NHS
Cambridgeshire Community Services
NHS Trust

The story of our year

Annual Report 2020/21

Introduction

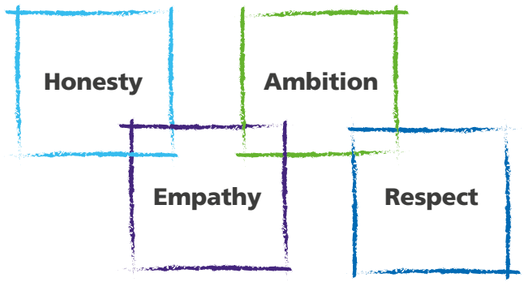
Our vision:

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

Our mission:

Provide high quality care through our excellent people.

Our values



Our objectives

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

Our Services

Our portfolio of services in 2020/21 were 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:**
  Kings Brook and the Child Development Centre in Bedford and a range of community based facilities;
- **Cambridgeshire:**
  Brookfields in Cambridge, Doddington Hospital, Princess of Wales Hospital in Ely, North Cambridgeshire Hospital in Wisbech, Oaktree Centre and Hinchingbrooke Hospital in Huntingdon;
- **Luton:**
  Luton Treatment Centre, Redgrave Children and Young People's Centre and a range of community based facilities;
- **Norfolk:**
  Breydon Clinic in Great Yarmouth, Oak Street Clinic in Norwich and Vancouver House in Kings Lynn and a range of community based facilities;
- **Peterborough:**
  Rivergate, Midgate and Kings Chambers;
- **Suffolk:**
  Orwell Clinic in Ipswich, Regent Road in Lowestoft, Abbey View in Bury St Edmunds, and a range of community based facilities;
- **Milton Keynes:**
  iCaSH Clinic South Fifth Street

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk	Milton Keynes
Adult services							
District nursing/ community matrons			X				
Specialist nurses/long term conditions			X				
Neuro-rehabilitation	X	X (Oliver Zangwill Centre)					
Specialist services							
Community dental services, Dental Access Centres, and minor oral surgery - MOS	X Oral health promotion only	X		X Minor oral surgery only	X	X	
Musculoskeletal services		X			X		
Sexual health & contraception services	X	X		X	X	X	X
HIV services	X	Huntingdonshire		X	X	X	
Children's services							
Health visiting	X	X	X	X	X (see note)		
School nursing	X	X	X	X	X (see note)		
Therapies	X	X					
Community nursing	X	X	X				
Audiology		X	X				
Community paediatricians	X	X	X				
Family Nursing Partnership	X	X		X			
National Child Measurement Programme				X			
School immunisation programme		X		X	X	X	
Emotional Health and Wellbeing service		X			X (see note)		

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

The story of our year

Contents

Performance Report

Chair and Chief Executive's

Welcome

"Thank you again to our incredible staff, volunteers and partners without whom the progress outlined in this annual report would not have been possible."

Mary Elford
Chair

21 July 2021

Matthew Winn
Chief Executive

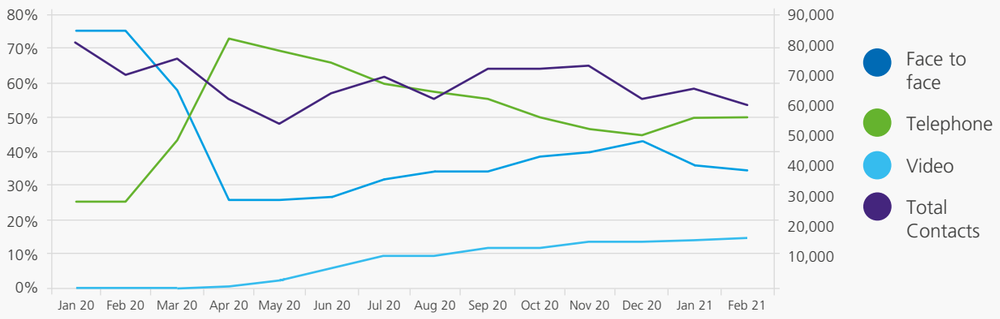
21 July 2021

Looking back over the last twelve months, our hearts cannot help but fill with pride as we reflect on the selfless and unflinching way our staff, and NHS staff across the country, have faced the extraordinary challenges of the Covid-19 pandemic.

