the community paediatrics clinical lead to explore these challenges and identify themes to support young people.

The findings will be taken forward into a co-production working group to design initiatives to support young people and their families.

## Autism Diagnostic Observational Schedule (ADOS) resources

As the service planned to re-introduce Autism Diagnostic Observational Schedule assessments, rather than the Brief Observation for the Symptoms of Autism (that was introduced during the pandemic), we worked with families, parents/carers and service representatives consulting with young people, to create a package of tools to support this process. This included:

1. A webpage with information on the ADOS process including a glossary of terms - the information has also been replicated in a printable leaflet.
2. Two short films (one for parents and one for young people) to watch prior to the assessment, giving them information on what to expect and what happens afterwards.
3. An invitation to appointment letter containing information on the assessment written in family-friendly language and signposting links to the above videos.
4. Certificates for children on completion of the ADOS assessment.

## Transitions in the Epilepsy Service

The Luton children's epilepsy service has been working with the improvement and transformation team and five young people aged between 13 and 17 to develop a young person friendly digital transition programme to support the preparation for adulthood for young people with epilepsy.

## Early Intervention Team, Community Paediatrics

To support the ongoing work within the service and the 'waiting well' initiatives due to the challenges around waiting times, a newly-formed 'early intervention' team comprising specialist nurse roles and support staff was introduced.

The team are working together across Bedfordshire and Luton to provide an equitable service offer and aim to review how they can better support families who may be faced with long waits for appointments and a diagnosis.

The team initiated a co-production working group, which includes parent carer representatives. They have identified that a

workshop for parents/carers whose children have been newly referred and placed onto a waiting list for a diagnosis of ADHD or autism would be helpful. The 'Early Support Workshop' content has been co-produced with parents and carers and aims to provide families with helpful information and strategies to support their young person in the lead up to the diagnostic process.

It was agreed by the working group that hearing from other parents about their journey would be helpful, so they created two short films.

## Epilepsy Service

'Patients Know Best' is a pilot project, which has been running with the Luton epilepsy service in partnership with Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMK ICS). The project explores the extent to which a patient-held digital health record benefits children and families living with complex epilepsy. The project has been co-produced with parents and stakeholders including Bedfordshire hospitals and local primary care networks.

The project is currently in its evaluation phase, during which a focus group and questionnaires are being used to gather feedback on use of the digital patient record. This feedback is a crucial part of the process as it will enable us to gain a strong understanding of what matters to parents and will be used to inform the future direction of the project.

A need had been identified to provide support for young people and their families who are transitioning from children's epilepsy services to adult services. To support this, Luton epilepsy service held a transitions event in collaboration with BLMK ICS and local stakeholders such as the adult neurology service, Young Epilepsy (charity) and Woodlands School. The purpose of the event was to offer an informal information day where young people and their families could speak to local organisations and other families.

Participants fed back that they found the event helpful and informative, and particularly highlighted the value of meeting practitioners from the service they will transition into face-to-face. Participants also highlighted the need for central co-ordination; someone to 'take the lead' or be a 'point of contact' in the transition journey. The feedback has been taken forward by the epilepsy service and ICS project group.

## Norfolk Children and Young People's Health Services

### Young people's health website

The further development of a young people's health website has been achieved through:

- A young people's working together group and face-to-face workshops with young people from across Norfolk.
- Opportunities for young people to use IT equipment, creating their own animations, filming, and making videos and content for the website.
- Working with young people from the Youth Special Educational Needs and Disability (SEND) forum.
- Working with young people within Norfolk schools/colleges and community groups e.g., St John Ambulance cadets.
- Partnership working with Youth in Mind project.

### Supporting Ukrainian families who are seeking refuge and living in Norfolk

- Family support and information drop-in sessions were set up across the county by the local authority for Ukrainian families new to the country. These were regularly attended and supported by the healthy child programme Gypsy, Romany, Traveller and migrant family champions.
- An outcome was the creation of a short video explaining our services in Ukrainian. This was developed with the support of one of the Ukrainian parents and will be used in the groups as well as added to the Just One Norfolk website.

### 14+ annual health check for children with additional needs

An annual health check for children with additional needs is available from the age of 14 but has received limited uptake from families. The local authority requested support in raising the profile of this service, and colleagues from Norfolk and Waveney Children and Young People's Health Services worked collaboratively with young people with special educational needs and disabilities (SEND) and other stakeholders to develop a video and content for the Just One Norfolk website.

In addition, more than 43 young people were involved in co-designing a birthday card which promotes the annual check and will be sent to all children in Norfolk with special educational needs and disabilities on their 14th birthday.



## Bedfordshire and Luton Adult Services

A working together group of service users, carers and families has been formed to support the activities of our community nursing staff through their active participation and by sharing their lived experiences. This approach allows teams addressing service problems to rapidly communicate with people with 'lived experience' to inform service design.

The activities of the group are at both service level and Trust-wide and include:

- Staff recruitment and selection
- Working with the Trust's communications team to prepare public messages
- Transformation and improvement work with internal and external stakeholders

One member has already participated in the recruitment to a cancer, palliative and end of life post. The group has also created its own poster to generate interest among the public and recruit more participants.

## Patient Advice and Liaison Service (PALS) and formal and informal complaints

The table below summarises the total number of complaints (informal and formal) and PALS enquiries received in 2022/23 compared to previous years. In the last year the PALS received and satisfactorily resolved 1293 contacts.

	2018/19	2019/20	2020/2021	2021/2022	2022/2023
Formal complaints	100	96	49	83	99
Informal complaints	397	319	245	408	323
PALS enquiries and signposting	602	645	969	1274	871

### Informal complaints

Concerns are managed informally if they can be resolved quickly through local resolution processes, either within the clinical setting or by our PALS. This is often by a telephone call or a meeting with a clinician or service manager. Our services managed 323 informal complaints this year through successful local resolution.

### Formal complaints

The Trust received 99 formal complaints this year. Complainants receive a formal letter of response from the Trust. This includes the outcome of the investigation, areas of learning and actions taken by the Trust. In certain circumstances, Trust representatives arrange to meet with the complainant or their representatives face-to-face.



## Learning from complaints

Below are some examples of the improvements made in response to complaints.

### Bedfordshire Community Paediatrics

**Concern:** An agreed appointment was not arranged and misleading information was provided about a cancellation list.

**Investigation:** The process to ensure that a follow up appointment was booked was not followed. This was due to human error in not initially allocating a task and subsequently, when the task was allocated, it was marked as complete before an appointment had been made.

The information provided about a cancellation list was correct at the time of the appointment. However, the list was closed in March 2022 as part of service development work and replaced with a criteria-based system for expediting appointments. The change in system resulted

in confusion about the cancellation list and expedition process for the service user. These changes were explained to the complainant in the response letter.

#### Learning and actions:

Actions have been taken to agree a rebooking process for review appointments to ensure appointments are booked according to clinicians' plans. Booking clerks have been reminded to report to their manager or the clinical lead if clinicians are not clearly documenting the plan.

### Musculoskeletal Service (MSK)

**Concern:** Referral by the MSK service was delayed and the service user was not contacted by the service to explain and apologise.

**Investigation:** There was miscommunication between the physiotherapist who prepared the referral and the advanced practitioner physiotherapist who was required to counter-sign the referral. Both thought that the other person had sent the referral. The physiotherapist did not follow the correct process for requesting support from the administration team to send the referral to the hospital. The service user contacted the service and was told the referral had been completed. The service became aware that the referral had not been completed nine months later and contacted the secondary care provider to expedite the referral; the service user was copied into this communication. The service

reported this as a clinical incident, but the service user was not contacted to explain or apologise for the error. The delay in the referral resulted in a delay in the service user being seen by a consultant and potential delay in surgery.

#### Learning and actions:

- A case review of learning in service meeting was held to remind all staff of a duty of candour. If there has been a mistake, we are duty bound to be open and honest.
- The member of staff involved is no longer working for CCS so there were no actions for this element.

## Luton Tissue Viability Service

**Concern:** The care provided by the wound service, including lack of support and delays.

**Investigation:** The investigation found that advice and support were provided by the tissue viability service to the GP practice nurse. The roles, responsibilities and processes were not explained to the service user and family, so they were not aware that the tissue viability service was involved in this care.

There were some delays caused by communication breakdown and human error in the referral process. Comprehensive wound assessment and treatment was provided, however pain management was not discussed and documented at every contact.

### Learning and actions:

- Staff were reminded that it is best practice to complete a malnutrition universal screening tool (MUST) at the earliest appointment.
- Staff were reminded to add an out of office to their emails which provides an emergency contact number and the service opening hours.

- A reminder to add wound photographs has been added to the tissue viability nursing (TVN) referral form.
- The TVN team will write guidance for the referral process.
- Administrator roles will be updated - the administrative process for the TVN service will be reviewed and the associated standard operating policy completed.
- The pain assessment tool will be clinically reviewed so that all relevant information is gathered.
- Staff will be reminded about the importance of documenting all assessments, pain scores and pain management discussions.
- Information about the service provision will be updated to include remote assessments and reviews which were put in place during the Covid-19 pandemic.

## Parliamentary and Health Services Ombudsman (PHSO)

There have been no referrals accepted by the PHSO or recommendations received from the PHSO in 2022/23. Two complainants made a referral to the PHSO and it requested further information from the Trust. In the first case, following review of the information about two complaints from one complainant, the PHSO did not accept the case. The second case is currently with the PHSO for review.

## Volunteering

The Trust recognises that volunteering is beneficial not only to the Trust, but also to individual volunteers, people who use our services and to our communities. The quotes below are from volunteers and were collected during our celebration campaign for National Volunteers' Week 2022:

Volunteering makes my heart sing! It is so rewarding and definitely puts a spring in my step.

The thanks and gratitude you get from people you've spoken to and supported is so uplifting. You really do feel like you've made a difference! It's such a rewarding experience and I highly recommend it.

I have thoroughly enjoyed my volunteering at CCS. It has given me the opportunity to feel I am doing something worthwhile, meet lots of lovely people, see all sides of human nature.

Our focus over the past year has been to work with services to increase the number of volunteers and volunteering opportunities within the Trust.

We have introduced the national volunteer certificate, an award created by Health Education England and accredited by SFJ Awards, giving volunteers the opportunity to gain this award to enhance their employment prospects, as well as their sense of achievement.

We are now using volunteer management software, which has enabled us to streamline recruitment, track volunteers' mandatory training and measure the contribution our volunteers make.

We have also introduced a quarterly newsletter and annual volunteer survey to communicate with and capture feedback from volunteers, which has proved overwhelmingly positive.

Over the coming year, we plan to continue growing and developing our service, with the aim of ensuring services are supported and volunteers have a positive experience of volunteering for the Trust.

The Trust welcomes applications for volunteer roles from all sections of the community and this is clearly stated on our website. We offer support for potential volunteers who need additional help with the application process, such as meeting them face-to-face to assist with the completion of recruitment checks. The Trust collects equality monitoring data during the application process.

Volunteer opportunities are publicised on our website and our social media platforms and teams also encourage potential volunteers to apply – in fact, some of our volunteers are people who use or have used our services.

Our partnership with Switch Now, which supports young adults with additional needs to have experience of the workplace, has continued over the past year for our personal protective equipment (PPE) volunteer role. This has given five young adults the opportunity to volunteer, and their support worker from Switch Now, who attends the volunteering placement with the volunteers, commented:

They are doing fantastically and you can see their confidence and skills increasing each week.



# More than 1.7 million Covid vaccinations administered!

**By the end of March 2023, our wonderful staff and volunteers had administered more than 1.7 million Covid-19 vaccines from our large-scale vaccination sites across Cambridgeshire, Peterborough, Norfolk and Waveney, a phenomenal team effort!**

This would not have been possible without the people from all walks of life who responded to our call to join the vaccination teams. Here are just a couple of examples.

Retired nurse Carole Woodlow is one of thousands of healthcare professionals who returned to the NHS to support the coronavirus vaccine effort.

Having already clocked up 37 years working at an acute trust, Carole joined our vaccination team in 2021. She said: "I was keen to join the Covid vaccination programme as I was inspired by what my colleagues had done during the pandemic and wanted to do something to support the NHS."

"I joined the vaccination team on 1 February 2021 when we opened the vaccination site at the Corn Exchange in King's Lynn - there was such a buzz, and the adrenaline was certainly flowing when we were vaccinating 400 to 500 people a day."

"In August 2021 we moved to Shakespeare Barn, and I've vaccinated people of all ages, from 100-year-olds down to 5-year-olds."

"What makes me most proud now is walking down the high street where I live and seeing more people walking about and being normal again and knowing that I've done something towards that."

**" I feel so proud to have been able to work for the NHS again and have enjoyed every single minute! "**



**" It's been uplifting to witness the public's gratitude towards volunteers, and I've felt heartened by the friendliness and appreciation from NHS staff. Working with like-minded people from the Royal Voluntary Service has been very enjoyable and I find it very rewarding going home after each shift knowing I've made a positive contribution. "**

John Barlow has worked with Cambridgeshire Fire and Rescue Service (CFRS) for more than 35 years and has dedicated his free time to volunteering at three of our large-scale Covid vaccination centres. He said: "Working as an operational firefighter for more than 30 years meant I was used to meeting and dealing with people at the worst times of their lives and in what could be stressful situations for them, so I was able to transfer this experience to the vaccination site whenever people were feeling wound up and anxious and needed to be treated with kindness and compassion."

**Thank you to everyone who has contributed to the success of our large-scale vaccination centres, you truly are incredible!**



## Diversity and inclusion

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

- Eliminate unlawful discrimination, harassment, 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.

Over the 12 months, we have used the equality delivery system (EDS 2022) as a tool to help us 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, Milton Keynes, 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. Equality of service delivery to all communities we serve is promoted throughout the Trust via our induction processes for new staff, our objective setting and review process, leadership development programmes, clinical and leadership fora and by embedding co-production in all service developments.

### Our diversity and inclusion objectives

The Trust Board agreed four diversity and inclusion annual objectives, two of which are workforce related and two are focussed on service users:

**Objective 1:** To fully implement the actions identified following our No More Tick Boxes review of potential bias in recruitment practices.

**Objective 2:** The Trust Board will role model behaviours that support the Trust's ambition to be an anti-racist organisation, including actively implementing the Trust's and their personal anti-racism pledges, to instil a sense of belonging for all our staff.

**Objective 3:** To commence collection of demographic data for people who give feedback.

**Objective 4:** To work with the data team and clinical services to target the collection of demographic data.

Charts showing the demographic profile of our workforce as at 31 March 2023 are included in the staff report on page 100.

## Equality, Diversity and Inclusion - Patient experience

### Equality Delivery System (EDS) 2022 Domain 1: 'Commissioned or provided services'

The domain 1 report has focused on two services over the past 12 months - our integrated contraception and sexual health (iCaSH) services and Luton adult chronic respiratory services.

#### The following equality objectives were agreed:

- a) To ensure access to iCaSH services is fully inclusive by improving the telephony platform and providing an online booking facility.
- b) Continued service user-led improvement within iCaSH services, giving consideration to creative ways of obtaining service user feedback.
- c) Ensure the external approaches to iCaSH and Luton adult chronic respiratory service clinics are well-lit and well-maintained to enhance a sense of safety.

d) Recruitment of co-production coordinator for Luton adults to focus on engaging with service users who may be vulnerable or unconfident to support the Trust with co-production and service improvement for Luton adult chronic respiratory service.

e) Expand the scope of demographic data capture on our clinical systems.

### Armed Forces and Veteran Awareness

Our Trust signed the Armed Forces Covenant in Autumn 2022 and development work is underway to make our recruitment process more accessible to veterans and members of the armed forces, in accordance with the Armed Forces Covenant Standards. The Trust will be working with members of the armed forces, veterans and families to understand from a service user's perspective how we can make adjustments that will impact positively on how they access and experience our services. We are in contact with armed forces and veterans' organisations who are keen to work with us and are on track to have set up a focus group by the end of 2022/23.

### The 8 standards of the Armed Forces Covenant

1. The Trust understands and is compliant with the Armed Forces Covenant
2. The Trust has a clearly designated Veterans' Champion Dyad
3. The Trust supports the UK Armed Forces as an employer
4. Staff at the Trust are trained and educated in the needs of veterans
5. The Trust has established links to appropriate nearby veteran services
6. The Trust identifies veterans to ensure they receive appropriate care
7. The Trust will refer veterans to other services as appropriate
8. The Trust will raise awareness of veterans

● Patient Experience

● Recruitment/retention

● Concerning recruitment/retention and Patient Experience

NHS Employers (2022), Recognising the Armed Forces community in a primary care setting

**NHS**  
Cambridgeshire  
Community Services  
NHS Trust





## Measuring outcomes

Every year, we work with our staff, patients, families, carers and the public to assess our performance in diversity and inclusion and against our four EDS objectives. Outcomes from this self-assessment are presented to the Trust Board in our diversity and inclusion annual report and an improvement plan for the following year is agreed.

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

## Case Study

# Children's Commissioner visits

## Redgrave Gardens

### Families supported by the Edwin Lobo Centre in Luton were at the heart of a visit by Dame Rachel De Souza, Children's Commissioner for England.

Community paediatrics teams proudly shared their passion and commitment to improve outcomes for children in the town.

One of the impactful moments was a presentation with Dr A Yee Than, consultant community paediatrician, who first explained how the service had adapted for children requiring assessments for autism and then introduced Rachel to a family she was working with.

During Covid-19, the team had introduced BOSA (Brief Observations of the Symptoms of Autism) - a diagnostic assessment which allows a paediatrician to observe a young person interacting with their parent or an adult they are comfortable with.

Rachel said: ***"It was a pleasure to visit the Edwin Lobo Centre to see their incredible community paediatrics work in Luton. I was particularly impressed by how they adapted their autism spectrum disorder assessment during Covid-19 to the BOSA assessment and their work on mental health support in the community. It was lovely to meet all the staff so thank you for facilitating the visit."***



## Clinical Effectiveness

### Clinical Audit and Effectiveness

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

A total of 56 clinical audits were planned and registered during 2022/23, of which 29 were completed by year end, with a further 32 unplanned audits undertaken. All completed audit reports are published on the Trust's knowledge hub intranet page to share learning.

To meet legal and statutory requirements relating to health records, the Trust is required to audit its health records. All service areas took part in the Trust's annual record-keeping audit, retaining the 10 Trust-agreed core standards for documentation, with additional service specific criteria to support clinical practice.

The outcomes from all audits are reported through the Trust's governance structures via the quality improvement and safety committee (QISCom) to provide assurance to the Board.

All actions resulting from clinical audit are closely monitored to ensure that practice is embedded as part of a cycle of continuous improvement.

### Clinical Portfolio and Non-Portfolio Research and Fellowships

#### Research performance

The Trust participated in 40 projects over the past year to support vital clinical research. 28 projects were research studies on the National Institute of Health Research (NIHR) Portfolio and 12 were fellowships and other projects undertaken by our staff. We recruited 456 participants to NIHR Portfolio studies last year.

Our aims over the past year were to a) increase engagement with underserved communities, b) involve under-represented staff groups and services in research, c) develop solutions to further develop a research culture across the Trust and d) learn from patient feedback and improve how we deliver our research. This is in line with national strategic priorities and Trust objectives.

We made progress against these aims by:

- a) Increase engagement with underserved communities:
  - Widening access to research grant from the Clinical Research Network (CRN) East of England to increase engagement with the iCaSH population, who fall under the underserved category.
  - Successfully applying for a patient and public involvement and engagement (PPIE) grant from the CRN East of England to increase the number of younger children and babies into studies.
  - Successfully applying for a National Institute for Health and Care Research (NIHR) developing innovative, inclusive and diverse public partnerships grant – this project aims to address barriers to research participation for people with learning disabilities.
- b) Involve under-represented staff groups and services in research:
  - Restarted the Trust's research champions programme.
  - Increased engagement in the Luton and Beds area where historically we have had low research engagement/representation and set up more studies.
  - Provided research training to specialist community public health nursing and nursing students as part of their placements.
- c) Develop solutions to further develop a research culture across the Trust:
  - As part of her Master of Research degree (MRes), **Lauren Moody**, Research Assistant with the CCS research team, conducted a survey entitled 'Barriers and facilitators to a research ready workforce in a community NHS setting'.
  - Launched the Trust-wide principal investigator network to support principal investigators and facilitate shared, peer-to-peer learning.
  - Held research team coffee breaks which allow anyone from the Trust who is interested in research to drop in and find out more or ask any questions.

- Promoted Red4Research, International Clinical Trials Day, Your Path in Research and other campaigns on social media.
- Developed our first research volunteer role.
- Promoted fellowships, conferences, grants and training opportunities.

- d) Learn from patient feedback and improve how we deliver our research:
- Contributed to the CRN participant research experience survey (PRES) working group.
  - Regularly discussed PRES feedback in team meetings and considered strategies to improve patient experience.
  - Created thank you cards for research participants based on their feedback.

## Case Study

# Development opportunities

for all



Ensuring our workforce have opportunities for learning and development to help achieve their career aspirations and meet the needs of the people we serve is a priority for the Trust. Here's just one brilliant example of how our apprenticeship scheme has helped make dreams come true!

James joined us as an apprentice and has now progressed to a band 3 administrator.

He said: *"Before I joined DynamicHealth, I was working part time whilst completing my A-levels in business, PE and history. As soon as I knew I wouldn't be taking my exams due to the pandemic, I picked up more hours and started to look for a more permanent role within a sector I enjoyed."*

*"I completed my apprenticeship in December 2021 after completing a plethora of workbooks and attending online courses, and I finished with a distinction in the Level 2 Customer Service Award."*

*"The pathway administrator post caught my eye initially because of the flexibility it provided and the challenge it looked like it could give me. This is an exciting role for me at band 3 level, and now coming out of the pandemic I am looking forward to progressing further in my role and taking on new challenges."*

## Case Studies

### BabyBreathe

The Norfolk healthy child programme team has been supporting the delivery of the BabyBreathe trial, an interventional study which aims to help new mothers avoid restarting smoking postpartum.

Norfolk continues to be the highest recruiting site of the five sites across the country, with more than 90 new mothers in the randomised intervention group. Our health visitors and practitioners have combined the study interventions with the family's routine care appointments. Feedback has been very positive and two mothers who took part in the study said:

*"Every interaction with anybody was positive and supportive. I always felt valued and therefore glad I took part in the study. Above all it has helped me to continue not smoking."*

*"Everything was easy to understand, and the team was very helpful and patient."*

### MOPeD

Our DynamicHealth service was a research site for the MOPeD study last year. This study was led by an external researcher, **Panos Sarigiannis** from Midlands Partnership NHS Foundation Trust, and was funded by the NIHR. The overall aim of this research was to develop a best practice framework of delegation to physiotherapy assistants in NHS musculoskeletal outpatient physiotherapy services.

The research study was very successful, thanks to excellent engagement from the rehab instructors at our Cambridge and Ely DynamicHealth clinics. Our research team supported with the recruitment and consent process, and we were successful in recruiting 68 participants to this study in three weeks. The Trust received glowing feedback from **Panos** who said:

*"I feel that the entire team has gone above and beyond what I would expect in terms of supporting me as a researcher and you helped make the entire process as smooth as possible. I certainly felt well supported by you throughout the entire process from the initial arrangements to completing the study. I would not have been able to recruit the participants in the exercise groups without your support and I would happily return to your Trust if I had the opportunity to conduct another study."*

## Fellowships, grants, awards and publications

We continued our success in gaining external funding for the development of staff research skills. **Kieran Mitham**, a physiotherapist working with our DynamicHealth service, was successful in his application for an NIHR pre-doctoral clinical academic fellowship. **Kieran** said:

“ My aim long term is to use this fellowship as a platform to apply for the NIHR doctoral clinical academic and practitioner fellowship which includes a fully funded PhD. From a personal perspective, I wish to be at the forefront of patient care at CCS and, in the long term, develop a clinical academic role, working between the clinical and research team. ”

**Samira Ajmal**, a paediatrician from our Bedfordshire Children and Young People's Services has been working on a co-production project with looked after children, over the past year as an Applied Research Collaboration (ARC) implementation fellow. She said:

“ My journey as an ARC implementation fellow has been transformative, thanks to support from the Trust's patient experience and research team. From unearthing the evidence that could be implementable, overcoming barriers with persistence and effective communication, liaising with other trusts nationwide, colleagues, managers and children and young people in care have all added to my personal development. I will continue to be involved in service development pathways and supporting any research and implementation fellows within the trust in the future. ”

We were awarded two grants from the CRN East of England. **Malini Raychaudhuri**, a consultant from iCaSH Bedfordshire, was awarded funding from the widening access to research scheme to scope ways to increase the recruitment of under-served patient groups to research studies running in iCaSH clinics in the BLMK region.