The commitment of our staff to adapt and work in new and innovative ways to support the fight against this outbreak was phenomenal. Whether ensuring the ongoing delivery of services on the frontline, being part of our large scale vaccination centres, or delivering essential support services; our staff demonstrated compassion and empathy for colleagues, patients, families and friends in these unprecedented times.

The successful acceleration of our digital transformation was critical to our ability to deliver safe services, enabling the rapid roll out of virtual consultations which provided a lifeline to services users, particularly vulnerable families. Whilst we continued to deliver face to face appointments where clinically necessary (with staff wearing appropriate personal protective equipment), as the graph below shows the vast majority of contacts were delivered via video conferencing and telephone from April 2020.

Trustwide Contacts & Contact Method Percentage Split



	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
Face to Face	75%	76%	57%	27%	27%	28%	32%	34%	34%	39%	40%	43%	36%	35%
Telephone	25%	24%	43%	73%	69%	66%	60%	57%	56%	50%	47%	45%	50%	50%
Video	0%	0%	0%	1%	3%	6%	9%	9%	11%	11%	13%	12%	14%	14%
Total Contacts	82,072	70,623	75,526	61,616	55,260	66,437	69,393	59,491	71,386	71,517	72,116	63,767	66,027	60,231

The pandemic and the Black Lives Matters social movement shone a bright light in recent months on the impact of inequalities across the globe. We were delighted to welcome Marie Gabriel CBE, a passionate advocate for addressing inequalities and Chair of the NHS Race Observatory, as guest speaker at our 2020 Annual General Meeting. This report sets out some of the initiatives we have taken forward in response to Marie's challenge to continue implementing practical solutions to radically address the health inequalities experienced by our local residents and staff.

As scientists across the world raced to find a vaccine for the Covid-19 virus, we worked with partners to deliver mutual aid to ensure essential services were maintained. In particular, we were proud to take on the delivery of large scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney as part of the biggest vaccination programme in NHS history. At the time of writing this report, our 14 centres had delivered over 510,000 doses of the life-saving vaccine and will continue to do so for as long as necessary.

Inevitably, along with Trusts across the country, we had to pause some of our services during the early part of the year. However, as you will read later in this report, despite one of the most challenging years, our staff continued to deliver outstanding care which service user feedback rated highly. The results from our annual staff survey were equally positive, reflecting the amazing culture we have built together; and we have again achieved a balanced financial position.

As we write this introduction, we have recently participated in the Marie Curie Day of Reflection as the first anniversary of the first lockdown took place. Everyone, in some way, has been affected by the pandemic and we send our heartfelt sympathies to the families and friends of those who lost their lives as a result of Covid-19. In their memory, and as we move towards national restrictions being lifted, we recommit to collaborating with service users, staff and partners to develop innovative services that are accessible to all and meet the needs of each of our diverse communities.

Overview

"This report sets out our many achievements over the last 12 months, focusing on how we have successfully improved existing services and introduced innovative new ones"

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

We became a community NHS Trust in England on 1 April 2010 and 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 Improvement.

The Trust's portfolio predominantly consists of a range of high quality specialist services. Due to the Covid-19 pandemic and the actions taken by NHS England to reduce the financial uncertainty caused, during 2020/21 the Trust received funding directly from NHS England rather than through Clinical Commissioning Group (CCG) commissioning sources, and through its usual contract sources, which totalled £153 million. This income also included the additional funding required to deliver the community Mass Vaccination Programme across Cambridgeshire and Norfolk. These funding arrangements are to remain in place for the first half of the financial year 2021/22, and the Trust's financial plans are set on that basis, with overall funding levels expected to be at a similar level into 2021/22.

Many of our services are provided at a regional level and are predominantly focused on preventative care, funded by public health commissioners. The future will be characterised by collaboration with other NHS providers; working together in integrated models of care for adult and children's services. Where tenders do happen, we will seek to retain and win business within the clearly defined parameters approved by the Trust Board and used when submitting any tender response, as set out in our three year strategy. We are not looking to develop into new service areas beyond our current portfolio.