**Katherine Vale**, Clinical Research Facilitator at the Trust, won a patient and public involvement and engagement (PPIE) innovation grant to develop solutions to improve the way we engage with and provide research to babies, children and young people.

We were also successful at the 2022 CRN East of England celebration awards where we won the digital innovation category for our work on exploring ways to improve access to research for service users with language barriers, as well as the bigger picture category, for our implementation of an innovative research champions programme for all newly-qualified specialist community public health nurses. A member of our research team was also a co-investigator in a successful bid to the National Institute of Health and Care Research (NIHR) programme development grant call aimed at developing innovative, inclusive and diverse public partnerships. The project explores barriers to research for people with learning disabilities and ways of overcoming them. This year, we continued to showcase our work at professional conferences, where staff presented posters and papers were published in peer reviewed journals. Subjects covered topics within children's services, sexual health, musculoskeletal health and mental health.



## Working collaboratively and developing an inclusive research culture

Over the past year, we have set up several new initiatives and further developed some of our existing schemes to support our staff and embed research across the Trust. We now host monthly virtual research coffee break meetings which are open to all staff who are interested in discussing any ideas or finding out more about what we do to support research within the Trust. In addition, we established a principal investigator network last year to provide a platform for peer support and mentorship for our clinicians who are leading on research studies.

We have also increased engagement with our 0-19 service leads. This has resulted in health visitors in Luton supporting two important research studies, one relating to perinatal mental health and another study involving new mothers diagnosed with gestational diabetes. This year, working in collaboration with the Trust volunteer team, we developed an advert for a research volunteer role for the first time, which will support our clinical teams with research delivery. We have also further developed our links with the co-production team who have advised us on people participation and studies that have required additional support.

This year, we supported teaching and development of student nurses on corporate placements by offering them an overview of what it means to be involved in research in community care settings. Feedback from students has been very positive:

“ I had a fantastic experience and appreciated the work that goes into research which enables staff to give the best evidence-based practice. This experience also reiterated the importance of working as a team to achieve a common goal. ”

“ I really enjoyed the day with each session being thorough and engaging. The team really took their time to break the processes down for easy understanding. Reassured and now comfortable with research work as I've always been apprehensive when it comes to research. ”

## Research-ready workforce and our research champions

We launched the Trust-wide research-ready workforce survey this year to hear staff views on barriers and facilitators to research in a community NHS organisation. This work is being undertaken by **Lauren Moody**, Research Assistant at the Trust, as part of a Master of Research degree (MRes) at the University of Hertfordshire. The main theme that has emerged from the survey responses is protected time to engage with research. 48.2% of responders felt that lack of protected time to engage with research was a major barrier. Conversely, 27.7% of staff felt that availability of protected time was the main enabler. Some quotes from the staff survey are shared below:

“ Great research culture, very supportive Board, lots of opportunities to participate in research and develop new ways of working to improve research delivery. ”

“ I feel that CCS is very supportive of research. The difficulty we face is that there is not a 'culture' of research in my area, this makes it difficult to plan and protect time for research. ”

After a successful pilot funded by Health Education England, Phase 2 of our research champions programme commenced in February 2023 for our Norfolk, Bedfordshire and Luton 0-19 services. Below are quotes from staff who took part in the research champions pilot:

“ I think having the new starters come in and actually talking about research and about how they wanted to improve some of the services and work to the best that we could was really exciting. The team really jumped on board with that, making people think a little bit more as well. Also, it made me question whether we can do things differently. ”

“I’d like to do more research. I really think that it is quite challenging, even with team meetings and dissemination of stuff. I would like it if we had a much stronger research culture within our organisation.”

### Provide outstanding care: Looking forward to 2023/24

Our new quality strategy for 2023-2026 contains our vision to ensure our people have the right support to provide safe, effective and high-quality care to the diverse communities that we serve.

The overarching intent is to guarantee that, we put our patients, carers and our people at the centre of quality and safety and that we have actively engaged with our communities to ensure our strategy is aligned to their aspirations and health needs. Underpinning our strategy, we will have a plan for each of the three years it spans which will be based on the following four improvement priorities:

#### Priority 1: *Safety*

By 2026 we will:

- Strengthen and embed our ‘Think whole family’ approach.
- Have delivered the NHS Patient Safety Incident Response Framework in line with national requirements.
- Have a workforce that will be able to meet the current and future care needs of our patients.

#### Priority 2: *Quality*

By 2026 we will:

- Have embedded a Trust-wide quality improvement framework (that has four key elements: improve capability, create opportunity, motivate, and mobilise our people and work with system partners).
- Have optimised our use of data to support the health inequality, quality and safety agendas with the directorates.
- Have maintained our excellence in clinical practice to support our care and our outstanding Care Quality Commission rating.

#### Priority 3: *People Participation*

By 2026 we will:

- Ensure our services, including our digital platforms, will be accessible for all. We will be focusing on the equality of accessibility for people with a learning disability, sensory impairment, and/or additional needs.
- Have built and nurtured relationships with our patients, carers and communities through developing new networks.
- Have increased the numbers of patient involvement partners and volunteers, ensuring those who participate reflect our local communities.

#### Priority 4: *Learning and Continuous Improvement*

By 2026 we will:

- Have increased our research capability and capacity.
- Have strengthened our lessons learned pathway, ensuring this feeds into our improvement plans.

## Case Study

# Doccla virtual monitoring enables patient care to continue

# at home

**A revolutionary virtual tool has been changing the face of patient autonomy and the delivery of care by enabling patients in Luton to be monitored and treated at home.**

A revolutionary virtual tool has been changing the face of patient autonomy and the delivery of care by enabling patients in Luton to be monitored and treated at home.

The Doccla virtual system is easing the pressure on hospitals and primary care services by reducing A&E attendances and GP contact time, while also helping individual patients by allowing them to remain at home under the close care of clinicians.

The technology was originally provided to respiratory patients to support chronic disease management and long-term oxygen therapy. This has now been extended to monitor patients living with chronic obstructive pulmonary disease (COPD), heart failure and diabetes.

Eligible patients are provided with wearable devices that measure vital signs (pulse, oxygen levels etc), which allow clinicians to monitor them remotely via a secure web browser.



Feedback received so far shows that **92.1% of respondents either ‘strongly agreed’ or ‘agreed’** with the statement **“I have felt more confident in managing my health condition”**.

## 2 Strategic Objective 2 – Be an excellent employer

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

### 2021 National Staff Survey

Results from the 2021 staff survey were very positive and an action plan was implemented to address areas highlighted by our people as requiring further focus. The table below shows the actions taken.

2021 Survey Improvement Plan (for implementation in 2022/23)	
Area for Improvement from 2021 Survey	Actions Taken
To strengthen our response to any act of violence or aggression from service users, including to fully implement the national safety standard 'prevention of violence and aggression' and to provide support and information/ training for managers and staff in handling issues as they arise.	<ul style="list-style-type: none"> <li>Led by the health and safety committee, an executive lead was appointed, and the self-audit undertaken. An action plan was written, and implementation began focussing on awareness raising.</li> <li>Session at leadership forum on implementing the violence and aggression by members of the public policy.</li> </ul>
Improve the appraisal experience of staff as a supportive conversation which values their role in their service and helps them feel they can develop and there are clear progression pathways.	<ul style="list-style-type: none"> <li>We reviewed, updated and ran appraisal conversation training for managers and staff.</li> <li>We reviewed the number of appraisals any one manager is undertaking in line with Trust guidance.</li> <li>We explored the value of using our electronic staff record's appraisal functionality and agreed not to implement at this time.</li> <li>We reviewed and implemented timely feedback on the appraisal experience of staff and shared with relevant service leads.</li> </ul>
To learn from the pandemic about flexibility and kindness when working with colleagues with health conditions which impact on their daily lives and make this the norm. Embed true allyship into our culture and take steps to ensure our disabled workforce do not face discrimination in any form from managers, colleagues, or members of the public, including abuse, violence, bullying or harassment.	<ul style="list-style-type: none"> <li>We devised and rolled out our living our values, and civility and respect team sessions.</li> <li>We re-wrote our appraisal paperwork with input from staff and managers.</li> </ul>
To listen to the experiences of our culturally-diverse staff and take steps to inform, educate and upskill all managers and staff in actively challenging prejudice and being a true ally. To take steps to ensure our culturally-diverse workforce do not face discrimination in any form from managers or colleagues, and that any abuse from members of the public is promptly dealt with.	<ul style="list-style-type: none"> <li>Set a non-negotiable objective for all staff to actively challenge their own prejudices and biases and to call out inappropriate behaviour of others including those more senior to them, with assurance of protection from the Trust from any negative repercussions.</li> <li>The Board made personal anti-racism pledges and we signed up to UNISON's anti racism pledge.</li> </ul>

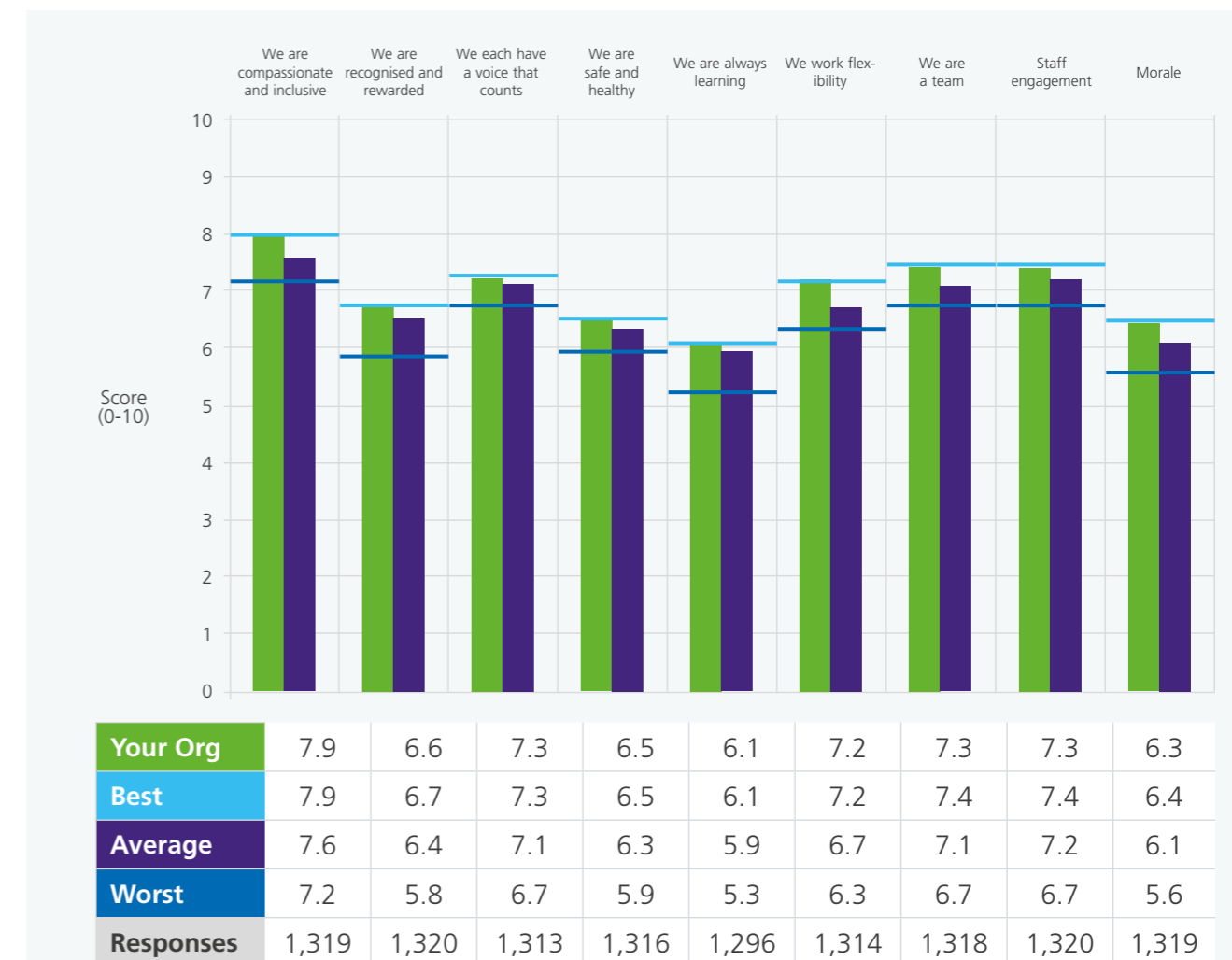
### 2022 National Staff Survey

1320 people (47%) responded to our 2022 survey. The results (benchmarked against 16 other community trusts nationally) are aligned to the seven themes within the NHS People Promise, plus two additional themes: staff engagement and staff morale.

We are the best performing community trust nationally for our staff reporting that:

- We are compassionate and inclusive
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly

In the other four themes below - we were 0.1 mark below the top scoring community trust.





It is encouraging to see the percentage of our people reporting that they have experienced discrimination due to their ethnic background, gender, religion and/or age has decreased over the past 12 months. In addition, it is also heartening that the percentage of staff from minority ethnic groups who reported experiencing harassment, bullying or abuse from patients, relatives or the public, staff or their manager, team leader or other colleagues has decreased in the last 12 months.

### Where can we improve?

There are three areas where responses indicated we could do better, and we will engage with our cultural diversity, long term conditions and disability, and LGBTQIA+ pride networks, as well as all services to identify actions we can take to ensure improvements:

- Percentage of staff reporting they have experienced discrimination due to their sexual orientation or disability has increased in the past 12 months.
- Percentage of staff from minority ethnic groups who believe we provide equal opportunities for career progression or promotion has decreased over the past 12 months.
- Percentage of staff experiencing physical violence at work from patients/service users, their relatives or other members of the public has slightly increased, but people experiencing this were less likely to report it.

### Next steps

In the coming 12 months we will:

- Implement a Trust-wide action plan in partnership with our staff networks and local staff side representatives. Initial thoughts on the areas which we will propose are:
  - Continued focus on our prevention of violence and aggression and bullying and harassment actions, in particular on why individuals do not always report when an incident occurs (both to their manager at the time and/or via our incident reporting process). This will include reviewing our reporting process/mechanisms to ensure they are as simple as possible.

In addition, we will look to strengthen both the support to the individual and our communications to patients and service users that this will not be tolerated.

- Build on the changes implemented in our appraisal process and explore further ways to ensure colleagues are more involved in decisions that directly impact their work area. This will include exploring innovative ways of working and training on spheres of influence.
- Review what more can be done to prevent discrimination and what actions need to be undertaken, with a particular focus this year on disability and sexual orientation.
- Continue to embed a fair, non-biased recruitment, including promotion, culture.
- We will also review service specific responses and identify actions to improve working lives at a local level.

### Freedom to Speak Up

In June 2022, NHS England published an updated national speak up policy. The revised national freedom to speak up policy provides the minimum standard for local freedom to speak up policies across the NHS, meaning that people who work in the NHS know how to speak up and what will happen when they do. The Trust has adopted the revised national speak up policy which was approved by the Trust Board in January 2023 and is published on our website.

The Trust's freedom to speak up policy sets out our commitment to an open and honest culture in which staff feel safe and supported to raise concerns and gives guidance and advice on raising a concern. The Freedom to Speak Up Guardian, who attends all executive team meetings, actively engages with local, regional and national forums to share best practice and learning. The Deputy Chief Executive is the nominated executive lead for speaking up, and the chair of the audit committee is the nominated non-executive lead for speaking up.

In addition, the Trust currently has 19 freedom to speak up champions; all were appointed through an open invitation for expressions of interest from staff. All staff who expressed an interest in becoming champions were appointed and received training delivered by the Assistant Director of Corporate Governance and Assistant Director of Workforce.

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

Awareness regarding the various freedom to speak up functions and the importance of raising concerns is highlighted through the Trust's induction for new staff, on the intranet, at senior management team meetings and in other communications cascaded across the Trust. Service directors regularly engage with our freedom to speak up champions and discuss any areas of concern in their respective services.

Staff can raise concerns through:

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

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

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

In the 2022 NHS Staff Survey, the Trust was ranked the best performing community Trust nationally for raising concerns.

## Workforce Race Equality Standards (WRES)

### WRES Objectives 2021/22

The following actions were agreed:

- We will seek to have a workforce at all pay bands and roles which is representative of our workforce by:
  - Commissioning and rolling out cultural intelligence training across the Trust using a train-the-trainer model. Work began on this in partnership with other trusts in the Cambridgeshire and Peterborough ICS. **Roll out will begin in 2023**
- Continuing to offer career development sessions to all staff networks and wider by:
  - Relaunching our diversity mentor scheme. **Achieved**
  - Implementing our action plan following our review of no more tick boxes and if your face fits. **Started and ongoing**
  - Implementing diverse recruitment panels as standard in all interviews. **Begins 1 April 2023**
  - Agreeing and setting stretch disparity reduction targets to be achieved over the next three years. **Agreed and actions ongoing to achieve**
- Ensure that all recruitment panel members are trained in anti-discriminatory practice as part of their recruitment training. **Achieved**
- Provide staff with regular up-to-date information to support the Trust's commitment to the diversity and inclusion of our workforce by:
  - Reviewing, updating and re-sharing our cultural awareness information. **Ongoing**
  - Continuing to promote and support our see me first champions. **Ongoing**
  - Continuing to work on and support previously completed actions. **Ongoing**
  - Ensuring we have sufficiently trained cultural ambassadors and continuing to support them.

- Continue to offer career development sessions to all staff networks and wider by:
  - Providing training and development opportunities on the training and education intranet pages, including a culturally diverse staff specific list of opportunities.
  - Actively participating in the planned diversity and inclusion work of our system partners for 2022/23 and with our cultural diversity network to identify and share opportunities for development.
  - Relaunching diversity mentoring training for diversity mentors, to begin in January 2023.
- Continue to work with our cultural diversity network to learn from their experiences, the population we serve and the staff we employ

### Workforce Disability Equality Standards (WDES)

The following WDES actions were agreed:

- We will seek to have a workforce at all pay bands and roles which is representative of our disabled workforce by:
  - Commissioning and rolling out cultural intelligence training across the Trust using a train-the-trainer model. Work began on this in partnership with other trusts in the Cambridgeshire and Peterborough Integrated Care System (ICS). **Roll out will begin in 2023**
  - Continuing to offer career development sessions to all staff networks and wider by:
    - Relaunching our diversity mentor scheme. **Achieved**
    - Implementing our action plan following our review of no more tick boxes and if your face fits. **Started and ongoing**
    - Implementing diverse recruitment panels as standard in all interviews. **Begins 1 April 2023**
    - Agreeing and setting stretch disparity reduction targets to be achieved over the next three years. **Agreed and actions ongoing to achieve**

- Ensure that all recruitment panel members are trained in anti-discriminatory practice as part of their recruitment training. **Achieved**
- Promote internally the support available to managers and disabled staff to enable them to undertake roles:
  - My CCS Employment (Adjustments) Passport
  - Flexible working options
  - Remote working
  - Long term conditions and disability network for staff. **All Achieved**
- Implement the actions identified in the Trust's self-assessment against the violence prevention standards (violence and aggression from members of the public) via our health and safety group. **Ongoing**
- Support line managers to have the skills to support staff via coaching, training packages and bitesize sessions. **Programme ongoing**
- Continue to offer career development sessions to all staff networks and wider. **Ongoing**
- Continue to work with the long term conditions and disability network to learn from their experiences. **Ongoing**
- Provide staff with regular up-to-date information to support the Trust's commitment to the diversity and inclusion of our workforce. This includes promoting the importance of staff declaring their diversity data in ESR by reminding them of the positive actions we have been able to take. **Ongoing with regular reminders and discussed at induction.**
- Continue to work with the long-term conditions and disability network to learn from their experiences. **Ongoing**



### Staff Networks

Our three staff networks continue to meet regularly.

#### LGBTQIA+ Pride

The network has an active membership who regularly share information and ideas via a Microsoft Teams chat group. They have run two successful quizzes to celebrate Pride month and all things LGBTQIA+.

The group launched their pledge programme with rainbow lanyards which can be worn to demonstrate support for and allyship with the LGBTQIA+ community. The group has also agreed to use the intersectionality LGBTQIA+ flag as its logo.

#### Cultural diversity

The network continues to be a safe place for staff to share their lived experiences and to feed back to the Trust on areas of concern, which are always explored. The challenges faced by culturally diverse representatives on recruitment panels continued to be an area fed back by the network. This led to a new action from April 2023, to establish a diverse panel which will be the line manager's responsibility before any recruitment activity can begin. The Trust's Future Talent Advisor runs career development sessions for network members, and we have introduced a measure to support our 'be an excellent employer' objective, of ensuring that any culturally diverse individual who chooses to leave the Trust is offered a 'learning from leavers' interview.

#### Long term conditions and disability

The group has invited guest speaks, as well as instigated work to produce a simple guide for managers and staff on how to access adaptations and special kit or office equipment etc., to support staff to work with a disability or health condition. Although this was already available, feedback was that managers did not always know how to access it. The group initiated work by the corporate governance team to produce some guidance on best practice and etiquette in using Microsoft Teams and emails, following feedback that one downside of remote working and the use of Teams is that sometimes colleagues make Teams calls which interrupt meetings and there is also an expectation that if you do not have a meeting in your diary you are 'free'. This guidance is intended to support

the remote working policy. In addition, feedback from members also led to the Trust updating its organisational change policy to include in it that any My CCS Employment (Adjustments) Passport should be considered during any organisational change which impacts someone who has a passport agreed with their manager.

All Board members are encouraged to attend staff network meetings as these conversations are a great way to understand the lived experiences of our people and what it is like to work within the Trust.

#### Gender pay gap

Our 2022/3 gender pay gap data was uploaded in March 2023. We recognise we need to continue to support our predominantly female workforce to be proportionally represented in senior leadership roles in the Trust and our actions aimed at achieving this are to:

- Ensure senior roles are advertised with flexible working as an option to attract female applicants.
- Offer the empowering female staff training 'Springboard'.
- Regularly review shortlisting data and identify any areas of concern.
- Use diverse selection panels through policy practice and training.
- Promote and facilitate mentoring and coaching, including reverse/diversity mentoring.
- Work with young people to encourage more young men to enter NHS careers.
- Provide support for female medics in applying for Clinical Excellence Awards (CEAs).

#### If your face fits: Review of recruitment practice

In response to a national review, undertaken by Roger Klein into potential discriminatory practice in NHS recruitment and on boarding processes, the Trust agreed a set of actions which have been embedded in our recruitment and selection policy. This has been reviewed and updated, with a key focus on the selection decision and anti-discriminatory practice, and an action plan is in place to deliver these changes.

## See me first

In May 2022, the Trust launched our see me first champions' programme. Similar to other Trust champions, our see me first champions are staff who have made a pledge to be allies to culturally diverse colleagues and be a safe person to talk to about any concerns culturally diverse staff may have, or non-culturally diverse staff may have about how their culturally diverse colleagues have been treated.

## Neurodiversity

We are introducing measures to support neurodiverse individuals which will include attracting applicants, making adjustments or offering support at the recruitment stage, and increasing awareness among managers and staff of neurodiversity in the workplace. We are continuing to develop this work and aim to launch a range of supporting policies (and updates to existing policies) in 2023, as well as upskill managers in recruiting and supporting our neurodiverse workforce.

## Supporting staff and staff engagement

Our staff again faced huge challenges as a result of the Covid-19 pandemic and its aftermath and the Trust supported them in a range of ways. We:

- Provided a wide range of support for our people including access and signposting to physical and emotional wellbeing advice, information and resources; risk assessments for all staff; and supported staff who were shielding to work remotely where possible and to be able to stay away from work where remote working was not possible.
- Continued to offer mindfulness and personal resilience training programme to enhance the already successful training for personal welfare, which supports our live life well psychological wellbeing stepped offer programmes.
- Regular virtual sessions with our executive team across all our services and geographies.
- Trained and launched a network of wellbeing champions.
- Continued to support a network of freedom to speak up champions.