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

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

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

2021/22 is expected to be a challenging year as the Trust continues to deliver its services during the pandemic and to support the delivery of the vaccination programme. Despite these challenges the Trust will also continue to work with our commissioners and integrated care systems to redesign services to develop quality improvement and cost improvement schemes and collaborative initiatives, to support achievement of local plans. From a Trust perspective, these plans will ensure that, where it is clinically appropriate, services will move from the acute hospital setting to the community, making them more accessible for patients and more cost effective for the system as a whole, whilst maintaining the quality of care provided.

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

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

Further information on risk management procedures is provided within the annual governance statement (page TBC in designed report).

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

Case Study

We delivered 510,000 doses of life-saving Covid-19 vaccine

At the time of writing this report, our 14 large scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney had delivered 510,000 doses of the life-saving Covid-19 vaccine as part of the biggest vaccination programme in NHS history.

The sheer scale of this programme was daunting and our success would not have been possible without the dedication and commitment of the hundreds of NHS staff, volunteers and military colleagues; each of whom played a vital role in delivering vaccines and giving people hope for a brighter future.

As His Royal Highness Prince William said when he visited our centre in King's Lynn earlier this year, staff had:

"overcome every challenge that's been thrown at you"

At the time of writing this report, our 14 centres had delivered over

510,000 doses

of the life-saving vaccine and will continue to do so for as long as necessary.

We will continue to deliver the vaccination programme from large scale vaccination centres for as long as is necessary, playing a key role with partners in protecting our local communities and helping us all get back to a more normal way of life.

Performance Analysis

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 inspection visits have taken place in 2020/21.

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**	☆

This section of the Annual Report is structured as follows:

- Patient safety: incidents; infection prevention and control; 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 & Liaison Services; complaints
- Diversity and inclusion: demographics; objectives; measuring outcomes
- Looking forward to 2021/22

Patient safety

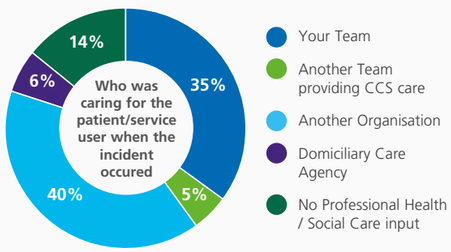
Patient safety incidents

For the second year running, staff rated the Trust as the highest scoring NHS organisation in the category of 'Freedom to Speak Up' in the NHS staff survey, reflecting our open reporting culture.

In 2020/21, 3,826 patient safety incidents and near miss incidents were reported, which is equivalent to approximately 0.4% of all contacts with service users. This was an increase of 235 incidents compared to 2019/20 but the same percentage of total contacts as 2019/20. Importantly, 93% of these incidents resulted in no or low harm, with 7% resulting in 'moderate' harm.

The chart below summarises incidents in each of the following categories:

- those that occur as a direct result of CCS care (40%);
- those which originated whilst the patient was cared for by another organisation (46%);
- those where there has been no professional health/social care input (14%).

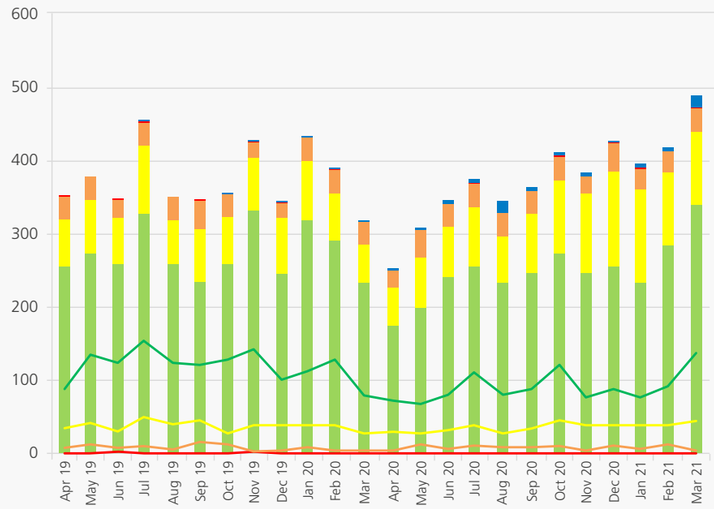


The graph below provides a 2 year trend analysis of incidents by degree of harm for the period April 2019 – March 2021(by financial year), demonstrating consistency across the two period (albeit that the method of care may have changed e.g. from face to face to virtual during the Covid 19 pandemic).

Incident reports are shared with relevant external organisations where possible. All incidents, regardless of where they originate, are discussed at team meetings to ensure learning is shared.

All patient safety incidents that occur as a direct result of care delivered by the Trust are submitted to the National Reporting Learning System (NRLS).

Incidents by degree of harm
All incidents and patient safety incidents under CCS care



	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Death UNRELATED to a patient safety incident	0	0	0	2	0	0	2	2	1	1	1	1	3	3	5	7	8	4	4	5	1	5	4	9
Severe (Permanent or Long Term Harm)	2	0	1	1	0	1	0	1	1	0	1	0	0	0	0	2	0	0	2	0	1	2	0	2
Moderate (Short Term Harm)	17	19	13	17	15	24	20	8	11	20	18	19	14	26	19	21	18	20	20	14	33	25	28	30
Low (Minimal Harm)	59	69	61	95	58	73	59	71	76	78	67	43	51	71	72	86	67	83	107	111	130	120	108	109
No Harm	256	280	262	320	259	231	259	325	241	317	294	222	182	200	230	252	221	234	285	244	255	221	286	330
No Harm (PSI)	93	133	115	149	114	109	119	137	102	109	122	84	72	69	87	106	85	90	110	84	92	78	95	129
Low Harm (PSI)	29	32	19	35	27	39	21	27	27	28	27	16	19	16	22	33	17	27	41	31	31	33	31	39
Moderate Harm (PSI)	7	12	6	9	5	16	12	1	5	8	1	5	4	14	7	11	7	8	10	3	9	6	12	5
Severe Harm (PSI)	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0

Serious Incidents (SIs)

The Trust undertakes full Root Cause Analysis of all serious incidents to identify and share learning and reduce the risk of similar incidents occurring again. There were eight serious incidents in 2020/21, including one never event.

The seven serious incidents identified missed opportunities to identify and escalate safeguarding concerns relating to vulnerable children, all of which were within complex family situations. As a result, timely and appropriate actions did not happen.

The one 'never event' related to the wrong implant (contraceptive coil) being fitted.

Actions in response to these incidents were implemented and learning shared across our services and with other stakeholders where appropriate.

Implementation of the Duty of Candour

The Trust continues to ensure that the requirements of the Duty of Candour are followed and embedded into practice.

Infection Prevention and Control

The biggest infection prevention and control challenge during the last 12 months was the coronavirus (COVID-19) pandemic with extensive infection prevention and control arrangements put in place to protect both staff and service users.

We can report that there were zero cases of Clostridium difficile, MRSA bacteraemia, MSSA bacteraemia or E.Coli bacteramia across the Trust in 2020/21.

Modern Slavery Act

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

Our annual Slavery and Human Trafficking Statement for 2020/21 was approved by our Board and can be found on our website.

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. We worked hard to maintain this level of assurance during the Covid-19 pandemic:

- **External Quality Controls**: The Trust participated in relevant multi-agency reviews and audits which focussed on local procedures, outcomes from Serious Case Reviews and preparation for Ofsted Joint Area Themed Inspections. Multi-agency recommendations included the need for amendments to multi-agency procedures/ professional guidance, leadership and supervision with a focus on escalation where there is a difference of professional opinion. These have been shared at relevant team meetings across the Trust and are highlighted at safeguarding training and safeguarding supervision.
- **Covid-19 National Vaccination Programme**: Heads of Safeguarding supported the roll out of this programme locally, overseeing the induction delivered to staff working in vaccination hubs and ensuring availability of contact details for safeguarding teams.
- **Section 11 Audit**: the Trust participated in the Suffolk, Norfolk and the combined Bedford Borough, Central Bedfordshire and Luton Local Safeguarding Children Boards Section 11 self–assessments. Our self-assessment demonstrated full compliance with all elements of the audit.
- **Learning from multi-agency reviews**: the Trust participated in:
  - 16 multi-agency Serious Case Reviews for Children, four Adult Safeguarding Reviews and one Domestic Homicide Review
  - Section 42 Enquiries (investigation of allegations of adult abuse or neglect)