- Continued to introduce innovative recruitment initiatives in hard to recruit areas.
- Supported services and staff affected by organisational change including the ending of our multi-site Covid vaccination service, supporting the redeployment of staff within the NHS and care sector where possible.
- Provided bespoke team development, support and skills training for teams impacted by the pandemic.
- Provided coaching and mentoring support to leaders, managers and team leaders, and 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 a high-quality service whilst face-to-face training wasn't possible, through innovative use of Microsoft Teams and virtual training platforms.
- Promoted the benefits of effective appraisals.
- Continued to provide an appraisal career and personal development planning process.
- Offered flexible working and family-friendly arrangements and a carers and special leave policy.
- Continued to support the bi-monthly joint consultative negotiating partnership to engage with trade union representatives to discuss our response to the pandemic, exchange information, harmonise human resources policies and processes following the transfer of staff, and to consult and negotiate on employment matters.
- Continued to offer a confidential line for informal support to staff experiencing bullying or harassment and a zero-tolerance approach to violence in the workplace.
- Supported staff to take breaks and have a flexible approach to allow annual leave to be carried over where staff could not take leave in exceptional circumstances.

## Mandatory training

We reviewed our two mandatory training programmes and found both are fit for purpose and supported by an additional introduction to diversity and inclusion at induction. In addition, training takes place for those involved in recruitment and selection, as part of all in-house leadership and management training, as well as in bite-sized people management sessions

The Trust continued to:

- Improve access to e-learning for mandatory training subjects including through a staff telephone and Teams call helpdesk.
- Review and amend our Trust induction based on staff feedback and Trust requirements and completed the roll out of unconscious bias training as part of e-learning to all staff.
- Ran virtual Trust induction programmes during the pandemic. Our chief executive and/or our deputy chief executive attended all sessions to welcome new employees into the Trust.
- Maintained a high level of training compliance replacing face-to-face with virtual training and written information, only reintroducing face-to-face where essential and in a Covid-safe environment.

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

- The employee self-service function is now fully embedded across the Trust and staff are accessing e-learning for many mandatory and role-specific training packages.
- The roll out of the supervisor's self-service functionality was completed and is being used by managers to track their team's training compliance.
- The roll out of OLM to record all training including 'essential to role' training.
- Linking our unconscious bias training programme to ESR so updating of staff training records does not have to be undertaken manually.
- Using OLM as one tool to support our large-scale vaccination centre workforce with their training.

## Cultural competence training

We met with an external training provider and began scoping a Trust-wide programme of cultural competency awareness raising and training, and subsequently agreed to commission this jointly with partners in the Cambridgeshire and Peterborough Integrated Care System (ICS), with roll out planned during 2023.

## Specific training

We continue to work with other agencies who train our staff locally on relevant diversity and inclusion matters including transgender training. We have in place a detailed workforce diversity and inclusion action plan, the detail of which is discussed at our people participation committee.

## National recognition and awards

- **Dame Rachel de Souza**, Children's Commissioner visited the Trust's community paediatric service in Luton and met with clinicians and parents to hear about their achievements and challenges. She commended colleagues for the 'superb' work they are doing for children.
- An article on the neurodiversity diagnosis support pack produced by our Bedfordshire and Luton children's services was published in the British Medical Journal. NHS England has expressed interest in sharing this resource as best practice nationally.
- An iCaSH submission from **Dr Graham McKinnon** to the British Association of Sexual Health and HIV (BASHH) annual conference was accepted. **Graham** was also invited to present on work he and the service have been doing in collaboration with local GPs and the drugs service to combat the spread of syphilis.
- Our Norfolk healthy child programme (HCP) colleagues have shared their approach to developing the Just One Norfolk platform including clinical information and parental advice and guidance with colleagues in Perth, Australia. Norfolk HCP will be acknowledged in any adapted resources.
- Just One Norfolk was a finalist in the Academic Health Sciences Network/NHS Confederation Innovate Awards in the 'Outstanding contribution to population health through innovation' category.

- **Matthew Winn**, National Director of Community Health at NHS England and Chief Executive of our Trust was featured on the second episode of Speak Up, Listen Up, Follow Up – The National Guardian’s Office Podcast. In this episode, **Dr Jayne Chidgey-Clark**, National Guardian for the NHS, spoke to **Matthew** about how to use data to improve speaking up culture and how speaking up is part of the DNA of any working environment.
- The Norfolk safeguarding children partnership (including our Trust’s safeguarding team) was highly commended in the Centre for Child Protection’s Collaboration Awards for the ‘Joint agency group supervision’ initiative.
- Our Huntingdon mental health schools team was visited by the national team to share examples of local good practice and innovation.
- The BBC and ITV filmed on several occasions at our Grafton Centre large-scale Covid vaccination site, helping to raise understanding of vaccinations, increase uptake and demonstrate the NHS response.
- Our Covid-19 vaccination team’s outstanding work contributed to Cambridgeshire and Peterborough Integrated Care System (ICS) being shortlisted in the Health Service Journal 2022 Awards ‘Covid vaccination programme’ category.
- Bedfordshire Children’s Community Nurse, **Sarah Sharpe**, presented at Wounds UK annual conference 2022 in Harrogate. **Sarah** has been raising the profile of paediatric pressure ulcer risk assessment using a tool she adapted (with permission) for community use.
- Our Luton Patients Know Best (PKB) childhood epilepsy project, with partners, was named winner of the ‘Using data to connect services’ category in the Health Service Journal (HSJ) Awards 2022. It was also highly commended in the Health Tech Awards 2022 in the ‘Most promising pilot’ category and was runner up in the Patient Experience Network Awards in the ‘Integration and continuity of care’ category. This was in addition to being selected by NHS England as a case study for their ‘Beneficial changes

network’. PKB is an online platform and digital handheld record designed to improve care and reduce the likelihood of being admitted to hospital for a seizure.

- An ADHD treatment response form (created by young people for young people) was presented to the Regional SEND Network as an example of good practice. As far as we know, this is the first tool of this type to be introduced as part of the clinical pathway and has been submitted as a poster abstract entry for the Royal College of Paediatrics and Child Health conference.
- Our Luton occupational therapy service featured on CBBC’s ‘Operation Ouch’, showing a young service user receiving support with his extreme hypermobility.
- The Trust’s communications team were finalists in the NHS Communicate national awards in the ‘Use of insight and data for innovation in communication’ category.
- Five Trust nurses were awarded Queen’s Nursing status by the Queen’s Nursing Institute, recognising their contribution to high standards of patient care, learning and leadership.
- A case study featuring nursing apprentice **Michelle McKenzie** was promoted by Health Education England (HEE) to highlight registered nurse apprentices during National Apprenticeship Week/Nursing Week.
- The following three posters were presented by our community paediatric service in Cambridgeshire, helping to spread best practice:
  - Making Miles Matter – reducing the carbon footprint and improving integrated care in Down Syndrome – **Dr R Bower** – Royal College of Paediatrics and Child Health (RCPCH).
  - Developmental epileptic encephalopathies in special schools – British Paediatric Neurology Association (BPNA).
  - Improving the Management of Spina Bifida – **Dr A Sansome** – British Association for Community Child Health (BACCH) presentation.

- The Trust received the Defence Employer Recognition Scheme (ERS) Bronze Award in recognition of our support to the Armed Forces community.
- **Dr Tamsin Brown** from our community paediatric service published an article ‘Santa should phase out coal as punishment in Christmas stockings’ in the British Medical Journal, which was subsequently republished by 12 blogs/media outlets.
- As part of Freedom to Speak Up month, we were honoured to be asked by the Freedom to Speak Up National Guardian to share a recorded discussion between **Anita Pisani**, Executive Lead for Freedom to Speak Up at our Trust, **Mercy Kusotera**, Freedom to Speak Up Guardian; **Heather Bennett**, Staff Side Chair; and **Austin Chinakidzwa**, Chair of our Trust’s cultural diversity network about why civility and respect are so important for a speaking up culture.
- Our Non-Executive Director and NHS Disabled Directors Network Member **Fazilet Hadi** wrote an article explaining why she’s passionate about equality and believes the NHS hugely benefits from a diverse leadership which was published by NHS England to mark UK Disability History Month.
- Just One Norfolk featured as a high-profile case study in the national best start for life progress report on delivering the Vision’. It was used as an example of best practice for a system-wide collaboration with start for life practitioners and local communities to create a single site that offers seamless online support for families in Norfolk and Waveney.
- **Prem Nair**, Minor Oral Surgery Clinical Lead, was runner up in the audit prize at the British Association of Oral Surgeons with a poster presenting patient-reported experience measures (PREMS) and patient-reported outcome measures (PROMS).

## Attracting and retaining a quality workforce: Looking forward to 2023/24

We will:

- Undertake a full training needs analysis of all skills development needs, including clinical and non-clinical skills.
- 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.
- Work with partners across integrated care systems on all workforce retention matters including implement the nursing associate role, reservist models, workforce planning and recruitment and retention.
- 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
- Continue to roll out the preceptorship training to all our preceptors in line with new Nursing and Midwifery Council and Allied Health Professional council standards.
- Offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes to support team development.
- Offer places on the local Mary Seacole leadership development programme and to support expansion of this across all our ICSS.
- Embed a coaching and mentoring culture across the Trust, investing in further health coaching training for our clinical workforce and mentor development.
- Implement our updated people strategy, focusing on:
  - A highly engaged workforce
  - Diversity and inclusion for all
  - Retaining our people
  - Maximising our recruitment and supply opportunities
  - Continuous improvement in supporting people’s health and wellbeing.

### 3 Strategic Objective 3 – Collaborate with others

Collaboration has been a core priority for the Trust over the last year. The organisation is a full member in integrated care systems across Bedfordshire, Luton and Milton Keynes (BLMK), Cambridgeshire and Peterborough, as well as being an active member on Norfolk's Children Board and Norfolk Alliance.

Examples of collaborative initiatives that our services played a key role in include the following:

#### Trust-wide

- Seasonal campaigns: The Trust's communications team is engaged with all three integrated care systems in developing campaigns to promote messages to make best use of NHS services and resources (#HelpUsHelpYou), Covid-19/flu vaccination programme for eligible people (#GetBoosted), and recruitment campaigns to support staffing levels (#WeAreTheNHS).
- Contributing to system-wide recruitment website: [www.itsallcomingtogether.co.uk](http://www.itsallcomingtogether.co.uk) by providing content for high-profile roles in the form of promotional videos and mini documentaries, as well as creating messages and testimonials to raise awareness of community services.
- Co-production: working with service users, patients, local communities, staff and partner organisations to shape and improve future service provision, enhancing accessibility and ensuring our services reflect the diverse populations we serve.

#### Bedfordshire, Luton and Milton Keynes (BLMK)

- Supported our partners at East London NHS Foundation Trust and Central and North West London NHS Foundation Trust to roll out remote monitoring to eligible cohorts, supporting people to remain independent in their own homes and avoid hospital admission.
- Launched a new initiative with East of England Ambulance Trust to enable our rapid response team to have access to the '999 call

stack' to refer in patients who can be seen by us and avoid an ambulance call out, transport or admission to hospital.

- Part of a system-wide project to deliver the virtual ward programme, working in partnership with Bedfordshire Hospitals NHS Foundation Trust and East London NHS Foundation Trust and delivering alongside our remote monitoring partner Doccla. Virtual wards allow patients to get the care they need at the place they call home, safely and conveniently, rather than being in hospital.
- Worked with parent carer forums to create one-page infographics for Bedfordshire and Luton families to enhance understanding of our services and how to contact them.
- Community paediatric teams continued to work with parents and professionals from health, social care and education to create and deliver a neurodevelopment disorder pathway for early intervention and support for children who might have developmental problems.
- Our children's rapid response team continued to receive direct referrals from NHS 111 and other health and care professionals for children under five to reduce hospital emergency attendance seven days a week.
- Active member of the Bedfordshire Care Alliance, which is focused on driving improvements in hospital admissions and discharge rates.

#### Norfolk and Waveney

- Further system-wide working with 'Growing Just One' as the integrated front door for physical and emotional/early mental health support. Partners across the system are fully involved with the design process consisting of the main mental health providers which includes NHS, council and charity/voluntary sector.
- Our healthy child programme worked with PROVIDE (Child Health Provider) and the three local acute hospitals to implement a digital transfer process for A&E notifications for children and young people, with all attendances (and follow up where required)

now automatically uploaded onto children's records via the Just One Norfolk digital platform.

- Keeping Families Warm and Well is a coordinated Norfolk integrated care system initiative sharing self-care advice and providing appropriate signposting to support and relieve pressure on local services. Just One Norfolk has been placed as the focal point of the children and young people's workstream. Dedicated seasonal advice pages have been created to act as a digital launch pad for all advice. 'Well-Be' Bear, a promotional character that has trended in Norfolk several times with #ShareTheBear, has been helping to get important advice out to families with content and promotion all based around live A&E data, Just One Number calls and system-wide clinical contacts.
- Established system-wide safeguarding work led by our Trust continues with the Norfolk safeguarding partnership. The 'Protecting Babies' strategy is embedded in local practice and continues to raise the profile of safer sleep, as well as support new parents with their crying babies through regular seasonal promotion using digital channels for families and advertising local training in professional networks.
- Our speech and language team continues to collaborate with commissioners and partners to design and develop the 'balanced system' for families in Norfolk and Waveney.

#### Cambridgeshire and Peterborough

- We are key partners in the local family hubs and start for life work superseding the best start in life work. As a joint provider with Cambridgeshire and Peterborough NHS Foundation Trust, we have worked with colleagues across the councils, NHS and charity/voluntary organisations towards agreed priorities for local families. In the past year, several pilots in the community have tested collaborative pathways, unified resources, integrated teams and 'one front door', paving the way for future development.

- Cambridgeshire and Peterborough healthy child programme piloted our #FreeToFeed breastfeeding campaign with South Cambridgeshire District Council, which was a great success. #FreeToFeedCP has been observed by Cambridgeshire and Peterborough infant feeding network and embedded as a system-wide campaign for the infant feeding strategy.
- Together with Cambridgeshire and Peterborough NHS Foundation Trust, Centre 33 and Ormiston Families, the Trust delivered a partnership agreement that brings together mental and emotional health services for children and young people in Cambridgeshire and Peterborough. The Trust continues to develop six mental health support teams in schools operating across Cambridgeshire and Peterborough.
- Work is continuing across sites in Cambridgeshire with our Integrated Care System partners to support the creation of new community diagnostic centres, two of which will be on our Trust's sites at Princess of Wales Hospital in Ely and North Cambs Hospital in Wisbech. The new centres will provide a range of diagnostic services to local communities as part of a wider national initiative.
- A planning application on behalf of 11 local NHS and social care partners to modernise services and facilities on the Princess of Wales Hospital site in Ely was successful and the Trust now awaits a response from the Department of Health and Social Care to the funding submission for capital funding.
- Leading the Children's and Maternity Collaborative. We have established an executive group to provide leadership across our system and have identified a number of projects to be delivered during 2023/24.



# Fabulous

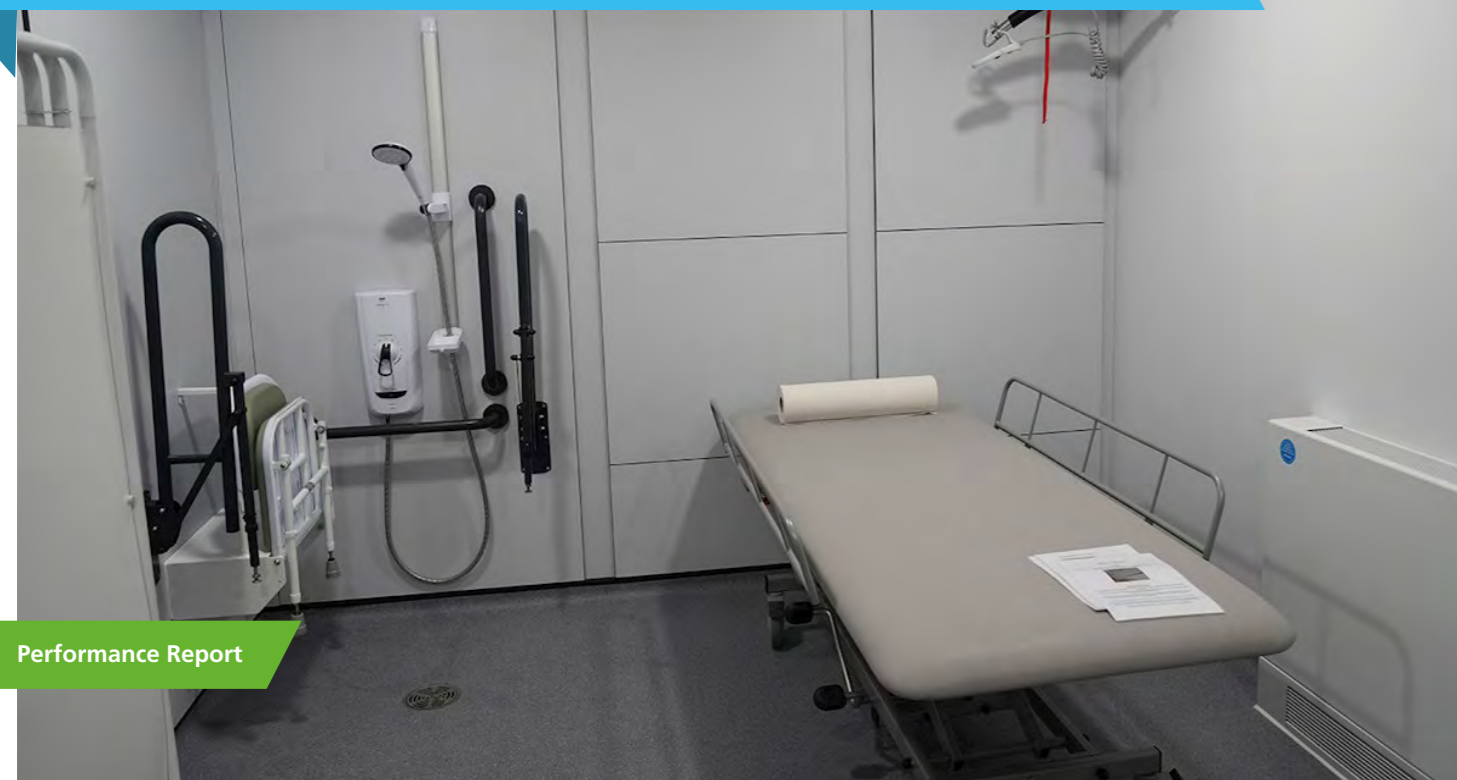
## new dental facilities which are accessible to all

**Our dental department used to share a building with other NHS services at the Chantry Clinic in Ipswich. However, space was an issue, especially during the Covid-19 pandemic as the service adhered to social distancing, requiring the use of a separate portacabin away from the main building.**

So, in August 2022 the team moved into Nash House - a purpose built, two-storey building with four surgery rooms. Our patients now have beautiful light, spacious surgeries with relaxing wall art and specialist equipment including a bariatric chair and a wheelchair tipper.

We also have a Changing Places toilet, which is a larger than standard accessible toilet for people with severe disabilities and has extra features such as hoists, curtains, washing facilities, adult-sized changing benches and space for carers.

To ensure the community benefits as much as possible from this new space, we have set up a partnership with Ipswich Town Football Club. As a result, club supporters with a disability can now use the Changing Places toilet on match days, taking advantage of the fact the club is only a stone's throw from the clinic.



### Dental services

- Our dental services worked with early years settings to deliver our MySmile award, developing tooth friendly practices and education around oral health.
- We supported Central Bedfordshire Council with their Christmas holiday activities and food programme for 1,500 families who receive benefits-based free school meals. This included designing a leaflet for parents/carers and advising the programme co-ordinator about sourcing toothbrushes and paste for each family.

### DynamicHealth

- A worthwhile waiting programme for patients who are waiting for appointments, diagnostics and surgery. This involves social media, website information and a telephone helpline - a new initiative to help support patients with information and advice whilst they wait.
- The perinatal project, which provides information, education and pelvic health awareness for mothers in the perinatal period with our Trust hosting the digital resources and leaflets for the system.
- We have provided training via the Cambridgeshire and Peterborough training hub on pelvic organ prolapse for primary care staff.

### iCaSH Services

- We continue to work in partnership with the Terrence Higgins Trust (THT) – the UK's leading HIV and sexual health charity – to support people living with HIV and help people using our services across Bedfordshire, Norfolk, Suffolk and Milton Keynes to achieve good sexual health.
- We expanded our partnership with Preventx to deliver online testing for sexually transmitted infections across our iCaSH footprint.
- Collaborations with the British Pregnancy Advisory Service and primary care have addressed and reduced the waiting lists for long-acting reversible contraception.
- iCaSH Cambridgeshire and Peterborough continue to work with family nurse partnership teams to provide vulnerable young women with fast-track access to sexual health and contraception services.
- We collaborated with the National Institute of Health Research (NIHR) to successfully recruit our patients to several research portfolio trials (e.g., HIV Positive Voices, POPs etc.)

### System-wide response to the Covid-19 Pandemic

- We continued to successfully deliver large-scale Covid-19 vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney. By the end of March, our staff and volunteers had administered a total of 1,764,201 doses of the vaccine, giving people hope for a brighter future.



## 4 Strategic Objective 4 – Be a sustainable organisation

### Sustainable development

We are proud of the work that has removed single use cups, implemented recycling points at all our bases and installed electric charging points at our main community hospital sites. We have pushed further to reduce the need for patients to travel, with the extension of our express test sexual health testing kits that are posted to patients' homes; the functionality of our digital platforms to enhance self-care advice and information and, where possible, we share premises with councils to deliver clinics as close as possible to people's homes.

The Trust launched its Green Plan (2022-2025) which sets the challenges for the next three years to ensure we play a key role in helping the NHS meet both of its net zero targets:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

This plan includes programmes of work with a focus on carbon reduction and:

- Supporting our workforce to innovate
- Implementing new models of care
- Digital transformation
- Staff travel
- Estates and transport links to our community hubs
- Medicines

Our achievements to date and future sustainability aspirations and achievements will be reported and published on our public website.

<sup>1</sup>Contract duration: 3 + 2 years, start 1 September 2022.

<sup>2</sup>Contract Duration and Service Commencement: 2 + 2 years, start 1 October 2022.

The programme will expand the Just One Norfolk route into health services by adding emotional/early mental health support.

### Development of services provided

The Health and Care Act 2022 created integrated care systems/boards and forged a new landscape for health and care provision. The provisions of the Act are characterised by reduced competition and greater collaboration. This seminal change accelerates the drive to establish effective collaboratives and this commitment is clear in the Trust's new strategic framework 2023-26. The Trust was central to three system collaboratives:

1. In Cambridgeshire and Peterborough, the Trust leads the Children's and Maternity Collaborative, one of five Accountable Business Units (ABUs) that span the system. We have established an executive group to provide leadership and have identified several new projects that will be delivered during 2023/24.
2. In BLMK, the Trust remains at the heart of the Bedfordshire Care Alliance which is driving improvements in hospital admissions and discharge rates.
3. In Norfolk and Waveney, the Trust remains a key member of the Children's and Young People's Strategic Alliance (an informal collaborative) and is part of a sub-group that will establish a formal collaborative during 2023/24 to improve children and young people's mental and physical health provision and outcomes.

During the past year, the Trust won tenders to provide mental health support teams<sup>1</sup> and an 'Integrated Front Door'<sup>2</sup> in Norfolk and Waveney.

We will commence the new financial year with a planned turnover of £156 million.

The Trust has secured the following contract extensions from commissioners:

1. Our sexual health services for Cambridgeshire and Peterborough have been extended to March 2025. Both commissioners are keen to work collaboratively to develop the service and the Section 75 that underpins it.
2. We are in the process of consolidating the extension for our healthy child programme for Cambridgeshire and Peterborough to March 2025. The current contract end date is March 2024.
3. Our core contract with the Cambridgeshire and Peterborough Integrated Care Board for specialist children's and musculoskeletal services has been extended to March 2024. The extension aims to provide time for both parties to engage in new ways of working made possible by the creation of integrated care systems.
4. NHS England has extended the dental access centre contract for our dental services until June 2024.
5. NHS England has extended the minor oral surgery contract until September 2023.
6. First Contact Practitioner contracts for the provision of musculoskeletal services to 13 Primary Care Networks in Cambridgeshire and Peterborough will be extended to March 2024.
7. Agreement was reached with Suffolk County Council for the provision of speech and language therapy for the Waveney area to September 2023.
8. Agreement was reached with Norfolk and Suffolk Constabulary, Bedfordshire, Hertfordshire and Cambridgeshire Constabulary and Team Prevent for iCaSH services.
9. British Pregnancy Advisory Service (BPAS) has extended the contract for iCaSH services until March 2024.