  Implementation of recommendations and improvements is monitored through single agency and multi-agency action plans which are reviewed via the overview and scrutiny function of the local safeguarding children and adult boards. The partnership safeguarding arrangements focus on how we measure the effectiveness of actions taken to embed learning into practice and improve outcomes for children and adults at risk.
- **Multi-Agency Safeguarding Arrangements** (MASA): we continued to participate in safeguarding children and adult partnerships, developing arrangements specific to each of the Trusts localities. In response to legislative changes, different ways of working have been introduced to provide assurance that effective safeguarding arrangements are in place

Safeguarding training (children and adults)

	% achieved 2016/17	% achieved 2017/18	% achieved 2018/19	% achieved 2019/20	% achieved 2020/21
Children's safeguarding training					
Level 1 mandatory for all staff	96%	98%	99%	97%	97%
Level 2 mandatory for all clinical and non-clinical staff in regular contact with parents, children and young people	96%	98%	98%	97%	97%
Level 3 mandatory for all staff predominantly working with children, young people and parents	90%	88%	92%	87%	90%
Adult safeguarding training	90%	96%	95%	95%	95%

Information Governance

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

- training for staff;
- publication of Privacy Notices 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 95% compliance (against a target of 95% compliance) with mandatory information governance training at December 2020.

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 10 February 2021 and anticipate publication by June 2021 of the full assessment showing all standards being met as assessed by the algorithm used by NHS Digital.

During 2020/21, three data breach incidents were reported to the Information Commissioner. Two resulted in confirmation from the Commissioner that it would take no further action. At the time of writing this report, the Trust is awaiting a response from the Commissioner for the remaining notification.

Emergency Planning, Resilience and Response

The Trust has responded robustly and effectively to the Covid-19 pandemic, minimising disruption to service provision to the best of its ability; and maintaining patient safety.

Organisational resilience included:

- command and control in response to the Covid 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
- an annual audit of the NHSE Core Standards Framework resulted in NHS England/ Improvement confirming that the Trust was substantially compliant with 53 of the 54 standards and we continue to work towards compliance for business continuity
- the Trust completed a smooth transition to a new On-Call Service fulfilling our legal obligation to have a 24/7 On-Call Service as set out in the NHS Core Standards Framework 2017 (which is underpinned by the Civil Contingencies Act 2004, Section 2)
- Business continuity planning, training and exercises continued to be delivered with business continuity plans being updated with lessons learnt from the Covid-19 pandemic
- the Trust's EU Exit Working Group, established in 2019, continues to focus on monitoring the NHS England/Improvement's listed areas of priorities
- the Trust Board received our winter planning assurance 2020-2021 in November 2020, including demand and capacity modelling plans, co-ordination and coherence of our services and a synopsis of the Trust's Flu Vaccination Programme and trajectory aims
- Trust EPRR plans were updated in light of learning from the Covid-19 pandemic
- Executive Team and the 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 recovery planning, continuation of the programme to implement lessons learnt from the Covid-19 pandemic and reinforcing the Trust's suite of EPRR plans.

Case Study

Delivering *outstanding* family centred care

Liz Thrower

Claire Downing

Thomas aged 10, has Cerebral Palsy and had been struggling with his mobility which was preventing him from joining in activities with friends at school. Last year he was scheduled for surgery and would need above the knee leg casts on both legs.

For Thomas' family, apart from the worry and stress of surgery during a pandemic, the aftercare was causing a great deal of anxiety. Enter the combined support of our Cambridgeshire Occupational Therapy and Physiotherapy teams!

Multiple joint visits were organised virtually and face to face to ensure all the necessary equipment was in place whilst Thomas recovered. Both therapists acted as champions for the family by engaging with their orthopaedic colleagues at Addenbrookes Hospital to create plans for rehabilitation weeks before the surgery took place.