Additionally, the Trust has awarded or extended, the following contracts to support service delivery:

1. Our property services providers OCS (soft facilities management) and CBRE (hard facilities management) have been awarded a year's extension on their contract, taking the current end date to March 2027. Our performance-based extension allows a further three more to 2030.
2. Our ICT services provider continues to support our digital development, with the contract in place valid to October 2029.
3. Chess Digital, previously awarded the organisation's Just One Norfolk digital web platform development contract, have received an extension to January 2024 to facilitate the completion of the work required.

The following contracts are nearing their end dates and we are advised – notwithstanding the flexibility offered by the provider selection regime – that the commissioners may be seeking to use a competitive tender route to secure future provision:

1. Suffolk County Council Integrated Sexual Health Service - expires 30 April 2024.
2. Bedfordshire Borough Council Integrated Sexual Health - expires 31 October 2023.
3. Norfolk County Council Integrated Sexual Health Service – expires 29 February 2024 and commissioners have requested an extension to March 2024 to align with a potential new contract start date of April 2024.

## Financial Assessment

Despite 2022/23 continuing to be another challenging year across the whole of the health sector, the Trust achieved a breakeven position. Recovery from the Covid-19 pandemic had impacted the Trust's operational services requiring deployment of additional resources to ensure the Trust continued to deliver high-quality services throughout this period of recovery. In addition to the Trust's core services, we also continued to provide the large-scale vaccination service across Cambridgeshire and Peterborough and Norfolk and Waveney. Despite these challenges, the Trust's strong governance and financial management regime has enabled it to deliver its portfolio and maintain financial balance.

Key messages for the year are set out below:

- The Trust 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 damages supply sources and strains relationships with suppliers.
- The Trust continues to adopt 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 20 in the annual accounts and is also shown in the table below. Its performance in relation to both non-NHS and NHS payables improved during the year. The Trust will continue to work to improve its performance against target.

Better Payment Practice Code (30 day target)	2022/23	
	Number	£'000
<b>Non-NHS Payables</b>		
Total Non-NHS Trade Invoices Paid in the Year	16,690	82,229
Total Non-NHS Trade Invoices Paid Within Target	13,803	73,530
Percentage of Non-NHS Trade Invoices Paid Within Target	82.7%	89.4%
<b>NHS Payables</b>		
Total NHS Trade Invoices Paid in the Year	543	7,212
Total NHS Trade Invoices Paid Within Target	414	6,548
Percentage of NHS Trade Invoices Paid Within Target	76.2%	90.8%

- The Trust's 2022/23 accounts have been externally audited by Bishop Fleming LLP. External audit fees for 2022/23 were agreed as £76,500 excluding VAT (2021/22 fees with BDO UK LLP £70,000 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 9 of the annual accounts. The remuneration and staff report on page 90 shows the salary and pension entitlements of the directors of the Trust.

- There have been no accounting policy changes during 2022/23. Key sources of estimation of uncertainty are shown in note 1.16 of the accounts.
- The Trust has spent £8.6 million in 2022/23 (2021/22 £8.5 million) on items that come within the NHS management costs definition. This represents 4.75% (2021/22 4.93%) of total turnover for the financial year.
- 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 the 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 the steps 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 2023/24 will be financially challenging, 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  
Units 7 & 8, Meadow Lane  
St Ives, PE27 4LG

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





# Looking to the future

Our strategic objectives for 2023/24 are to:

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

The objectives have been through a robust process of review and consultation and will form the basis of our new 2023-2026 Trust strategy and our annual operational plan, which are aligned to the system-wide priorities identified by our commissioners and the integrated care boards. Central to this is working collaboratively with commissioners and partner organisations to develop seamless care, irrespective of organisational boundaries.

## Underpinning strategies

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

- Quality Strategy
- People Strategy
- Digital Transformation Strategy
- Communications Strategy
- Estates Strategy

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, Milton Keynes, 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

The financial plan has been informed by the NHS financial framework for 2023/24, the allocation and agreement of resource distribution within the Cambridge and Peterborough (C&P) system and agreed contracted income from other NHS and non-NHS commissioners.

The financial regime for 2023/24 will be a full return to contracted values to inform direct allocations from NHS commissioners and the continuation of the contracts for services with local authority public health commissioners. System allocations have been informed by a combination of the block contract funding, a reduction in and removal of non-recurrent allocations received during 2022/23, adjustments for movement to capitation-based funding, and uplifts in cost and funding for forecast growth and inflation.

The Trust's service portfolio for 2023/24 will not change materially and the overall initial expenditure budget totals £158m. The Board approved a balanced plan for March 2023/24, with a requirement to deliver a 3.25% efficiency target and to mitigate funding and cost pressures. This plan will be subject to change if there is a subsequent agreement with staffing groups regarding pay for 2023/24.

The Trust has a core capital plan of £3.8 million for 2023/24, which includes the continued development of the North Cambridgeshire Hospital in Wisbech and the Princess of Wales Hospital in Ely, essential backlog maintenance and any new service requirements that emerge during 2023/24.



**Matthew Winn**  
Chief Executive

# Accountability Report

**Corporate Governance Report**

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**Governance Statement**

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# Corporate Governance Report

## Directors' Report 2022/23

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 68), 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 on (page 8).

## Compliance statement

A register of directors' interests for the Trust is maintained and is available on our website or on request by contacting our company secretary on 0300 555 6655. The register of interests is managed in line with NHS England guidance and best practice.

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

## Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

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.
- Value for money is achieved from the resources available to the Trust.
- 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, 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, other items of comprehensive income and cash flows for the year.

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.



**Matthew Winn**  
Chief Executive

## 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, other items of comprehensive income 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.

Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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.

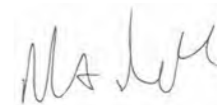
The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

Signed:



**Matthew Winn**  
Chief Executive



**Mark Robbins**  
Director of Finance and Resources

# Governance Statement

## Scope of responsibility

As accountable officer, and chief executive of the Trust, 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, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me.

I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively.

I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

As the accountable officer, I ensure the organisation works effectively, in collaboration with NHS England, integrated care systems, local authorities, local primary care, NHS Trusts and Foundation Trusts. I and the Trust actively participate in relevant chief executive and partner fora, to deliver the expectations as stated in the NHS Constitution.

## The purpose of internal control

The system of internal control is designed to manage risk to a reasonable level, rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The 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 organisation for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

The Board of Directors (the Board) is responsible for risk management and internal control in the following ways:

- Setting strategic direction, vision and Trust objectives.
- Ensuring accountability by holding the organisation to account for the delivery of the strategy.
- Shaping a positive culture for the board and the organisation.

## The governance framework of the organisation

I am incredibly proud that the Care Quality Commission (CQC) rated the Trust 'Outstanding' after their 2019 inspection and can confirm the Trust is fully compliant with the registration requirements of the CQC. Our staff tell us through the NHS staff survey that working in the Trust is overall a positive experience, with us being scored the lead community provider in the country. These achievements reflect the fantastic people in our organisation and the positive culture across the Trust.

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

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

The Trust was rated **Outstanding** in the following domains:

### Well-Led:

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

### Caring:

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

Our new 2023-26 Trust strategy is underpinned by five supporting strategies:

- Quality strategy
- People strategy
- Digital transformation strategy
- Communications strategy
- Estates strategy

Alongside the production of the Trust strategy and key supporting strategies, the Trust also developed the following service plans:

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

The Trust continues to implement a quality improvement framework for the Trust's approach to quality governance. Quality improvement is based on the CQC'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 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

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

The CQC's full 2019 inspection report can be found here:

[www.cambscommunityservices.nhs.uk/about-us/priorities-and-how-we-are-doing/performance/care-quality-commission](http://www.cambscommunityservices.nhs.uk/about-us/priorities-and-how-we-are-doing/performance/care-quality-commission)

### UK Corporate Governance Code

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

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

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

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

### Trust Board

The Board comprises of the chair, a senior independent director and five other independent members (non-executive directors), the chief executive and six executive directors.

Our Board Members' Register of Interests for 2022/23 is available on the Trust's public website ([www.cambscommunityservices.nhs.uk/about-us/who-we-are-and-what-we-do/board-members/register-of-board-interests](http://www.cambscommunityservices.nhs.uk/about-us/who-we-are-and-what-we-do/board-members/register-of-board-interests)).

During the past year, the Trust Board regularly discussed the assurance processes in place during the pandemic and moved to virtual meetings, which were maintained throughout the year. The Trust Board met virtually six times in public and invited questions from the public via our website and social media channels. All Board meetings 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 86) of this governance statement sets out attendance levels by each director, for all Trust Board sub-committee meetings.

The Board is supported by the director of corporate affairs and the Trust secretary, who together act as principal advisers on all aspects of corporate governance within the Trust. The governance and assurance processes for the Board and sub committees were reviewed regularly throughout the year to reflect the pressures of the pandemic on Trust staff but also maintain robust assurance reporting throughout the year.

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 2022/23 covered the following areas:

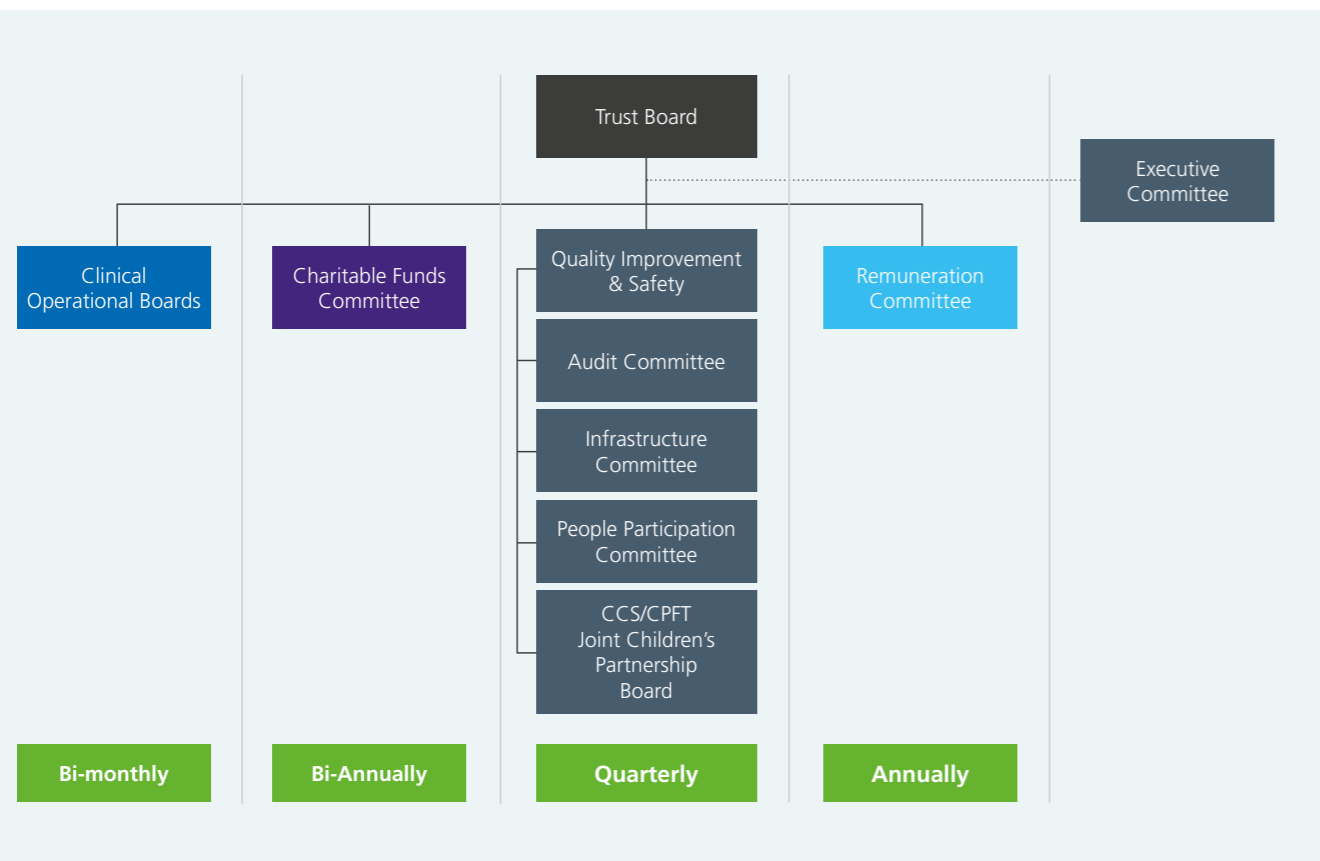
Theme	Areas of focus
Patient experience and engagement	<ul style="list-style-type: none"> <li>• Integrated Care System</li> <li>• Health inequalities – equality and diversity developmental indicators</li> <li>• Digital transformation strategy</li> </ul>
Staff experience and engagement	<ul style="list-style-type: none"> <li>• Queen's Nurses role</li> <li>• Award and recognition</li> <li>• Presentation from our cultural diversity network chair and secretary</li> <li>• Violence and abuse discussion with our cultural diversity network</li> </ul>
Strategic issues	<ul style="list-style-type: none"> <li>• Trust strategy 2023-26 and supporting strategies</li> <li>• Service plans for 2023-26</li> <li>• Strategic indicators</li> <li>• Our approach to quality improvement and digital transformation</li> <li>• Team development and Board skills matrix</li> <li>• Freedom to speak up – listen up and follow up development session</li> <li>• Workforce assurance</li> <li>• Innovation and quality improvement</li> <li>• Health inequalities</li> <li>• Collaboration:               <ul style="list-style-type: none"> <li>• Cambridgeshire and Peterborough Children and Maternity Collaborative</li> <li>• BLMK Bedfordshire Care Alliance arrangements</li> <li>• Norfolk Children and Young People Strategic Alliance Waveney</li> </ul> </li> <li>• Green Plan</li> <li>• Integrated Governance Assurance Framework</li> <li>• Governance structures and future ways of working</li> <li>• Safeguarding – Board responsibilities</li> <li>• ICS development – Bedfordshire, Luton and Milton Keynes (BLMK), Cambridgeshire and Peterborough and Norfolk and Waveney</li> <li>• Board effectiveness review</li> <li>• Well led improvement priorities</li> <li>• Risk management and Board assurance training session</li> <li>• Review of strategic risks on the Board Assurance Framework</li> <li>• Risk appetite and cumulative risk review</li> </ul>

The Board has nine well-established 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.

The committees highlight for the Board's attention areas of outstanding practice, emerging areas of concern on quality and workforce as well as financial and operational risk, gaps in control, gaps in assurance and actions being

undertaken to address these issues. Service level risks are identified by the leads in each area and are reviewed and discussed by the clinical operational boards and escalated to the Board in line with the Trust's procedures.

The Trust undertook an annual review of the Board and sub-committee terms of reference to improve governance processes within the Trust. The large-scale vaccination centre clinical operational board was disbanded as a standalone board in August 2022 and absorbed into the adults' clinical operational board. The revised governance arrangements were approved by the Board in October 2022 and immediately implemented.



Executive directors and their managers are responsible for maintaining effective systems of control on a day-to-day basis. A full governance framework has been developed providing Board/committee terms of reference including escalation points for all sub-committees.

Each committee also has an annual cycle of business setting out its agenda for the year. The Board and each committee undertake an annual assessment of their own effectiveness and that the required standards are achieved.

### Audit Committee

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

The committee is constituted in accordance with the provisions of the NHS Audit Committee Handbook and has overseen the audit of 2022/23 accounts, the annual governance statement, the development of internal and external audit plans and the risk management and internal control processes, including control processes around counter fraud.

During 2022/23, the committee met seven times. In addition to the above, the committee reviewed all reports from completed internal audit assignments for the 2022/23 work plan, which had been agreed by the committee at the start of the year.

On 16 January 2023, the Audit Committee approved the appointment of Bishop Fleming as Trust Auditors for 2022/23.

### Head of Internal Audit opinion 2022/23

For the 12 months ended 31 March 2023, our Head of Internal Audit opinion (HoIA) for Cambridgeshire Community Services NHS Trust is as follows:

**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 Trust's management team has accepted recommendations to implement improvements identified by internal audit in relation to specific audits and these actions will be implemented in line with the timeline agreed with the internal auditors.



## Counter fraud, anti-bribery and corruption

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

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

Ensuring staff are aware of fraud and bribery issues is the first line of defence against fraud. This year our team of local counter fraud specialists have been focused on raising awareness throughout the Trust including new starters at the corporate induction and awareness sessions targeted at frontline staff.

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



## Infrastructure Committee

The role of the infrastructure committee is to support the Board by ensuring that the estates and digital strategies are developed and implemented and that there are effective structures and systems in place to support quality services and safeguard high standards of patient care. The committee is also responsible for advising the Board on compliance with legal requirements for best practice, including health and safety, infection control and sustainability. It is also responsible for providing an effective reporting, escalation and engagement route for key groups with estates and digital services to the Trust and commissioners and the corresponding return of information. In addition, the committee is responsible for reviewing the estates and digital risk register, including risks identified on the strategic risk register. The committee met on four occasions.

The issues considered by the committee during the year included:

- Assurance on estates and digital management services compliance
- Fire safety
- Implementation of the estates and digital strategy
- Estates and digital developments
- Trust's annual capital plan
- Oversight of the Trust's capital projects
- Estates-related cost improvement plans
- Sustainability reporting, including the Green Plan
- Risks relating to the Trust's estates and digital infrastructure
- Infection prevention and control
- Health and safety
- Internal audit recommendations

## Case Study

# GR4C online offer

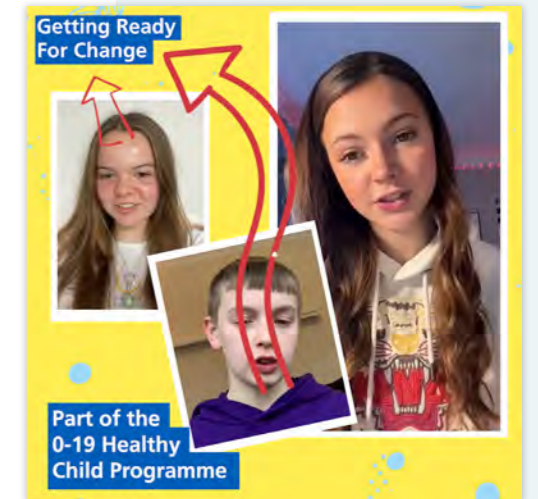
**Thousands of young people have been supported to access health advice through a trailblazing initiative which focuses on vital health checks at milestone transitions.**

Getting Ready for Change (GR4C) was created by Cambridgeshire and Peterborough healthy child programme in co-production with young people to improve a manual questionnaire process and launched in 2022.

GR4C has dedicated questionnaires for reception children and those in years 6, 9 and 11. Each bespoke questionnaire has an accessibility viewing tool and can be translated into 75+ languages.

The online questionnaire offers families and young people the opportunity to self-assess using their own personal device, such as a mobile phone, at a time that's convenient to them. This new approach shares vital insights to help understand our local population's needs whilst also providing advice and signposting to essential support tailored to the individual's questionnaire answers.

In its maiden year, GR4C has proved to be very effective with more than 4,800 users completing 6000+ active sessions. The in-house developed tool has already received interest from clinical peers and could be shared with other healthy child programmes across the NHS.



**NHS**

**Getting Ready 4 Change**  
Reception year - aged 4-5

**Advice on:**

- eyesight
- hearing
- emotional health
- behaviour
- and much more!

#GR4C



**NHS**

**Getting Ready 4 Change**  
Information for young people

#GR4C

## Clinical Operational Boards

The following clinical operational boards were in place:

- Adult services
- Children and young people's services
- Large-scale vaccination programme (ceased in September 2022)

The clinical operational boards (COBs) for adult services and children and young people's services met six times this year to support the Board. The large-scale vaccination programme was incorporated into the adults' clinical operational board in September 2022, owing to the reduction in service activity, and therefore met on two occasions. The COBs undertake detailed, integrated analysis and highlight areas of concern requiring the Board's attention and/or action, specifically focussed on assurance of quality, safety and patient experience, staff support and morale, key risks, exceptions and escalations. Business items that had previously been stood down owing to pressures from the pandemic were re-introduced during the course of the year, returning the COBs back to business as usual.

## Quality Improvement and Safety Committee

The quality improvement and safety committee supports the Board to foster a culture of continuous improvement 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, service users and staff.
- Ensure that there are effective structures and systems in place to support the continuous improvement of quality services, to 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 four times and considered a range of themes.

## Remuneration Committee

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

- Determine clinical excellence awards
- Review executive level remuneration
- Consider the appointment of new directors
- Receive assurance that fit and proper persons test checks had been undertaken for all directors
- Consider redundancies

## People Participation Committee

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

## Cambridgeshire Community Services NHS Trust (CCS)/Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Joint Children's Partnership Board

The Joint Children's Partnership Board's role is to have oversight of the partnership work and provide assurance to the Boards of CCS and CPFT regarding the integrated service for children, young people and families in Cambridgeshire and Peterborough provided by both organisations. The committee met four times.

## Charitable Funds Committee

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

## The risk and control framework

The Board of directors (the Board) is responsible for delivery of the Trust's objectives and robust risk management and internal control is a key aspect of this. This includes risk management, counter-fraud and bribery, external audit, internal audit and internal financial control. There has been considerable work to strengthen risk management across the Trust and the following highlights are noted:

- Further development of the Board Assurance Framework.
- Implementation of a dedicated risk tracking mechanism for risks relating to Covid-19 and the large-scale vaccination programme (LSV). In light of the pandemic, we strengthened our risk management processes to ensure risks were effectively managed. Risks relating to Covid-19 were reviewed weekly during incident management team meetings. Before the LSV programme was stopped, the executive team reviewed all risks relating to LSV on a weekly basis.
- Establishment of the ethics group allowing the Trust to gain an understanding of the impact to our service users arising from the standing down of services due to the pandemic.
- Substantial assurance internal audit on the Trust's risk management review. The audit confirmed that the Trust controls were well designed and complied with, including the policies and procedures in relation to risk management. The controls which the Trust relies on to manage risks were suitably designed and consistently applied and effective.

The Trust has a risk management policy which is available to all staff. The policy was revised to include issues management and describes the Trust's overall risk and issues management approach and key responsibilities for managing risks and issues within the organisation, including the ways in which risks and issues are identified, evaluated and controlled. It identifies strategic operational risks and issues and how they should be identified, recorded and escalated, and highlights the open and honest approach the Board expects with regards to risk management. The Trust's risk management policy describes the process for standardised assessment of risks and issues, including assessment of likelihood and consequence.

The Board and its committees receive regular reports that detail risk, financial, quality and performance issues and, where required, the action being taken to reduce identified high-level risks.

The Trust's Board Assurance Framework incorporates a register of the principal risks faced by the Trust in meeting its principal objectives. It provides the Trust with a clear and comprehensive method of describing the organisation's objectives, identifying the main risks to their achievement and the gaps in assurances on which the Board relies. As part of its five well led improvement priorities, the Trust continues to work on further strengthening its Board Assurance Framework.

The Board has described 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 detailed and action plans put in place to strengthen controls. The outcome of this process is articulated in the strategic risk register which is presented to the Board bi-monthly for review. In line with the Trust's risk management policy, all other risks rated 15 or above are escalated to the Board. All risks rated 12 or above are reviewed regularly by identified Board sub-committees and an escalation process is in place, as outlined in the risk management policy.

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.

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

The Trust has in place a strategic risk register, which sets out the principal risks to delivery of the Trust's strategic objectives. Executive directors review the risk register and enter strategic risks onto the corporate risk register. In addition, other corporate risks scoring 15 or above that have been reviewed by the relevant sub-committee are escalated in line with the Trust's escalations processes. The executive director with delegated responsibility for managing and monitoring each risk is clearly identified.

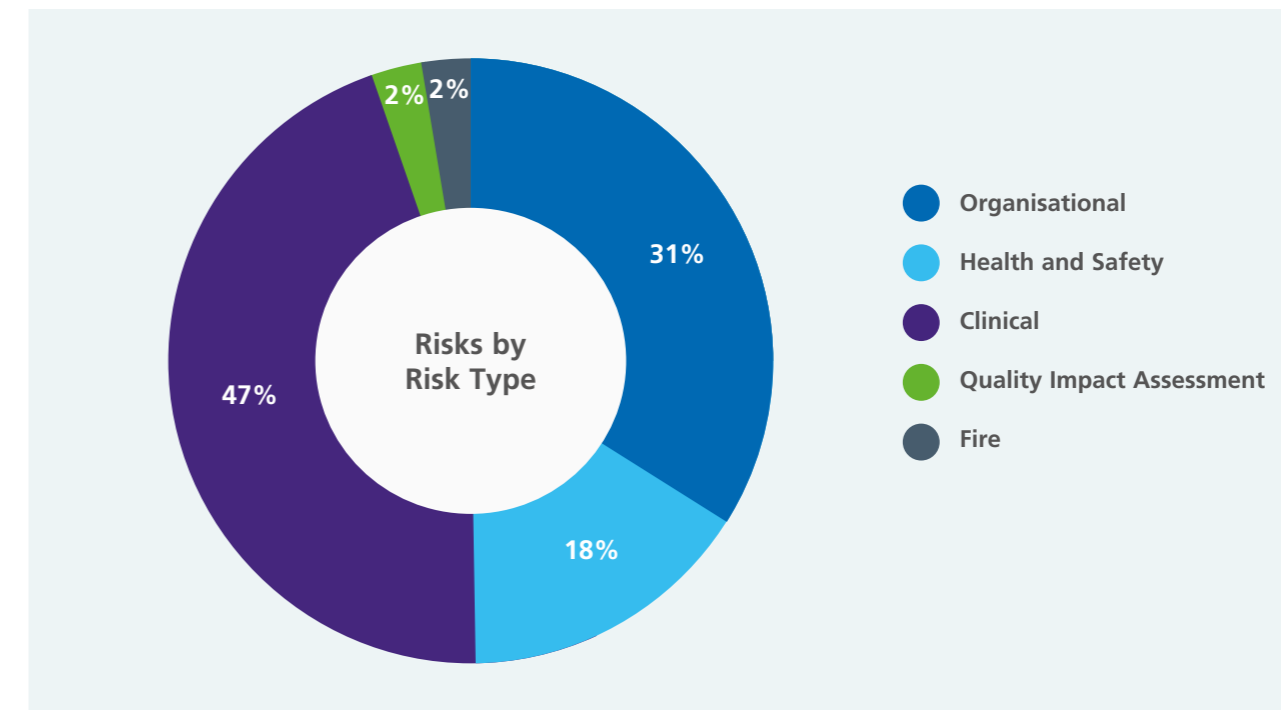
The strategic risk register identifies the key controls in place to manage each of the principal risks and explains how the Board is assured that those controls are in place and operating effectively. These include the monthly integrated performance report, minutes of the clinical operational boards, audit, estates and quality improvement and safety assurances provided through the work of internal and external audit, the CQC and the NHS Resolution.

The Trust has risk registers that track and monitor clinical risks which are escalated to the Board via sub-committees, in line with the Trust's escalation framework. Key strategic risks for 2022/23 are shown in the table below.

Risk ID	Strategic Risk Description	Risk Score (As at 31 March 2023)
3163	There is a risk that the delivery of high-quality care will be adversely affected if levels of staff morale reduce.	12
3164	There is a risk that the Trust is unable to maintain high-quality care due to the number of services/teams facing workforce challenges.	12
3166	There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC fundamentals of care standards.	12
3167	As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation.	8
3467	There is a risk that we fail to agree a cross organisational transformational approach for children and young people's services in Cambridgeshire and Peterborough, which will result in the inability of the integrated care board to support the establishment of the accountable business unit.	6
3468	There is a risk that if during 2022/23 the Bedfordshire Care Alliance Committee of the integrated care board does not successfully achieve planned changes then they will be unable to deliver improvements leading to sub-optimal care and outcomes for service users.	8
3475	There is a risk that the Cambridgeshire and Peterborough Integrated Care System and Trust fails to secure national funding for the redevelopment of the Princess of Wales Hospital in Ely, which would result in the facilities and infrastructure not being upgraded and as a result impact on the quality of patient care.	12
3227	There is a risk that the Trust will not be able to fulfil its statutory safeguarding responsibilities.	16

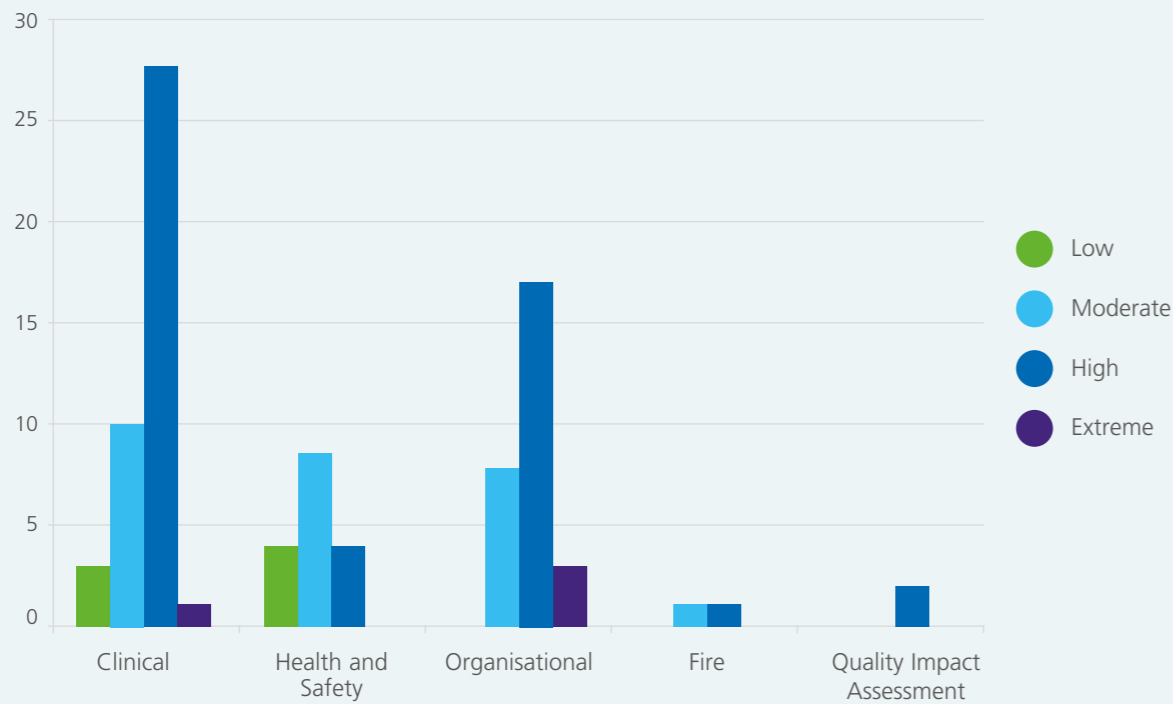
Risk ID	Strategic Risk Description	Risk Score (As at 31 March 2023)
3486	There is a risk that the performance stability and functionality variability in performance with elements of the ICT infrastructure (provided by Shared Business Services / Sopra Steria) during the early adoption and transition phase impacts our staff's ability to deliver high-quality services.	
3502	There is a risk that if industrial action is taken within the Trust, affected areas will be unable to deliver their services, which will lead to patients/service users not receiving the care they need and potentially have a negative impact upon staff morale.	
3488	There is a risk the Trust will not deliver its planned breakeven financial plan for 2022/23 due to the unprecedented increases in non-pay costs.	

As of 31 March 2023, the Trust had 88 open risks. The following charts present an overview of all open risks.





**Risks by Risk Type and Risk Level (current)**



From March 2023, the mandatory corporate induction programme once again includes the principles of risk management after a temporary pause due to Covid-19. This induction session covers 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 induction and specific risk management training (as described in the Trust's risk management policy and procedures), information on the Trust's intranet and feedback from audits, inspections and incidents. Included within all of this is the sharing of good practice and learning from incidents. Information from a variety of sources is considered in a holistic manner to provide learning and inform changes to practice that would improve patient safety and overall experience of using the Trust's services.

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of the 'Delivering a net zero health service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the adaptation reporting requirements are complied with.

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
- Estates schemes via the infrastructure committee

## Supporting staff and staff engagement

The Trust supported our staff in a range of ways as shown below:

- Provided a wide range of support for staff including access and signposting to physical and emotional wellbeing advice, information and resources; risk assessments for all staff; and supported staff who were shielding to work remotely where possible and to be able to stay away from work where remote working was not possible.
- Continued to offer mindfulness and personal resilience training programme to enhance the already successful training for personal welfare, which supports our live life well psychological wellbeing stepped offer programmes.
- Regular virtual sessions with our executive team across all our services and geographies.
- Trained and launched a network of our wellbeing champions.
- Continued to support a network of freedom to speak up champions.
- Continued to introduce innovative recruitment initiatives in hard to recruit areas.
- Supported services and staff affected by organisational change, including the ending of our multi-site Covid-19 vaccination service, supporting the redeployment of staff within the NHS and care sector where possible.
- Provided bespoke team development, support and skills training for teams impacted by the pandemic.
- Provided coaching and mentoring support to leaders, managers and team leaders, and 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 a high-quality service whilst face-to-face training wasn't possible, through innovative use of Microsoft Teams and virtual training platforms.
- Promoted the benefits of effective appraisals.
- Continued to provide an appraisal career and personal development planning process.

- Offered flexible working and family-friendly arrangements and a carers and special leave policy.
- Continued to support the bi-monthly joint consultative negotiating partnership to engage with trade union representatives to discuss our response to the pandemic, exchange information, harmonise human resources policies and processes following the transfer of staff, and to consult and negotiate on employment matters.
- Continued to offer a confidential line for informal support to staff experiencing bullying or harassment and a zero-tolerance approach to violence in the workplace.
- Supported staff to take breaks and have a flexible approach to allow annual leave to be carried over where staff could not take leave in exceptional circumstances.

## Mandatory training

The Trust continued to:

- Improve access to e-learning for mandatory training subjects including through a staff telephone/ Teams call helpdesk.
- Review and amend our Trust induction based on staff feedback and Trust requirements and completed the roll out of unconscious bias training as part of e-learning to all staff.
- Ran virtual Trust induction programmes during the pandemic. Our chief executive and/or our deputy chief executive attended all sessions to welcome new employees into the Trust.
- Maintained a high level of training compliance replacing face-to-face with virtual training/written information, only reintroducing face-to-face where essential and in a Covid-safe environment.

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

- The employee self-service function is now fully embedded across the Trust and staff are accessing e-learning for many mandatory and role specific training packages.
- The roll out of the supervisor self-service functionality was completed and is being used by managers to track their team's training compliance.

- The roll out of OLM to record all training including essential to role training.
- Linking our unconscious bias training programme to ESR so updating of staff training records does not have to be undertaken manually.
- Using OLM as one tool to support our large-scale vaccination centre workforce with their training.

### Attracting and retaining a quality workforce: Looking forward to 2023/24

We will:

- Undertake a full training needs analysis of all skills development needs, including clinical and non-clinical skills.
- 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 integrated care systems to work collaboratively on all workforce retention matters, including implementing the nursing associate role, reservist models, workforce planning and recruitment and retention.
- Continue to expand the opportunities for apprenticeships across our workforce following implementation of the apprenticeship levy and further higher apprenticeships becoming available for our clinical and non-clinical workforce, linking with the Health Education East of England (HEE) Grow Your Own initiative.
- Continue to roll out the preceptorship training to all our preceptors in line with new Nursing and Midwifery Council and Allied Health Professional Council standards.
- Continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes to support team development.
- Continue to offer places on the local Mary Seacole leadership development programme and support expansion of this across all our integrated care systems.

- Continue to embed a coaching and mentoring culture across the Trust, investing in further health coaching training for our clinical workforce and mentor development.
- Implement our updated 2023/26 people strategy, focusing on:
  - A highly engaged workforce
  - Diversity and inclusion for all
  - Retaining our people
  - Maximising our recruitment and supply opportunities
  - Continuous improvement in supporting people's health and wellbeing.

### Declaration of interests

The Trust has published on its website ([www.cambscommunityservices.nhs.uk/about-us/who-we-are-and-what-we-do/board-members/register-of-board-interests](http://www.cambscommunityservices.nhs.uk/about-us/who-we-are-and-what-we-do/board-members/register-of-board-interests)) an up-to-date register of interests for decision-making staff (as defined by the Trust with reference to the guidance) within the past 12 months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. The Trust centrally maintains a record of all declared gifts, hospitality, sponsorship and interests and reports to the audit committee annually.

### NHS pension obligation

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

### Equality and diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust has a legal obligation under the Equality Act 2010 and Public Sector Duty to provide equality in access to service provision and employment and has a nominated Board member who champions this agenda at Board level.

The people participation committee provides assurance to the Board around equality and diversity.

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

Despite the last year continuing to be another challenging year across the whole of the health sector, the Trust achieved a breakeven position. Recovery from the Covid-19 pandemic had impacted the Trust's operational services requiring deployment of additional resources to ensure the Trust continued to deliver high-quality services throughout this period of recovery. In addition to the Trust's core services, we also continued to provide the large-scale vaccination service across Cambridgeshire and Peterborough and Norfolk and Waveney. Despite these challenges, the Trust's strong governance and financial management regime has enabled it to deliver its portfolio and maintain financial balance.

Key messages for the year are set out below:

- The Trust 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 continues to adopt 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 20 in the annual accounts. Its performance in relation to both non-NHS and NHS payables improved during the year. The Trust will continue to work to improve its performance against target.

### Information Governance

The Trust continues to follow General Data Protection Regulation (GDPR) compliance measures including:

- Training for staff
- Publication of privacy notices and completion of privacy impact assessments
- Utilising contracts/information sharing agreements
- Creating an information asset register
- Introducing a comprehensive subject access rights system

The Trust achieved 91% compliance (against a target of 95% compliance) with mandatory information governance training at year end in March 2023. We last met the 95% target in October 2022.

The data protection and security toolkit is designed to test compliance with the National Data Guardian's 10 data security standards. We submitted our baseline assessment to NHS Digital on 20 February 2023 and anticipate publication by June 2023 of the full assessment showing all standards being met as assessed by the algorithm used.

During 2022/23, three data breach incidents were reported to the Information Commissioner. All three resulted in confirmation from the Commissioner that regulatory action would not be taken.

### Data Quality and Governance

The Trust's data quality group reviews the accuracy of data and reports to the Trust Board.

Clinical data is extensively validated and data quality reports are provided to service directors and service leads. Actions for improvement are agreed and monitored by the data quality group.

The Trust does not operate any elective services with related elective waiting time data. Other waiting time data is monitored monthly and exception reports are provided to service leads for review and action.

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

As accountable officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the audit committee and quality improvement and safety committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board's role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed. Trust objectives for 2022/23 were as follows:

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

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

## Significant Issues

There were no significant issues identified during 2022/23.

## Conclusion

There has been no evidence presented to myself or the Board to suggest that at any time during 2022/23, the Trust has operated outside of its statutory authorities and duties. In relation to our reporting of the Trust's corporate governance arrangements, we have drawn from the best practice including those elements of The Healthy NHS Board and the UK Corporate Governance Code, which are applicable to the Trust.

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

## Signed:



## Matthew Winn

Chief Executive

29 June 2023

## Case Study

# Keeping

# Norfolk and Waveney families

## warm and well this winter

**Norfolk and Waveney Children and Young People's Services teamed up with the Integrated Care System (ICS) and Norfolk County Council (NCC) to develop a family-focused partnership campaign called Keeping Families Warm and Well this Winter.**

Through this initiative the team have ensured that families in Norfolk and Waveney get access to vital advice and support on how to look after their children's health and wellbeing. This includes areas like preparing for winter illnesses and increasing parents' confidence to help their child should they fall ill.

The Keeping Families Warm and Well campaign promotion also helps families by directing them to the Just One Norfolk webpage where they can find advice on how to manage winter hardships such as help with living costs, money worries, advice on government schemes and benefits as well as self-help health resources on common conditions such as coughs, colds, bronchiolitis and tummy aches.

This has been a great initiative to help families across Norfolk and Waveney and is only the start of the support that will be provided by the joint partnership with further seasonal campaigns planned in the future.



## 1 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 2022/23. Where membership of Board sub-committees changed during the year, these are reflected in the attendance levels shown below indicating that individuals may not have been members of sub-committees for the full year, or where directors attended meetings on an ad hoc basis as 'ex officio' members.

Name and Position	Board Meetings	CCS/CPFT Joint Children's Partnership Board	Audit Committee	Quality Improvement & Safety Committee	Remuneration Committee	Charitable Funds Committee	Infrastructure Committee	Adults Clinical Operational Board	Children's Clinical Operational Board	Large Scale Vaccination Programme Clinical Operational Board	People Participation Committee
Mary Elford (Chair)	6(6)	-		2*	1(1)	2(2)	1*	1*	1*	-	4(4)
Dr Anne McConville (Non-Executive Director)	4(6) **			3(4) **	1(1)				4(6) **	2(2)	
Geoffrey Lambert (Non-Executive Director)	3(6) **		2(4) **								
Oliver Judges (Non-Executive Director)	6(6)		2(4)				4(4)		4(6)		
Anna Gill (Non-Executive Director)	6(6)	4(4)		4(4)					6(6)		3(4)
Gary Tubb (Non-Executive Director)	6(6)			4(4)		2(2)	4(4)	5(6)			
Fazilet Hadi (Non-Executive Director)	6(6)		3(4)					6(6)		1(2)	4(4)
Catherine Dugmore (Non-Executive Director)	4(6)		4(4)		1(1)			2(6) **			
Richard Iles (Non-Executive Director)	2(2) **			1(4) **					2(6) **		
Matthew Winn (Chief Executive)	6(6)				1(1)						
Anita Pisani (Deputy Chief Executive and Director of Workforce)	6(6)	0(4)**		3(4)	1(1)	1(2)		3(6) **	2(6) **		4(4)
Dr David Vickers (Medical Director)	6(6)	4(4)		4(4)				3(6)		0(2)	
Steve Bush (Director of Children and Young People's Services)	5(5) **	3(4)**							5(6) **		

Name and Position	Board Meetings	CCS/CPFT Joint Children's Partnership Board	Audit Committee	Quality Improvement & Safety Committee	Remuneration Committee	Charitable Funds Committee	Infrastructure Committee	Adults Clinical Operational Board	Children's Clinical Operational Board	Large Scale Vaccination Programme Clinical Operational Board	People Participation Committee
Mark Robbins (Director of Finance and Resources)	5(6)		4(4)			2(2)	4(4)	3(6) **			
Kate Howard (Chief Nurse)	6(6)	3(4)		4(4)					6(6)	2(2)	4(4)
Rachel Hawkins (Director of Governance and Service Redesign)***	6(6)		4(4)				4(4)				

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

\* Denotes attendance to observe only.

\*\* Denotes appointment or committee membership either ended or started during the financial year.

\*\*\* Denotes title changed to Director of Corporate Affairs in January 2023.

Names	Title	Sub-Committee Members (*Indicates Chairs of that committee)
Mary Elford (Chair)	Chair	Charitable Funds Committee; Remuneration Committee; People Participation Committee
Dr Anne McConville	Non-Executive Director	Children & Young People's Clinical Operational Board; Quality Improvement & Safety Committee*; Remuneration Committee, Large Scale Vaccination Programme Clinical Operational Board* (up to 31.12.2022)
Geoffrey Lambert	Non-Executive Director	Audit Committee*; Adults Clinical Operational Board; Remuneration Committee*;
Oliver Judges	Non-Executive Director	Infrastructure*; Children & Young People's Clinical Operational Board; Audit Committee.
Gary Tubb	Non-Executive Director	Charitable Funds Committee*; Infrastructure; Adults Clinical Operational Board*; Quality Improvement & Safety Committee
Fazilet Hadi	Non-Executive Director	Adults Clinical Operational Board; Audit Committee; People Participation Committee*; Large Scale Vaccination Clinical Operational Board

Names	Title	Sub-Committee Members (*Indicates Chairs of that committee)
<b>Anna Gill</b>	Non-Executive Director	Children & Young People's Clinical Operational Board*; Quality Improvement & Safety Committee; People Participation Committee; CCS/CPFT Joint Children's Partnership Board*.
<b>Catherine Dugmore</b>	Non-Executive Director	Audit Committee*, Remuneration Committee*, Adults Clinical Operational Board.
<b>Dr Richard Iles</b>	Non-Executive Director	Quality Improvement & Safety Committee*, Remuneration Committee and Children & Young People's Clinical Operational Board (wef 01.01.2023)
<b>Matthew Winn</b>	Chief Executive	No committee assignments
<b>Anita Pisani</b>	Deputy Chief Executive and Director of Workforce	Charitable Funds Committee; Children & Young People's Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children's Partnership Board; People Participation Committee
<b>Dr David Vickers</b>	Medical Director	Adults Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children's Partnership Board; Large Scale Vaccination Programme Clinical Operational Board
<b>Mark Robbins</b>	Director of Finance and Resources	Charitable Funds Committee; Infrastructure; Adults Clinical Operational Board; Audit Committee
<b>Kate Howard</b>	Chief Nurse	Children & Young People's Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children's Partnership Board; People Participation Committee; Large Scale Vaccination Programme Clinical Operational Board.
<b>Rachel Hawkins</b>	Director of Governance and Service Redesign**	Audit Committee; Infrastructure Committee, Large Scale Vaccination Programme Clinical Operational Board
<b>Steve Bush</b>	Director for Children's Services	Children & Young People's Clinical Operational Board (wef 01.09.2022)

\*\*Denotes title changed to Director of Corporate Affairs in January 2023.

# Remuneration & Staff Report 2022 – 23

**Remuneration  
and Staff Report**

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**Staff Report**  
(subject to audit)

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# Remuneration

## & Staff Report 2022/23

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

Name	Position
Catherine Dugmore	Non-Executive Director Chair of Committee
Anne McConville	Non-Executive Director (to 31 December 22)
Fazilet Hadi	Non-Executive Director
Mary Elford	Chair of the Board
Matthew Winn	Chief Executive (in attendance for relevant discussions only).
Anita Pisani	Deputy Chief Executive (in attendance for relevant discussions only).
Mercy Kusotera	Assistant Director of Corporate Governance (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 2023.

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 2023 are given in the tables on the following 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
Kate Howard	Chief Nurse	19/10/2020	N/A	N/A	3 months
Rachel Hawkins	Director of Governance & Service Redesign	01/11/2019	N/A	N/A	3 months
Steve Bush	Director of Children and Young People's Services	20/06/2022	N/A	N/A	3 months

## Remuneration 2022/23 (subject to audit)

Name	Position	2022/23				
		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)
Mary Elford	Chair	40-45	0	0	0	40-45
Anne McConville	Non Executive Director (to 31 December 2022)	5-10	0	0	0	5-10
Geoffrey Lambert	Non Executive Director (to 30 September 2022)	5-10	0	0	0	5-10
Oliver Judges	Non Executive Director	10-15	0	0	0	10-15
Gary Tubb	Non Executive Director	10-15	0	0	0	10-15
Anna Gill	Non Executive Director	10-15	0	0	0	10-15
Fazilet Hadi	Non Executive Director	10-15	0	0	0	10-15
Catherine Dugmore	Non Executive Director	10-15	0	0	0	10-15
Richard Iles	Non Executive Director (from 1 January 2023)	0-5	0	0	0	0-5
Gurjote Sehmbi	Associate Non Executive Director (from 1 February 2023)	0-5	0	0	0	0-5
Matthew Winn	Chief Executive *	115-120	0	0-5	45-47.5	165-170
David Vickers	Medical Director **	145-150	0	0	0	145-150
Mark Robbins	Director of Finance and Resources	120-125	0	0	42.5-45	160-165
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	130-135	0	0	180-182.5	310-315
Kate Howard	Chief Nurse	115-120	0	0	72.5-75	190-195
Rachel Hawkins	Director of Governance and Service Redesign	90-95	0	0	10-12.5	100-105
Steve Bush	Director of Children and Young People's Services (from 20 June 2022)	75-80	0	0	95-97.5	170-175
2021/22						
Mary Elford	Chair	35-40	0	0	0	35-40
Anne McConville	Non Executive Director	10-15	0	0	0	10-15
Geoffrey Lambert	Non Executive Director	10-15	0	0	0	10-15
Oliver Judges	Non Executive Director	10-15	0	0	0	10-15
Gary Tubb	Non Executive Director	10-15	0	0	0	10-15
Anna Gill	Non Executive Director	10-15	0	0	0	10-15
Fazilet Hadi	Non Executive Director	10-15	0	0	0	10-15
Matthew Winn	Chief Executive *	90-95	0	0-5	77.5-80	175-180
David Vickers	Medical Director **	140-145	0	0	0	140-145
Mark Robbins	Director of Finance and Resources	110-115	0	0	45-47.5	160-165
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	125-130	0	0	52.5-55	180-185
Kate Howard	Chief Nurse	110-115	0	0	77.5-80	190-195
Rachel Hawkins	Director of Governance and Service Redesign	90-95	0	0	47.5-50	135-140

\* Matthew Winn was seconded two days per week to NHS England from 1 April 2022 to 31 August 2022 and one day per week from 1 September 2022 to 31 March 2023. His salary represents the hours worked with the Trust during this period. His total salary across both organisations (£165,000 - £170,000). In recognition of Matthew Winn's outstanding performance during 2022/23, the Remuneration Committee agreed that Matthew Winn would receive a one-off non-pensionable bonus of 3%.

\*\* David Vickers is employed as both a paediatric consultant and medical director at the Trust. His salary includes his role as a paediatric consultant (£145,000 - £150,000). He chose not to be covered by the pension arrangements during the reporting year.

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.

### Fair Pay: Subject to audit

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director in Trust in the financial year 2022/23 was £132,500 for salary and allowance and £132,500 including bonuses (2021/22, £127,500 for salary and allowance and £127,500 including bonuses) restated. This represents a 3.92% increase on salary and allowances and including bonuses.

The average salary of the employees of the entity for 2022/23 was £37,152 (2021/22 £31,806). This represents a 17% increase in average salary. The average salary for 2021/22 was diluted due to the high number of staff recruited to support the large-scale vaccination (LSV) programme, which was predominantly staffed at lower bands, however the programme largely ceased in December 2022 so this cohort of staff is not included in the 2022/23 figures. This is reflected in the higher median remuneration in 2022/23 of £34,943 (2021/22 £25,655). The relationship to the remuneration of the organisation's workforce is disclosed in the below table. 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.

Year	25th percentile total remuneration ratio	25th percentile salary ratio	Medium total remuneration ratio	Medium salary ratio	75th percentile total remuneration ratio	75th percentile salary ratio
2022-23	<b>1.00 to 5.16</b> (1 being the mid point of highest paid director £132,500 divided by the 25th percentile of employee remuneration £25,678)	<b>1.00 to 5.16</b> (1 being the mid point of highest paid director £132,500 divided by the 25th percentile of employee remuneration £25,678)	<b>1.00 to 3.79</b> (1 being the mid point of highest paid director £132,500 divided by the 50th percentile of employee remuneration £34,943)	<b>1.00 to 3.79</b> (1 being the mid point of highest paid director £132,500 divided by the 50th percentile of employee remuneration £34,943)	<b>1.00 to 3.10</b> (1 being the mid point of highest paid director £132,500 divided by the 75th percentile of employee remuneration £42,750)	<b>1.00 to 3.10</b> (1 being the mid point of highest paid director £132,500 divided by the 75th percentile of employee remuneration £42,750)
2021-22 (restated)	<b>1.00 to 5.65</b> (1 being the mid point of highest paid director £127,500 divided by the 25th percentile of employee remuneration £22,549)	<b>1.00 to 5.65</b> (1 being the mid point of highest paid director £127,500 divided by the 25th percentile of employee remuneration £22,549)	<b>1.00 to 4.97</b> (1 being the mid point of highest paid director £127,500 divided by the 50th percentile of employee remuneration £25,655)	<b>1.00 to 5.14</b> (1 being the mid point of highest paid director £127,500 divided by the 50th percentile of employee remuneration £25,655)	<b>1.00 to 3.27</b> (1 being the mid point of highest paid director £127,500 divided by the 25th percentile of employee remuneration £39,027)	<b>1.00 to 3.27</b> (1 being the mid point of highest paid director £127,500 divided by the 25th percentile of employee remuneration £39,027)

The prior year figures have been restated as the highest paid director had included secondment salary for a role outside of the Trust in the highest paid director value.

The 25th percentile and 75th percentile ratios have remained consistent between the two comparative years and reflect the same pay band and pay point for both years, however the median pay shows a significant increase from the prior year to 2022/23. This is due to the high number of staff recruited for the LSV programme in bands 3 and 4 which has moved the median from the bottom pay point of band 5 in 2021/22 to the top pay point of band 5 in 2022/23. The 2022/23 median is reflective of the Trust's normal pay composition.

In 2022/23, seven employees (2021/22 comparator seven employees restated) received remuneration in excess of the highest paid director. Remuneration ranged from £18,575 to £186,490 (2021/22 £17,004 to £187,619 restated).

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

The decrease in the pay comparator ratios between 2021/22 and 2022/23 is due to the increase in remuneration of the Trust's staff through the 2% non-consolidated payment and one-off backlog bonus payment.

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 2023, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2022	1
<b>Of which, the number that have existed:</b>	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

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

For all new off-payroll engagements or those that reached six months in duration, between 1 April 2022 and 31 March 2023, for more than £245 per day and that last longer than six months see the following table.

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2022 and 31 March 2023	0
<b>Of which...</b>	
No. not subject to off-payroll legislation(2)	0
No. subject to off-payroll legislation and determined as in-scope of IR35(2)	0
No. subject to off-payroll legislation and determined as out of scope of IR35(2)	0
No. of engagements where the status was disputed under provisions in the off-payroll legislation	0
Of which: no. of engagements that saw a change to IR35 status following review	0

No engagement was entered into through an agency during the year.

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	2	14,403	0	0	2	14,403	0	0
£10,000 - £25,000	1	13,527	0	0	1	13,527	0	0
£25,001 - £50,000	1	44,788	0	0	1	44,788	0	0
£50,001 - £100,000	1	72,417	0	0	1	72,417	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
> £200,000	0	0	0	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>145,135</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>145,135</b>	<b>0</b>	<b>0</b>

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS pension scheme. Exit costs in this note are the full cost of departures agreed in the year. Where it has agreed early retirements, the additional costs are met by Cambridgeshire Community Services NHS Trust and not by the NHS pension scheme. Ill health retirement costs met by the NHS pension scheme are not included in the table.

Signed:



**Matthew Winn**

Chief Executive

29 June 2023





Name	Position	2022/23							
		Real Increase in pension at pensionable age (bands of £2,500) £'000	Real Increase in lump sum at pensionable age (bands of £2,500) £'000	Total accrued pension at pensionable age 31 March 2022 (bands of £5,000) £'000	Lump sum at pensionable age related to accrued pension at 31 March 2023 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2022 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2023 £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	2.5-5	2.5-5	45-50	85-90	854	759	67	N/A
David Vickers	Medical Director	0	0	0	0	0	0	0	N/A
Anita Pisani	Director of Workforce and Transformation	2.5-5	2.5-5	50-55	100-105	956	878	55	N/A
Kate Howard	Chief Nurse	2.5-5	5-7.5	30-35	60-65	543	467	38	N/A
Mark Robbins	Director of Finance	2.5-5	0-2.5	40-45	90-95	844	776	47	N/A
Rachel Hawkins	Director of Governance and Service Redesign	2.5-5	2.5-5	40-45	85-90	786	718	52	N/A
Steve Bush	Director of Children and Young People's Services	2.5-5	2.5-5	40-45	85-90	786	718	52	N/A

**Notes:**

David Vickers chose not to be covered by the pension arrangements during the reporting year.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Further to the above, entities considering it informative to expand upon the reasons as to why significant variation is found between pension related benefits calculated, may wish to insert a paragraph similar to the following but including only pertinent factors for their entity:

Factors determining the variation in the values recorded between individuals include, but are not limited to:

- A change in role with a resulting change in pay and impact on pension benefits
- A change in the pension scheme itself
- Changes in the contribution rates
- Changes in the wider remuneration package of an individual.

**Case Study**

# We were one of the frontline services responding to the

# Mpox outbreak

**The Mpox outbreak earlier this year was a challenge that our iCaSH teams rose to with professionalism, motivation and commitment.**

Teams responded quickly and worked collaboratively, despite competing priorities and the constantly evolving situation, to support patients and each other and provide enhanced sexual health services.

We also successfully rolled out a vaccination programme to eligible cohorts with the support of colleagues from our large-scale vaccination teams.

We've now delivered 1,326 Mpox vaccines.

The iCaSH response to Mpox has been noted nationally and used as a benchmark of excellence; as a demonstration of 'a can-do attitude'.



**We've now delivered**

1,326 Mpox vaccines

# Staff Report (subject to audit)

This staff report is based on the average number of staff in post throughout 2022/23 i.e., 2,330 whole time equivalents, including staff employed within our large-scale Covid-19 vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney.

**The Trust's 12 month rolling turnover figure was 14.40%.**

The following table shows an analysis of the average whole time equivalent staff split between staff groups, showing both permanently employed and other groups, for 2022/23 and 2021/22 for the prior year.

Average Staff Numbers	Total 2022/23	Permanently Employed	Other	Total 2021/22	Permanently Employed	Other
Medical and dental	96	69	27	84	72	13
Ambulance staff	0	0	0	0	0	0
Administration and estates	632	514	118	571	501	70
Healthcare assistants and other support staff	591	457	135	505	435	70
Nursing, midwifery and health visiting staff	787	691	96	697	656	41
Nursing, midwifery and health visiting learners	17	5	12	19	4	15
Scientific, therapeutic and technical staff	339	325	14	327	314	13
Healthcare science staff	3	3	0	4	4	0
Other	0	0	0	0	0	0
<b>Total average numbers</b>	<b>2,466</b>	<b>2,064</b>	<b>402</b>	<b>2,207</b>	<b>1,986</b>	<b>222</b>

The following table shows an analysis of pay costs for 2022/23 split between permanently employed and other.

Employee Benefits Current Year - Gross Expenditure	2022-23		
	Total £000s	Permanently Employed £000s	Other £000s
Salaries and wages	100,022	95,815	4,207
Social security costs	9,778	9,778	0
Apprenticeship levy	468	468	0
Employer contributions to NHS BSA - Pensions Division	16,264	16,264	0
Termination benefits	145	145	0
<b>Total employee benefits</b>	<b>126,677</b>	<b>122,470</b>	<b>4,207</b>

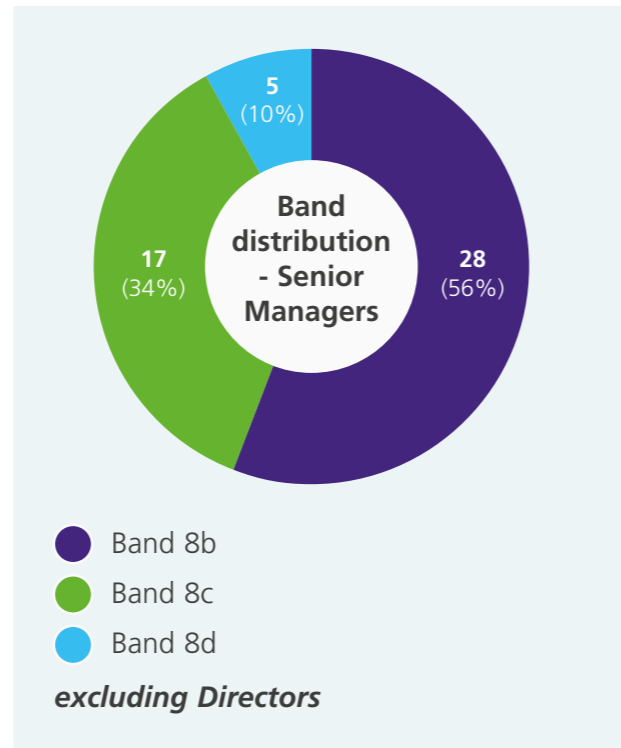
The permanently employed salaries and wages total includes £1,695k which relates to prior year apprentice levy charges from 17/18 to 21/22.



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

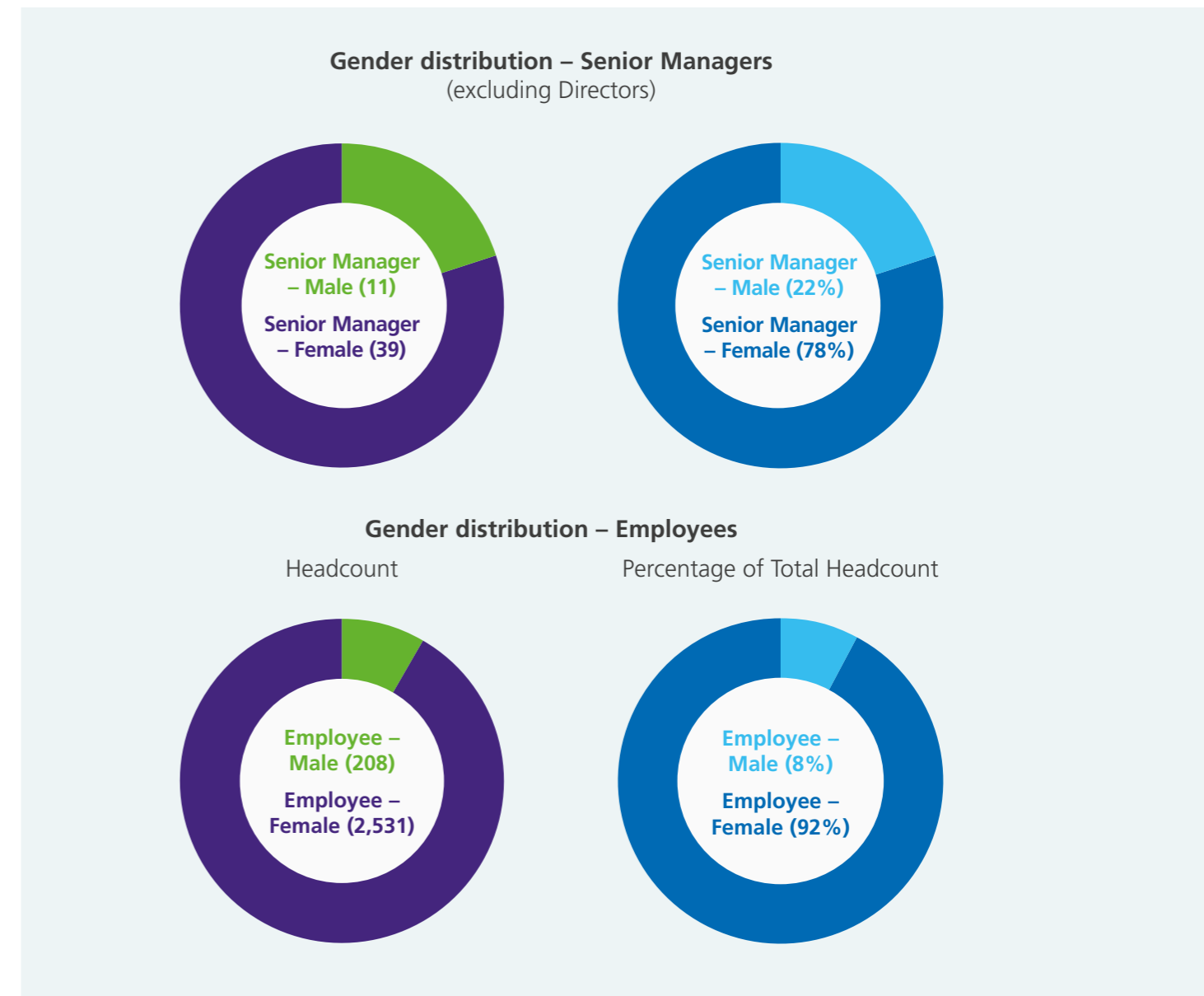


The following chart provides an analysis of the number of senior managers within the Trust by band.



### Analysis of gender distribution within our workforce

The following charts set out the gender distribution across the Trust. Whilst Trusts are required to report on workforce gender, the national staff record system (ESR) from which the data informing the pie charts below is taken, currently only asks staff to identify their biological sex. We will continue to seek amendments to the ESR system so that both sex and gender can be reported in future.



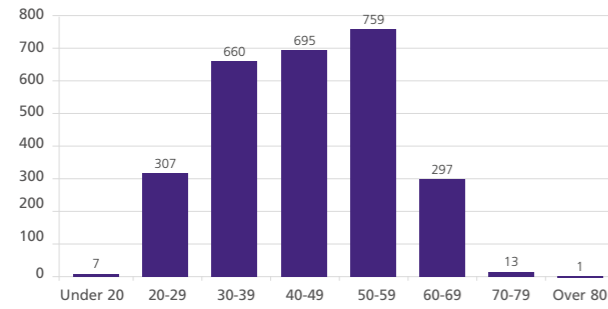
### Gender distribution - Directors (including Executive & Non-Executive Directors)



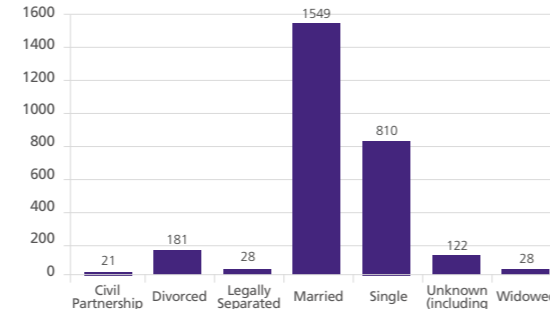
As part of the Trust's commitment to promoting and ensuring inclusion and diversity across our workforce, we analyse workforce data against eight of the nine protected characteristics set out in the Equality Act 2010. The gender distribution charts/tables set out on the following pages relating to age, marriage and civil partnership, sexual orientation, religion and belief, ethnicity and disability reflect this analysis and support our programme of work to promote inclusion and diversity across the Trust.



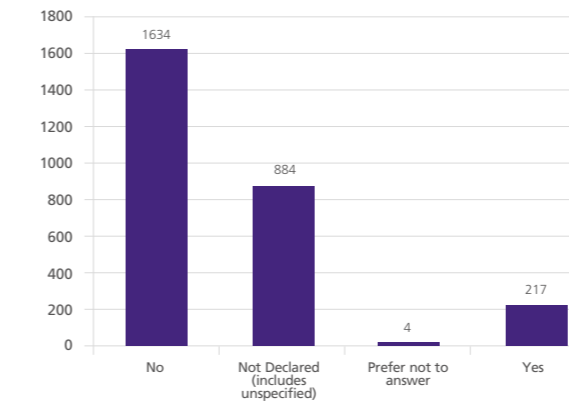
### Age of staff



### Marriage & Civil Partnership

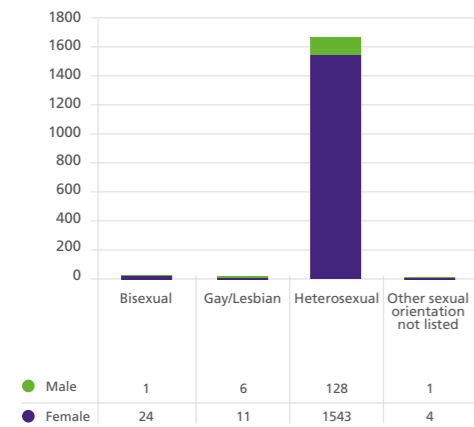


### Disability



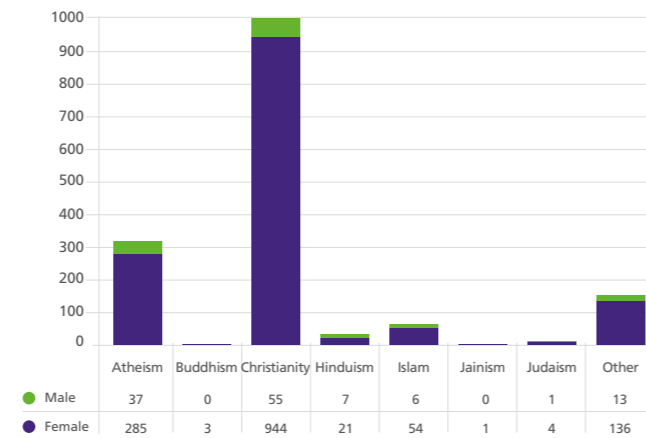
### Sexual Orientation/ LGBTQIA+ by Gender

Does not include staff who did not wish to disclose

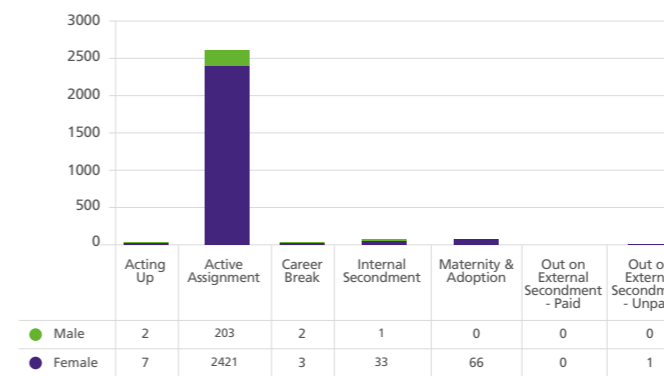


### Religion and Belief by Gender

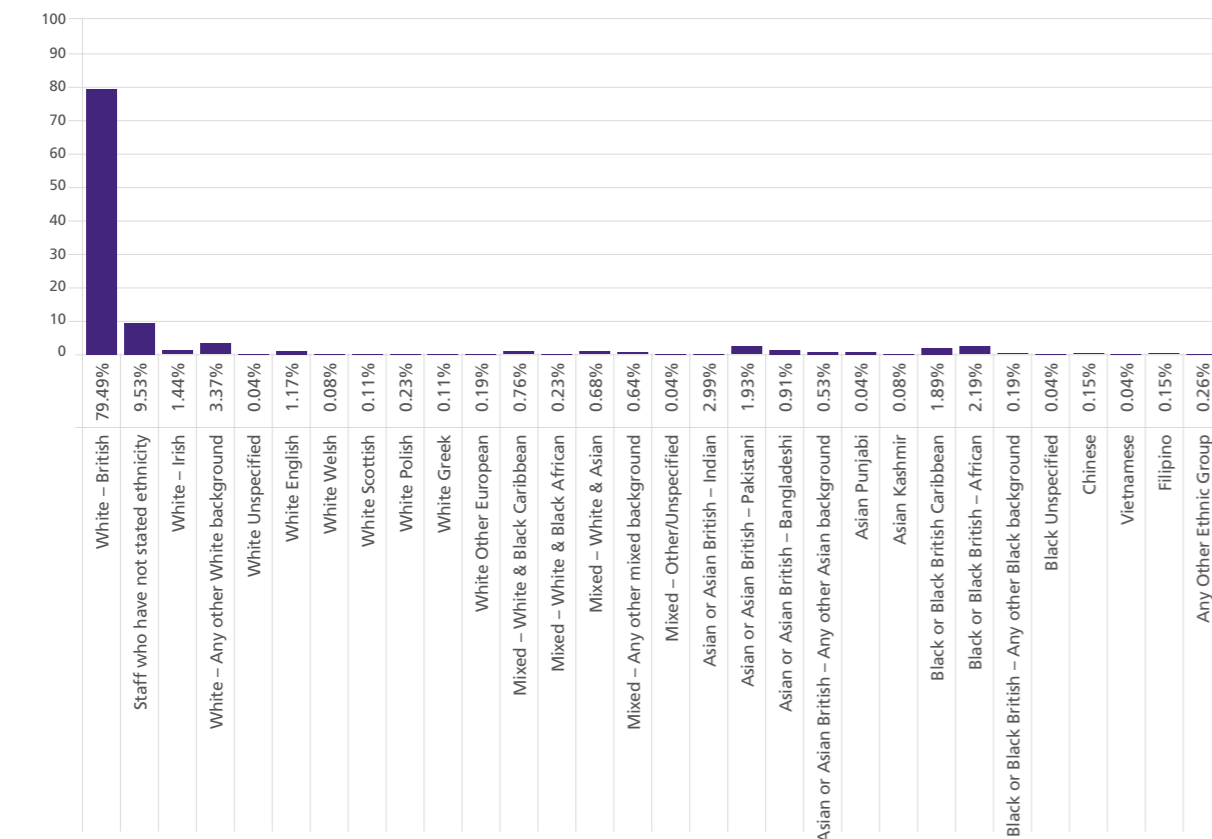
Does not include staff who did not wish to disclose



### Assignment Status by gender



### Ethnicity % of staff



Our staff health and wellbeing live life well programme continues to successfully support staff by:

- Guiding managers and staff on workplace stress assessments.
- Working with individuals who have been absent from work due to stress or anxiety to understand what support is available locally, how effective this is and what more can be done to help.
- Our stress toolkit and manager guide has been reviewed and updated to make it more user friendly and supportive.
- Promoting key wellbeing-related national days/weeks throughout the year to highlight to our people the importance of paying attention to their physical and mental wellbeing. This work continued throughout

the pandemic and included expert input from clinical psychologists in our 'stepped offer' of mental wellbeing and psychological support.

- Developing a four-part 'compassionate team' training course which was based on feedback from staff. An awareness session is also being created to better equip managers to support the mental wellbeing of their staff.
- Promoting local and regional support for our NHS people, including the integrated care system hubs which offer psychological support to all staff.
- Offering personal resilience training to all staff and bespoke support to individuals and teams going through organisational change.

This has been successfully run virtually and we have a new programme starting soon to support managers and staff in handling challenging situations.

- Supporting staff most affected by increases in the cost-of-living which has included:
  - Continuing our relationship with Salary Finance, our financial wellbeing provider, which offers staff free access to financial health checks, advice, information and, where applicable, access to loans, savings and investment opportunities.
  - Publishing details of the financial support available to trade union members via their unions.
  - Temporarily removing the 3,500 business mileage cut off for the higher rate, supporting colleagues with their additional costs.
  - Introducing a financial assistance fund which is open to all staff to apply for a non-repayable grant of up to £1,000 to help with severe financial hardship.
  - Hosting a visit from members of the NHS Pay Review Body, who talked with our union representatives and staff to help inform them about the 2023 pay recommendations.
- Appointing Heales, a new occupational health provider in April 2022 for all staff (except those in Luton, who continue to access excellent occupational health services from Luton and Dunstable Hospital). Both Heales and Luton and Dunstable Hospital provide comprehensive occupational health services and employee assistance programmes.
- Recruiting and training our health and wellbeing champions, as well as holding regular health and wellbeing champions' network meetings.
- Publishing our bi-annual health and wellbeing newsletter which includes a round-up of the support that is available to staff and updates from our staff networks, as well as our people's own stories, experiences and tips for boosting their health and wellbeing.

- Continuing to promote personalised approaches to managing attendance and flexible working requests.
- Promoting the wellbeing values of good team working, two-way communication and taking a break.
- Promoting NHS staff discounts and NHS health checks.
- Sharing information on the menopause to reduce the reluctance of staff to talk about this openly at work, as well as promoting our menopause policy and holding regular menopause cafes.

We have a health and wellbeing action plan in place that is developed and monitored by our live life well group.

To support the delivery of our people strategy, we have appointed one of our non-executive directors as our wellbeing guardian. Two further areas are being focused on and the Trust was already ahead of the national agenda with these as we had already established a health and wellbeing champions' network and provided support for managers to take a leading role in staff wellbeing. We have built conversations on staff wellbeing into line managers' practice, both at supervision meetings and appraisals, and have embedded this as a core skill in our development programmes.

Through bi-annual workforce reports to the Board and through the staff opinion survey and live life well action plans, we review our actions against the wellbeing guardian's nine principles. In addition to our in-house 'stepped offer' to support psychological wellbeing during the pandemic, we continue to signpost staff to offers of support both locally and nationally, which are ongoing and include the national NHS helpline run by the Samaritans and support from mental health trusts locally for staff to access help should they need more specialist interventions. In addition, we are exploring what we can learn from the experiences of the Armed Forces' post conflict support offers.

## Leadership Support Circles

This NHS wellbeing programme is designed to support live life leaders and managers at times of extreme pressure to improve their personal resilience and we encourage and support managers to take part. We have two staff trained to facilitate this programme and advertise it widely.

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

Data category	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
<b>Average WTE*</b>	1,713.34	1,970.27	2,016.86	2,066.44	2,197.5	2,338.24
<b>Average monthly sickness rate</b>	4.45%	5.21%	4.96%	4.33%	5.31%	5.83%
<b>WTE days lost</b>	20,794.69	37,430	36,538.96	32,746.13	42,638.68	49,731.12
<b>WTE days available</b>	466,911.36	719,565.55	736,041.20	756,331.74	802,924.80	853,384.88
<b>Cumulative sickness rate - based on yearly totals</b>	4.59%	5.20%	4.51%	4.34%	5.42%	5.83%

Notes:

\*WTE refers to whole time equivalent (e.g., a full time post equivalent to 37.5 hours per week). Figures in the table above have been rounded up/down to the nearest decimal point.

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

## Staff policies

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

The Trust's workforce diversity and inclusion works alongside our workforce diversity and inclusion, recruitment and selection, dignity at work policy and training, education and development policies are central in achieving this aim.

During 2021/22, the Trust continued to receive accreditation to use the Disability Confident Symbol for employers (for meeting a range of commitments towards disabled people) and a Mindful Employer (which increases awareness of mental health in the workplace). From 1 April 2023, we also introduced having a Black or Asian panel member on all shortlisting and recruitment panels as part of our pledge to become an anti-racist organisation.

## Developing Workforce Safeguards 2023/2024

We continue to focus on plans to ensure safer staffing as per the Developing Workforce Safeguards (NHS Improvement's 2018 guidance 'Supporting providers to deliver high-quality care through safe and effective staffing'). A plan is in development for safer staffing procedures to be implemented across the Trust footprint for both planned and unplanned care.

Within our Luton adults service, during 2021/22, we actively participated as a pilot site for the NHS England community nursing safer staffing tool (CNSST). We have developed and are now refining a local tool that provides real-time data to inform staffing capacity and quality against practitioners' caseloads which, combined with a staffing safeguards procedure, will provide an escalation process between 'floor and board'. The Luton adults service utilises a daily SitRep, which is rated according to the nationally-recognised operational pressures escalation levels (OPEL). By the end of the workforce safeguards plan, all services will use a similar scoring system as part of their escalation process.

## Consultancy expenditure

Consultancy service expenditure for 2022/23 was £89,000.

## Off payroll arrangements

The Trust had one off payroll engagement during 2022/23.

## Exit packages

The Trust made five exit packages in 2022/23 (subject to audit).

Signed:



**Matthew Winn**

Chief Executive

29 June 2023

## Case Study

# New mental health support teams offer

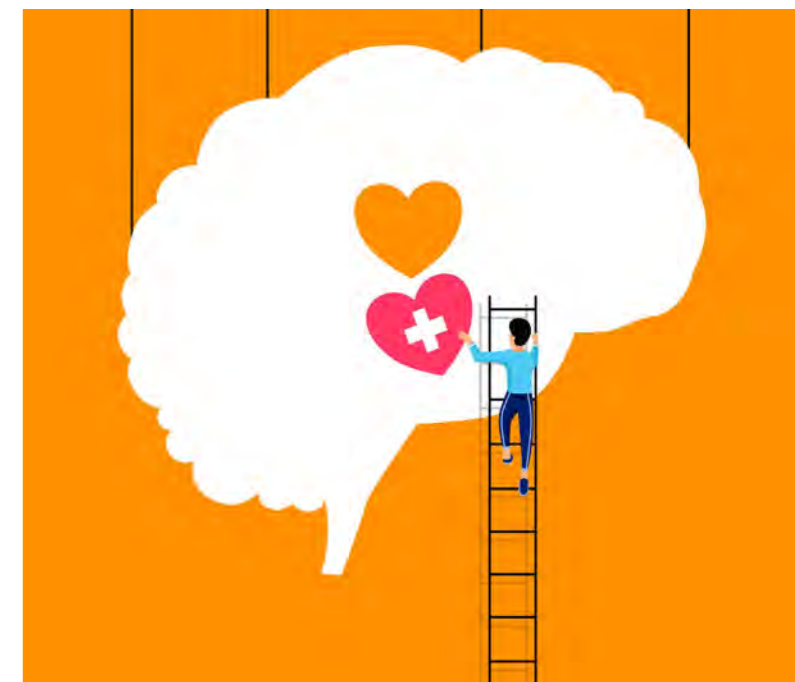
# more support for young people in Cambridgeshire and Norfolk

**This year we created four new mental health support teams (MHST) who are now providing mental health support for up to 80 schools across Ely, St Neots, Great Yarmouth and Broadland.**

The MHSTs are part of a national initiative that aims to increase the children and young people's workforce and bridge the gap between education and health.

The new Cambridgeshire, Norfolk and Waveney MHSTs are working within education settings on their 'whole school approach' to mental health, delivering individual and group cognitive behavioural therapy interventions to young people and families with mild to moderate mental health difficulties - including anxiety, behavioural issues and low mood.

The teams are a great addition to the Trust and will enable us to provide better mental health and wellbeing support to children and young people, improving their quality of life and enabling greater continuity in education, leading to better educational outcomes and improved long-term job prospects.



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

## Report on the Audit of the Financial Statements

### Opinion on financial statements

We have audited the financial statements of Cambridgeshire Community Services NHS Trust (the 'Trust') for the year ended 31 March 2023, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statements of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion the financial statements:

- Give a true and fair view of the financial position of the Trust as at 31 March 2023 and of the Trust's expenditure and income for the year then ended;
- Have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; 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, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. 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 Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

### Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information. 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.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to 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 we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS England 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, based on the work undertaken in the course of the audit:

- The parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006; as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- Based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

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

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

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

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

## Responsibilities of the Directors for the financial statements

As explained more fully in the Statement of the Directors' responsibilities in respect of the accounts the Directors are responsible for the preparation of the financial statements for being satisfied that they give a true and fair view. They are also responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

## 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We have considered the nature of the sector, control environment and financial performance;
- We have considered the results of enquiries with management, internal audit and the Audit Committee in relation to their own identification and assessment of the risk of irregularities within the entity, and whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud;
- We have reviewed the documentation of key processes and controls and performed walkthroughs of transactions to confirm that the systems are operating in line with documentation;
- Any matters identified having obtained and reviewed the Trust's documentation of their policies and procedures relating to:
  - Identifying, evaluation and complying with laws and regulations and whether they were aware of any instances of non-compliance;

- Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud;
- The internal controls established to mitigate risks of fraud or non-compliance with laws and regulations;
- We have considered the matters discussed among the audit engagement team regarding how and where fraud might occur in the financial statements and any potential indicators of fraud.

As a result of these procedures, we have considered the opportunities and incentives that may exist within the organisation for fraud and identified the highest area of risk to be in relation to income and expenditure recognition, with a particular risk in relation to year-end cut off. In common with all audits under ISAs (UK) we are also required to perform specific procedures to respond to the risk of management override.

We have also obtained understanding of the legal and regulatory frameworks that the Group and Trust operates in, focusing on provisions of those laws and regulations that had a direct effect on the determination of material amounts and disclosures in the financial statements. The key laws and regulations we considered in this context are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).

In addition, we considered the provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which may be fundamental to the Trust's ability to operate or avoid a material penalty. These include, data protection regulations, health and safety regulations, employment legislation, and money laundering legislation.

Our procedures to respond to risks identified included the following:

- Reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;

- Performing analytical procedures to identify unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- Reviewing Board meeting minutes;
- Enquiring of management in relation to actual and potential claims or litigations;
- Performing detailed transactional testing in relation to the recognition of income, with a particular focus around year-end cut off; and
- In addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgments made in accounting estimates are indicative of potential bias; and evaluating the business rationale of significant transactions that are unusual or outside the normal course of business.

We also communicated identified laws and regulations and potential fraud risks to all members of the engagement team and remained alert to possible indicators of fraud or non-compliance with laws and regulations throughout the audit.

As a result of the inherent limitations of an audit, there is a risk that not all irregularities, including material misstatements in the financial statements or non-compliance with regulation, will be detected by us, even though the audit is properly planned and performed in accordance with the ISAs (UK). The risk increases the further removed compliance with a law or regulation is from the events and transactions reflected in the financial statements, given we will be less likely to be aware of it, or should the irregularity occur as a result of fraud rather than a one-off error, as this may involve intentional concealment, forgery, collusion, omission or misrepresentation.

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

This description forms part of our Auditor's report.



## Report on other legal and regulatory matters

### Matter on which we are required to report by exception – the 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 2023.

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

### Responsibilities of the Accounting Officer

As explained in the Statement of Accountable Officer's Responsibilities, the Chief Executive, as 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. 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 issued by the Comptroller and Auditor General in January 2023 and related statutory guidance. We considered whether the Trust has proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

### Report on other legal and regulatory requirements – Audit Certificate

We certify that we have completed the audit of Cambridgeshire Community Services NHS Trust for the year ended 31 March 2023 in accordance with the requirements of Local Audit and Accountability Act 2014 and the Code of Audit Practice.

### Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust 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.



### Craig Sullivan,

Key Audit Partner for and on behalf of Bishop Fleming LLP Chartered Accountants and Statutory Auditors

Plymouth

29 June 2023

# Annual Accounts 2022 – 23

Cambridgeshire Community Services NHS Trust

Annual accounts for the year ended 31 March 2023

## Statement of Comprehensive Income

		2022/23	2021/22
	Note	£000	£000
Operating income from patient care activities	3	171,244	163,505
Other operating income	4	8,880	8,941
Operating expenses	6, 8	<u>(177,334)</u>	<u>(170,710)</u>
<b>Operating surplus from continuing operations</b>		<b><u>2,790</u></b>	<b><u>1,736</u></b>
Finance expenses		(223)	-
PDC dividends payable		<u>(1,889)</u>	<u>(1,580)</u>
<b>Net finance costs</b>		<b><u>(2,112)</u></b>	<b><u>(1,580)</u></b>
Other gains / (losses)		(249)	(63)
Overall movement in pensions cessation		<u>-</u>	<u>(1,906)</u>
<b>Surplus / (deficit) for the year</b>		<b><u><u>429</u></u></b>	<b><u><u>(1,813)</u></u></b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	(389)	-
Revaluations	10	2,439	1,920
Other reserve movements		<u>-</u>	<u>(215)</u>
<b>Total comprehensive income / (expense) for the period</b>		<b><u><u>2,479</u></u></b>	<b><u><u>(108)</u></u></b>
<b>Adjusted financial performance (control total basis):</b>			
Surplus / (deficit) for the period		429	(1,813)
Remove net impairments not scoring to the Departmental expenditure limit		-	(89)
Remove net impact of inventories received from DHSC group bodies for COVID response		<u>17</u>	<u>269</u>
<b>Adjusted financial performance surplus / (deficit)</b>		<b><u><u>446</u></u></b>	<b><u><u>(1,633)</u></u></b>

## Statement of Financial Position

		31 March 2023	31 March 2022
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets		179	257
Property, plant and equipment	10	63,757	58,115
Right of use assets	12	23,856	
<b>Total non-current assets</b>		<b>87,792</b>	<b>58,372</b>
<b>Current assets</b>			
Inventories		56	73
Receivables	13	33,551	15,780
Cash and cash equivalents	14	14,917	18,319
<b>Total current assets</b>		<b>48,524</b>	<b>34,172</b>
<b>Current liabilities</b>			
Trade and other payables	15	(33,855)	(25,651)
Borrowings	16	(2,762)	-
Provisions	17	(670)	(950)
Other liabilities		(38)	(381)
<b>Total current liabilities</b>		<b>(37,325)</b>	<b>(26,982)</b>
<b>Total assets less current liabilities</b>		<b>98,991</b>	<b>65,562</b>
<b>Non-current liabilities</b>			
Borrowings	16	(21,188)	-
Provisions	17	(847)	(976)
<b>Total non-current liabilities</b>		<b>(22,035)</b>	<b>(976)</b>
<b>Total assets employed</b>		<b>76,956</b>	<b>64,586</b>
<b>Financed by</b>			
Public dividend capital		12,683	2,792
Revaluation reserve		24,001	21,951
Other reserves		(1,653)	(1,653)
Income and expenditure reserve		41,925	41,496
<b>Total taxpayers' equity</b>		<b>76,956</b>	<b>64,586</b>

The notes on pages 9 to 46 form part of these accounts.

Name	Matthew Winn
Position	Chief Executive Officer
Date	29 June 2023

**Statement of Changes in Equity for the year ended 31 March 2023**

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>	<b>2,792</b>	<b>21,951</b>	<b>(1,653)</b>	<b>41,496</b>	<b>64,586</b>
Surplus for the year	-	-	-	429	429
Impairments	-	(389)	-	-	(389)
Revaluations	-	2,439	-	-	2,439
Public dividend capital received	9,891	-	-	-	9,891
<b>Taxpayers' and others' equity at 31 March 2023</b>	<b>12,683</b>	<b>24,001</b>	<b>(1,653)</b>	<b>41,925</b>	<b>76,956</b>

**Statement of Changes in Equity for the year ended 31 March 2022**

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2021 - brought forward</b>	<b>2,434</b>	<b>19,299</b>	<b>(1,653)</b>	<b>44,256</b>	<b>64,336</b>
(Deficit) for the year	-	-	-	(1,813)	(1,813)
Revaluations	-	1,920	-	-	1,920
Public dividend capital received	358	-	-	-	358
Other reserve movements	-	732	-	(947)	(215)
<b>Taxpayers' and others' equity at 31 March 2022</b>	<b>2,792</b>	<b>21,951</b>	<b>(1,653)</b>	<b>41,496</b>	<b>64,586</b>

## Information on reserves

### Public dividend capital

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

### Revaluation reserve

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

### Other reserves

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

### Income and expenditure reserve

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

## Statement of Cash Flows

	2022/23	2021/22
Note	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus / (deficit)	2,790	1,736
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	10      5,805	3,468
Net impairments	7            -	(89)
(Increase) / decrease in receivables and other assets	13      (17,859)	441
(Increase) / decrease in inventories	17            17	269
Increase / (decrease) in payables and other liabilities	15      6,315	(3,345)
Increase / (decrease) in provisions	17      (409)	48
<b>Net cash flows from / (used in) operating activities</b>	<b>(3,341)</b>	<b>2,528</b>
<b>Cash flows from investing activities</b>		
Purchase of PPE and investment property	(5,509)	(3,427)
Initial direct costs or up front payments in respect of new right of use assets	(10)	
<b>Net cash flows from / (used in) investing activities</b>	<b>(5,519)</b>	<b>(3,427)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	9,891	358
Capital element of finance lease rental payments	(2,593)	-
Interest paid on finance lease liabilities	(260)	-
PDC dividend (paid) / refunded	(1,580)	(1,526)
<b>Net cash flows from / (used in) financing activities</b>	<b>5,458</b>	<b>(1,168)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>	<b>(3,402)</b>	<b>(2,067)</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b>18,319</b>	<b>20,386</b>
<b>Cash and cash equivalents at 31 March</b>	<b>14,917</b>	<b>18,319</b>

## Notes to the Accounts

### Note 1 Accounting policies and other information

#### Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

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

#### Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

#### Note 1.3 Revenue from contracts with customers

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

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

#### Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level and with NHSE for specialist and directly commissioned services. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

#### Revenue from non NHS contracts

A large proportion of the Trust's income comes from Local Authorities for Public Health commissioned services. This is in the form of fixed payments to fund an agreed level of service provision.



## **Note 1.4 Other forms of income**

### **Grants and donations**

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

### **Apprenticeship service income**

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

## **Note 1.5 Expenditure on employee benefits**

### **Short-term employee benefits**

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

### **Pension costs**

#### *NHS Pension Scheme*

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

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

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

## **Note 1.6 Expenditure on other goods and services**

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

## Note 1.7 Property, plant and equipment

### Recognition

Property, plant and equipment is capitalised where:

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

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

### Subsequent expenditure

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

### Measurement

#### Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

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

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

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

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

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

#### Depreciation

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

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

*Revaluation gains and losses*

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

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

*Impairments*

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

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

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

**Useful lives of property, plant and equipment**

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

	<b>Min life Years</b>	<b>Max life Years</b>
Land	-	-
Buildings, excluding dwellings	17	33
Dwellings	-	-
Plant & machinery	10	10
Transport equipment	5	5
Information technology	5	5
Furniture & fittings	5	10

### **Note 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, bank and overdraft balances are recorded at current values.

### **Note 1.9 Financial assets and financial liabilities**

#### **Recognition**

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

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

#### **Classification and measurement**

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

#### **Financial assets and financial liabilities at amortised cost**

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

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

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

#### **Impairment of financial assets**

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

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

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

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

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

### **Derecognition**

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

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### **Note 1.10 Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

#### **The Trust as a lessee**

##### *Recognition and initial measurement*

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

##### *Subsequent measurement*

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

### **The Trust as a lessor**

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. 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.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

#### *Finance leases*

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

#### *Operating leases*

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.

### **Initial application of IFRS 16**

*IFRS 16 Leases* as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

#### *The Trust as lessee*

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

#### *The Trust as lessor*

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

#### *2021/22 comparatives*

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

### **Note 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. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

#### **Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 17.2 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.

**Note 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.

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, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

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

**Note 1.13 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.



**Note 1.14 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

**Note 1.15 Critical judgements in applying accounting policies**

The need for application of management judgement within the Trust's accounts is limited by the nature of its transactions.

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

**Note 1.16 Sources of estimation uncertainty**

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

***The Trust's provision for the impairment of receivables***

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

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

***Accruals and provisions***

In line with the framework set out by International Financial Reporting Standards, the Trust has made expenditure accruals and provisions for transactions (and other events) that relate to 2022/23 where cash or its equivalent hasn't been paid and no invoice received.

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

***Asset valuation, Asset lives, impairment and depreciation methodology***

The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions.

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

**Note 2 Operating Segments**

IFRS 8 requires income and expenditure to be broken down into the operating segments reported to the Chief Operating Decision Maker. The Trust considers the Board to be the Chief Operating Decision Maker because it is responsible for approving its budget and hence responsible for allocating resources to operating segments and assessing their performance. For 2022-23 the Trust has six Divisions which are Ambulatory Care Services, providing a diverse range of primary care services including sexual health, musculoskeletal services, Dental and outpatients, Bedfordshire Community Unit providing Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Bedfordshire), Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Cambridgeshire), Luton Community Unit, providing a range of community nursing, therapy and hospital based services for both Adults and Children throughout Luton, Mass Vaccination Service representing the large scale vaccination centres provided by the Trust 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.

2022/23	Income	Pay	Non-Pay	Net Total
Division Level	£'000	£'000	£'000	£'000
Ambulatory Care Services	2,856	(21,042)	(10,921)	(29,107)
Bedfordshire Community Unit	2,205	(16,233)	(2,524)	(16,552)
Childrens & Younger Peoples Services	6,493	(34,310)	(3,463)	(31,280)
Luton Community Unit	1,938	(23,034)	(4,640)	(25,736)
Mass Vaccination Service	11,215	(8,542)	(2,743)	(70)
Other Services	150,447	(18,545)	(28,728)	103,174
*6.3% additional pension contributions paid by NHSE on providers behalf	4,970	(4,970)	-	-
<b>CCS Total 2022/23</b>	<b>180,124</b>	<b>(126,676)</b>	<b>(53,019)</b>	<b>429</b>

2021/22	Income	Pay	Non-Pay	Net Total
Division Level	£'000	£'000	£'000	£'000
Ambulatory Care Services	1,978	(21,258)	(9,999)	(29,279)
Bedfordshire Community Unit	2,133	(14,916)	(2,372)	(15,155)
Childrens & Younger Peoples Services	2,118	(31,399)	(3,020)	(32,301)
Luton Community Unit	1,929	(20,249)	(3,646)	(21,966)
Mass Vaccination Service	19,235	(14,984)	(4,252)	(1)
Other Services	140,352	(10,650)	(32,813)	96,889
*6.3% additional pension contributions paid by NHSE on providers behalf	4,701	-	(4,701)	-
<b>CCS Total 2021/22</b>	<b>172,446</b>	<b>(113,456)</b>	<b>(60,803)</b>	<b>(1,813)</b>

	2022-23	2021-22
	£000	£000
Revenue from patient care activities	171,244	163,505
Other operating revenue	8,880	8,941
Operating expenses	(177,334)	(170,710)
<b>Operating surplus</b>	<b>2,790</b>	<b>1,736</b>
Finance expenses	(223)	-
Public dividend capital dividends payable	(1,889)	(1,580)
Other gains / (losses)	(249)	(63)
Overall movement in pensions cessation	-	(1,906)
<b>Retained Surplus for the financial year</b>	<b>429</b>	<b>(1,813)</b>
Remove net impairments not scoring to the Departmental Expenditure Limit	-	(89)
Remove net impact of inventories received from DHSC group bodies for COVID response	17	269
<b>Adjusted financial performance surplus</b>	<b>446</b>	<b>(1,633)</b>

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

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

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
High cost drugs income from commissioners (excluding pass-through costs)	5,513	6,323
<b>Community services</b>		
Income from commissioners under API contracts*	69,762	72,225
Income from other sources (e.g. local authorities)	77,623	73,366
<b>All services</b>		
Private patient income	-	5
Agenda for change pay offer central funding	5,107	-
Additional pension contribution central funding**	4,970	4,701
Other clinical income	8,269	6,885
<b>Total income from activities</b>	<b>171,244</b>	<b>163,505</b>

\*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.

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

**Note 3.2 Income from patient care activities (by source)**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Income from patient care activities received from:</b>		
NHS England	31,120	36,056
Clinical commissioning groups	11,427	47,193
Integrated care boards	42,804	-
Department of Health and Social Care	71	69
Other NHS providers	21,962	20,795
NHS other	-	80
Local authorities	55,590	52,422
Non-NHS: private patients	-	5
Injury cost recovery scheme	7	1
Non NHS: other	8,263	6,884
<b>Total income from activities</b>	<b>171,244</b>	<b>163,505</b>
<b>Of which:</b>		
Related to continuing operations	171,244	163,505

**Note 4 Other operating income**

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	21	-	21	6	-	6
Education and training	2,690	-	2,690	3,416	-	3,416
Income in respect of employee benefits accounted on a gross basis	226	-	226	160	-	160
Charitable and other contributions to expenditure		218	218		145	145
Revenue from operating leases		4,482	4,482		4,346	4,346
Other income	1,243	-	1,243	868	-	868
<b>Total other operating income</b>	<b>4,180</b>	<b>4,700</b>	<b>8,880</b>	<b>4,450</b>	<b>4,491</b>	<b>8,941</b>
<b>Of which:</b>						
Related to continuing operations			8,880			8,941

**Trust as lessor**

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

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

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

**Note 5.1 Operating lease income**

	2022/23	2021/22
	£000	£000
<b>Lease receipts recognised as income in year:</b>		
Minimum lease receipts	4,482	4,346
<b>Total in-year operating lease income</b>	<b>4,482</b>	<b>4,346</b>

**Note 5.2 Future lease receipts**

	31 March
	2023
	£000
<b>Future minimum lease receipts due at 31 March 2023:</b>	
- not later than one year	4,479
- later than one year and not later than two years	64
- later than two years and not later than three years	12
- later than three years and not later than four years	12
- later than four years and not later than five years	12
- later than five years	16
<b>Total</b>	<b>4,595</b>
	31 March
	2022
	£000
<b>Future minimum lease receipts due at 31 March 2022:</b>	
- not later than one year;	4,346
- later than one year and not later than five years;	183
- later than five years.	47
<b>Total</b>	<b>4,576</b>

**Note 6.1 Operating expenses**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Purchase of healthcare from NHS and DHSC bodies	3,390	2,901
Purchase of healthcare from non-NHS and non-DHSC bodies	3,293	5,053
Staff and executive directors costs	126,677	118,157
Remuneration of non-executive directors	155	111
Supplies and services - clinical (excluding drugs costs)	4,521	2,624
Supplies and services - general	3,305	3,806
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	7,366	7,669
Consultancy costs	89	32
Establishment	2,009	2,278
Premises	16,098	15,365
Transport (including patient travel)	1,580	1,318
Depreciation on property, plant and equipment	5,727	3,389
Amortisation on intangible assets	78	79
Net impairments	-	(89)
Movement in credit loss allowance: contract receivables / contract assets	410	188
Change in provisions discount rate(s)	(400)	(25)
Fees payable to the external auditor		
audit services- statutory audit	77	79
Internal audit costs	48	50
Clinical negligence	502	535
Education and training	912	779
Operating lease expenditure (comparative only)		5,273
Redundancy	-	-
Losses, ex gratia & special payments	-	80
Other	1,497	1,058
<b>Total</b>	<b>177,334</b>	<b>170,710</b>
<b>Of which:</b>		
Related to continuing operations	177,334	170,710

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

The limitation on auditor's liability for external audit work is £1 million (2021/22: £1 million).

**Note 7 Impairment of assets**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Other	-	(89)
<b>Total net impairments charged to operating surplus / deficit</b>	<u>-</u>	<u>(89)</u>
Impairments charged to the revaluation reserve	(389)	-
<b>Total net impairments</b>	<u><b>(389)</b></u>	<u><b>(89)</b></u>

**Note 8 Employee benefits**

	<b>2022/23</b>	<b>2021/22</b>
	<b>Total</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
Salaries and wages	95,815	87,492
Social security costs	9,778	8,286
Apprenticeship levy	468	420
Employer's contributions to NHS pensions	16,264	15,485
Termination benefits	145	-
Temporary staff (including agency)	4,207	6,474
<b>Total staff costs</b>	<b>126,677</b>	<b>118,157</b>

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

During 2022/23 there were 3 early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £346k (0k in 2021/22).

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



## **Note 9 Pension costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care 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 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

### **b) Full actuarial (funding) valuation**

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

## Note 10.1 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Lease Improvements £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2022 - brought forward</b>	<b>12,445</b>	<b>39,049</b>	<b>7,277</b>	<b>2,025</b>	<b>996</b>	<b>1</b>	<b>5,254</b>	<b>1,094</b>	<b>68,141</b>
Additions	-	47	884	5,557	12	-	141	193	6,834
Impairments	-	(602)	-	-	-	-	-	-	(602)
Revaluations	533	(2,279)	-	-	-	-	-	-	(1,746)
Reclassifications	-	10	711	(721)	-	-	-	-	-
Disposals / derecognition	-	-	(665)	-	-	-	-	-	(665)
<b>Valuation/gross cost at 31 March 2023</b>	<b>12,978</b>	<b>36,225</b>	<b>8,207</b>	<b>6,861</b>	<b>1,008</b>	<b>1</b>	<b>5,395</b>	<b>1,287</b>	<b>71,962</b>
<b>Accumulated depreciation at 1 April 2022 - brought forward</b>	<b>-</b>	<b>3,118</b>	<b>3,717</b>	<b>-</b>	<b>473</b>	<b>-</b>	<b>2,178</b>	<b>540</b>	<b>10,026</b>
Provided during the year	-	1,305	574	-	98	-	901	115	2,993
Impairments	-	(213)	-	-	-	-	-	-	(213)
Revaluations	-	(4,185)	-	-	-	-	-	-	(4,185)
Disposals / derecognition	-	-	(416)	-	-	-	-	-	(416)
<b>Accumulated depreciation at 31 March 2023</b>	<b>-</b>	<b>25</b>	<b>3,875</b>	<b>-</b>	<b>571</b>	<b>-</b>	<b>3,079</b>	<b>655</b>	<b>8,205</b>
<b>Net book value at 31 March 2023</b>	<b>12,978</b>	<b>36,200</b>	<b>4,332</b>	<b>6,861</b>	<b>437</b>	<b>1</b>	<b>2,316</b>	<b>632</b>	<b>63,757</b>
<b>Net book value at 1 April 2022</b>	<b>12,445</b>	<b>35,931</b>	<b>3,560</b>	<b>2,025</b>	<b>523</b>	<b>1</b>	<b>3,076</b>	<b>554</b>	<b>58,115</b>

## Note 10.2 Property, plant and equipment - 2021/22

	Land £000	Buildings excluding dwellings £000	Lease Improvements £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2021 - as previously stated</b>	<b>11,761</b>	<b>38,051</b>	<b>6,750</b>	<b>10</b>	<b>1,923</b>	<b>1</b>	<b>5,154</b>	<b>1,065</b>	<b>64,715</b>
Reclassification	-	(326)	326	-	-	-	-	-	-
Additions	-	133	201	2,015	-	-	1,020	58	3,427
Reversals of impairments	89	1,325	-	-	-	-	-	-	1,414
Revaluations	595	-	-	-	-	-	-	-	595
Disposals / derecognition	-	(134)	-	-	(927)	-	(920)	(29)	(2,010)
<b>Valuation/gross cost at 31 March 2022</b>	<b>12,445</b>	<b>39,049</b>	<b>7,277</b>	<b>2,025</b>	<b>996</b>	<b>1</b>	<b>5,254</b>	<b>1,094</b>	<b>68,141</b>
<b>Accumulated depreciation at 1 April 2021 - as previously stated</b>	<b>-</b>	<b>1,961</b>	<b>2,712</b>	<b>-</b>	<b>1,232</b>	<b>-</b>	<b>2,213</b>	<b>466</b>	<b>8,584</b>
Reclassification	-	(280)	280	-	-	-	-	-	-
Provided during the year	-	1,571	725	-	105	-	885	103	3,389
Disposals / derecognition	-	(134)	-	-	(864)	-	(920)	(29)	(1,947)
<b>Accumulated depreciation at 31 March 2022</b>	<b>-</b>	<b>3,118</b>	<b>3,717</b>	<b>-</b>	<b>473</b>	<b>-</b>	<b>2,178</b>	<b>540</b>	<b>10,026</b>
<b>Net book value at 31 March 2022</b>	<b>12,445</b>	<b>35,931</b>	<b>3,560</b>	<b>2,025</b>	<b>523</b>	<b>1</b>	<b>3,076</b>	<b>554</b>	<b>58,115</b>
<b>Net book value at 1 April 2021</b>	<b>11,761</b>	<b>36,090</b>	<b>4,038</b>	<b>10</b>	<b>691</b>	<b>1</b>	<b>2,941</b>	<b>599</b>	<b>56,131</b>

**Note 10.3 Property, plant and equipment financing - 31 March 2023**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	12,978	40,532	6,861	437	1	2,316	632	<b>63,757</b>
<b>Total net book value at 31 March 2023</b>	<b>12,978</b>	<b>40,532</b>	<b>6,861</b>	<b>437</b>	<b>1</b>	<b>2,316</b>	<b>632</b>	<b>63,757</b>

**Note 10.4 Property, plant and equipment financing - 31 March 2022**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	12,445	39,491	2,025	523	1	3,076	554	<b>58,115</b>
<b>Total net book value at 31 March 2022</b>	<b>12,445</b>	<b>39,491</b>	<b>2,025</b>	<b>523</b>	<b>1</b>	<b>3,076</b>	<b>554</b>	<b>58,115</b>

**Note 10.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Not subject to an operating lease	12,978	40,532	6,861	437	1	2,316	632	<b>63,757</b>
<b>Total net book value at 31 March 2023</b>	<b>12,978</b>	<b>40,532</b>	<b>6,861</b>	<b>437</b>	<b>1</b>	<b>2,316</b>	<b>632</b>	<b>63,757</b>

**Note 10.6 Capital Commitments**

The value of commitments under capital expenditure contracts at the end of financial year was £8.5m (31 March 2022: Nil). These commitments relate to building works for delivery of the Community Diagnostics Centre scheme, which is part of delivering the diagnostic recovery and renewal programme, on two of the Trust freehold premises.

There were no commitments under finance leases at the end of the financial year (31 March 2022: £nil)

**Note 11 Revaluations of property, plant and equipment**

The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions.

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 occupation.

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

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

**Note 12 Leases - Cambridgeshire Community Services NHS Trust as a lessee**

This note details information about leases for which the Trust is a lessee.

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

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

**Note 12.1 Right of use assets - 2022/23**

	<b>Property (land and buildings) £000</b>	<b>Total £000</b>	<b>Of which: leased from DHSC group bodies £000</b>
IFRS 16 implementation - adjustments for existing operating leases / subleases	26,892	<b>26,892</b>	1,197
Additions	2,482	<b>2,482</b>	-
Remeasurements of the lease liability	(2,784)	<b>(2,784)</b>	(94)
<b>Valuation/gross cost at 31 March 2023</b>	<b>26,590</b>	<b>26,590</b>	<b>1,103</b>
Provided during the year	2,734	<b>2,734</b>	134
<b>Accumulated depreciation at 31 March 2023</b>	<b>2,734</b>	<b>2,734</b>	<b>134</b>
<b>Net book value at 31 March 2023</b>	<b>23,856</b>	<b>23,856</b>	<b>969</b>
Net book value of right of use assets leased from other NHS providers			14
Net book value of right of use assets leased from other DHSC group bodies			955

**Note 12.2 Reconciliation of the carrying value of lease liabilities**

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 32.1.

	<b>2022/23</b>
	<b>£000</b>
<b>Carrying value at 31 March 2022</b>	-
IFRS 16 implementation - adjustments for existing operating leases	26,892
Lease additions	2,472
Lease liability remeasurements	(2,784)
Interest charge arising in year	223
Early terminations	-
Lease payments (cash outflows)	(2,853)
<b>Carrying value at 31 March 2023</b>	<b>23,950</b>

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Income generated from subleasing right of use assets in £1,567k and is included within revenue from operating leases in note 4.

**Note 12.3 Maturity analysis of future lease payments at 31 March 2023**

	<b>Total</b>	Of which leased from DHSC group bodies:
	<b>31 March</b>	<b>31 March</b>
	<b>2023</b>	<b>2023</b>
	<b>£000</b>	<b>£000</b>
<b>Undiscounted future lease payments payable in:</b>		
- not later than one year;	2,762	127
- later than one year and not later than five years;	9,494	435
- later than five years.	13,035	461
<b>Total gross future lease payments</b>	<b>25,291</b>	<b>1,023</b>
Finance charges allocated to future periods	(1,341)	(52)
<b>Net lease liabilities at 31 March 2023</b>	<b>23,950</b>	<b>971</b>
<b>Of which:</b>		
- Current	2,762	127
- Non-Current	21,188	844

**Note 12.4 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)**

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	<b>2021/22</b>
	<b>£000</b>
<b>Operating lease expense</b>	
Minimum lease payments	5,273
<b>Total</b>	<b>5,273</b>
	<b>31 March</b>
	<b>2022</b>
	<b>£000</b>
<b>Future minimum lease payments due:</b>	
- not later than one year;	1,954
- later than one year and not later than five years;	5,669
- later than five years.	3,920
<b>Total</b>	<b>11,543</b>

**Note 12.5 Initial application of IFRS 16 on 1 April 2022**

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 15.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

**Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022**

	<b>1 April 2022</b>
	<b>£000</b>
<b>Operating lease commitments under IAS 17 at 31 March 2022</b>	<b>11,543</b>
Impact of discounting at the incremental borrowing rate	
<b>IAS 17 operating lease commitment discounted at incremental borrowing rate</b>	<b>11,057</b>
<b>Less:</b>	
Commitments for short term leases	(378)
Irrecoverable VAT previously included in IAS 17 commitment	(868)
<b>Other adjustments:</b>	
Differences in the assessment of the lease term	16,023
Public sector leases without full documentation previously excluded from operating lease commitments	1,087
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	(29)
<b>Total lease liabilities under IFRS 16 as at 1 April 2022</b>	<b>26,892</b>

**Note 13.1 Receivables**

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
<b>Current</b>		
Contract receivables	22,894	14,104
Allowance for impaired contract receivables / assets	(1,145)	(735)
Deposits and advances	7,212	-
Prepayments (non-PFI)	3,267	1,377
PDC dividend receivable	-	88
VAT receivable	1,323	946
<b>Total current receivables</b>	<b><u>33,551</u></b>	<b><u>15,780</u></b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	9,601	7,047
Non-current	-	-



**Note 13.2 Allowances for credit losses**

	<b>2022/23</b>	<b>2021/22</b>
	<b>Contract receivables and contract assets</b>	<b>Contract receivables and contract assets</b>
	<b>£000</b>	<b>£000</b>
<b>Allowances as at 1 April - brought forward</b>	<b>735</b>	<b>547</b>
New allowances arising	263	-
Changes in existing allowances	439	227
Reversals of allowances	(292)	(39)
<b>Allowances as at 31 Mar 2023</b>	<b><u>1,145</u></b>	<b><u>735</u></b>

**Note 14.1 Cash and cash equivalents movements**

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

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
<b>At 1 April</b>	<b>18,319</b>	<b>20,386</b>
Net change in year	(3,402)	(2,067)
<b>At 31 March</b>	<b>14,917</b>	<b>18,319</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	2	4
Cash with the Government Banking Service	14,915	18,315
<b>Total cash and cash equivalents as in SoFP</b>	<b>14,917</b>	<b>18,319</b>

**Note 15.1 Trade and other payables**

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
<b>Current</b>		
Trade payables	7,067	5,335
Capital payables	1,325	-
Accruals	15,735	15,664
Social security costs	1,174	751
Other taxes payable	1,121	950
PDC dividend payable	221	-
Other payables	7,212	2,951
<b>Total current trade and other payables</b>	<b><u>33,855</u></b>	<b><u>25,651</u></b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	1,643	2,250
Non-current	-	-

**Note 16.1 Borrowings**

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
<b>Current</b>		
Lease liabilities*	2,762	-
<b>Total current borrowings</b>	<u><u>2,762</u></u>	<u><u>-</u></u>
<b>Non-current</b>		
Lease liabilities*	21,188	-
<b>Total non-current borrowings</b>	<u><u>21,188</u></u>	<u><u>-</u></u>

\* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 19.

**Note 16.2 Reconciliation of liabilities arising from financing activities - 2022/23**

	<b>Lease Liability £000</b>	<b>Total £000</b>
<b>Carrying value at 1 April 2022</b>	-	-
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(2,593)	<b>(2,593)</b>
Financing cash flows - payments of interest	(260)	<b>(260)</b>
<b>Non-cash movements:</b>		
Impact of implementing IFRS 16 on 1 April 2022	26,892	<b>26,892</b>
Additions	2,472	<b>2,472</b>
Lease liability remeasurements	(2,784)	<b>(2,784)</b>
Application of effective interest rate	223	<b>223</b>
<b>Carrying value at 31 March 2023</b>	<b>23,950</b>	<b>23,950</b>

**Note 17.1 Provisions for liabilities and charges analysis**

	<b>Other</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
<b>At 1 April 2022</b>	<b>1,926</b>	<b>1,926</b>
Change in the discount rate	(400)	(400)
Arising during the year	332	332
Utilised during the year	(13)	(13)
Reversed unused	(328)	(328)
<b>At 31 March 2023</b>	<b>1,517</b>	<b>1,517</b>
<b>Expected timing of cash flows:</b>		
- not later than one year;	670	670
- later than one year and not later than five years;	89	89
- later than five years.	758	758
<b>Total</b>	<b>1,517</b>	<b>1,517</b>

## 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. The Trust has used historical knowledge of actual costs incurred to inform calculation of the provision.

**Note 17.2 Clinical negligence liabilities**

At 31 March 2023, £1,328k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Cambridgeshire Community Services NHS Trust (31 March 2022: £901k).

## **Note 18 Financial instruments**

### **Note 18.1 Financial risk management**

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

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

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

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

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

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

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the DHSC (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 2023 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 ICB's, NHSE and Local Authorities, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.



**Note 18.2 Carrying values of financial assets**

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2023</b>		
Trade and other receivables excluding non financial assets	21,749	21,749
Cash and cash equivalents	14,917	14,917
<b>Total at 31 March 2023</b>	<b>36,666</b>	<b>36,666</b>

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2022</b>		
Trade and other receivables excluding non financial assets	13,367	13,367
Cash and cash equivalents	18,319	18,319
<b>Total at 31 March 2022</b>	<b>31,686</b>	<b>31,686</b>

**Note 18.3 Carrying values of financial liabilities**

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2023</b>		
Obligations under leases	23,950	23,950
Trade and other payables excluding non financial liabilities	31,230	31,230
<b>Total at 31 March 2023</b>	<b>55,180</b>	<b>55,180</b>

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2022</b>		
Trade and other payables excluding non financial liabilities	20,999	20,999
<b>Total at 31 March 2022</b>	<b>20,999</b>	<b>20,999</b>

**Note 18.4 Maturity of financial liabilities**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
In one year or less	34,935	20,296
In more than one year but not more than five years	9,494	-
In more than five years	13,035	-
<b>Total</b>	<b>57,464</b>	<b>20,296</b>

**Note 19 Related parties**

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

Cambridgeshire County Council  
Bedford Unitary Authority  
Huntingdonshire District Council  
Luton Borough Council  
Norfolk County Council  
Suffolk County Council  
HM Revenue and Customs

**DHSC Related Parties:**

NHS Bedfordshire, Luton and Milton Keynes CCG  
NHS Cambridgeshire and Peterborough CCG  
NHS Bedfordshire, Luton and Milton Keynes ICB  
NHS Cambridgeshire and Peterborough ICB  
NHS England - Core  
NHS England - East of England Specialised Commissioning  
East of England Regional Office  
Health Education England  
DHSC  
Bedfordshire Hospitals NHS Foundation Trust  
Cambridge University Hospitals NHS Foundation Trust  
Cambridgeshire and Peterborough NHS Foundation Trust  
East London NHS Foundation Trust  
Norfolk and Norwich University Hospitals NHS Foundation  
North West Anglia NHS Foundation Trust  
The Queen Elizabeth Hospital King's Lynn NHS Foundation  
NHS Resolution  
Care Quality Commission  
NHS Property Services  
NHS Pension Scheme

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 also National Director of Community Health at NHS England and NHS Improvement.

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 fund. These have not been consolidated within the Trust's accounts on the grounds of materiality, with the unaudited results for 2022/23 being £36k and £28k respectively of income generation and resources expended of £50k and £24k respectively and a closing fund balance of £568k and £1,085k respectively.

**Note 20 Better Payment Practice code**

	<b>2022/23</b>	<b>2022/23</b>	<b>2021/22</b>	<b>2021/22</b>
	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	16,690	82,229	17,628	73,695
Total non-NHS trade invoices paid within target	13,803	73,530	14,515	59,874
Percentage of non-NHS trade invoices paid within target	82.7%	89.4%	82.3%	81.2%
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	543	7,212	633	5,821
Total NHS trade invoices paid within target	414	6,548	400	4,062
Percentage of NHS trade invoices paid within target	76.2%	90.8%	63.2%	69.8%

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

**Note 21 External financing limit**

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

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Cash flow financing	10,700	2,425
<b>External financing requirement</b>	<b>10,700</b>	<b>2,425</b>
External financing limit (EFL)	10,700	2,425
<b>Under / (over) spend against EFL</b>	<b>-</b>	<b>-</b>

**Note 22 Capital Resource Limit**

	<b>2022/23</b>	<b>2021/22</b>
	<b>£000</b>	<b>£000</b>
Gross capital expenditure	6,532	3,427
Less: Disposals	(249)	(63)
<b>Charge against Capital Resource Limit</b>	<b>6,283</b>	<b>3,364</b>
Capital Resource Limit	17,296	3,367
<b>Under / (over) spend against CRL</b>	<b>11,013</b>	<b>3</b>

**Note 23 Breakeven duty financial performance**

	<b>2022/23</b>
	<b>£000</b>
Adjusted financial performance surplus / (deficit) (control total basis)	446
<b>Breakeven duty financial performance surplus / (deficit)</b>	<b>446</b>

**Note 24 Breakeven duty rolling assessment**

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	-	513	681	1,632	777	766	576
Breakeven duty cumulative position	-	513	1,194	2,826	3,603	4,369	4,945
Operating income	-	102,793	158,331	161,921	157,589	160,501	110,365
<b>Cumulative breakeven position as a percentage of operating income</b>	0.0%	0.5%	0.8%	1.7%	2.3%	2.7%	4.5%
	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	2,098	3,189	3,855	1,861	-	(1,633)	446
Breakeven duty cumulative position	7,043	10,232	14,087	15,948	15,948	14,315	14,761
Operating income	116,570	116,540	136,645	136,275	153,002	172,446	180,124
<b>Cumulative breakeven position as a percentage of operating income</b>	6.0%	8.8%	10.3%	11.7%	10.4%	8.3%	8.2%

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

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

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