Our OT team also reached out to the Red Cross who provided a wheelchair for temporary use for free.

Thanks to this family centred care, Thomas is well on the way to recovery and is already attending school where the Physiotherapy team has supported the staff to help him continue with his rehabilitation.

An outstanding result for the family thanks to Therapists Liz Thrower and Claire Downing.

Clinical Effectiveness

Clinical Audit and Effectiveness

Clinical audit is a quality improvement process that seeks to support improved patient care.

Eighty two clinical audits commenced in 2020/21. In response to the Covid-19 pandemic, our clinical services prioritised essential clinical audits to ensure safety of care including infection, prevention and control and medicines management. All completed audit reports were published on the Trust's intranet to share learning.

To meet legal and statutory requirements relating to health records the Trust is required to audit its health records. In 2020/21 all service areas took part in the Trust's annual record-keeping audit and the same ten mandatory standards were audited as in the previous year. Staff continue to be reminded to follow correct records management processes. All actions from the 2019/20 record-keeping audit were completed.

Clinical Portfolio and Non-Portfolio Research and Fellowships

In 2020-21 a total of **14** research studies (eleven portfolio studies and three non-portfolio studies) ran within the Trust. **332** participants were recruited into the portfolio research and **626** into non-portfolio and other studies.

All Trust research activity paused during the first national lockdown, with a phased return in line with the NIHR CRN 'Restart Framework', commencing in June 2020 focussing on: Covid-19 studies; Urgent Public Health (UPH) studies; restarting portfolio studies (*Table 1*).

The Research Team leads the Trust-wide Patient Outcome Measures (POM) project. An update on the use of POM's within Children & Young People's services across the Trust was collated and disseminated. A project, as part of Health Visiting and School Nurse Preceptorship, to encourage a research culture within newly qualified specialist community public health nursing (SCPHN) will be evaluated academically later this year.

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

Study Name	Participants
PrEP Impact Trial	14
Integrating smoking cessation treatment into IAPT care	48
The role of different diets in children who are gastrostomy fed	4
The NeSCi Study - Neonatal unit Smoking Cessation intervention	1
Enabling self-care in children with disabilities	3
University of Cambridge NHS health data consent survey	135
VenUS-6 (delayed)	0
This Mum Moves	8
Virus Watch V1	117
Babybreathe (delayed)	0
Balance phase 2a RCT	2
Totals	
11 studies	**332**

NIHR portfolio studies which have been considered for feasibility

During 2020/21, the research team considered **1,324** NIHR portfolio studies and only a few potentially fitted with the Trust services. The majority related to Covid-19 and were targeted to acute hospital settings. One Urgent Public Health (UPH) Portfolio study- 'Virus Watch' - was adopted and achieved a high recruitment. We are looking to participate in part two of the study, which commences early 2021/22.

Non-Portfolio studies

One non-portfolio study received full Health Research Authority (HRA) approval to run within the Trust and is being led by a paediatrician 'exploring interventions for glue ear during Covid-19'.

Two Masters Degrees (MSc) from Trust staff received Trust permissions, one on sleep management and the other within the i-CaSH service exploring staff experiences of harassment at work.

Table 2: Non-Portfolio and Student Studies.

Non- Portfolio studies	Clinical Area	Status	Highlights	Collaboration
Have received full HRA Ethical Approval	**Divisions & clinical areas**		**Description**	
Mood, activity participation and leisure engagement satisfaction (MAPLES)	Ambulatory Care OZC	Closed	External PhD candidate – University of Cambridge & the Medical Research Council. (n=300)	Acquired Brain Injury for Low Mood RCT. In PhD write up.
'Closing the gap': neurological – rehabilitation study (part 2)	Ambulatory Care OZC	Closed	External PhD candidate – University of Maastricht. (n=12)	Exploring the themes from clinical assessments in clients with acquired brain injury. **Completed. Paper written.**
Exploring interventions for glue ear during C-19.	CYPS Paediatrician Cambs	Open. Permission gained July 2020.	Recruited straight away and recruitment completed 2/12 later. (n=24)	Looking to expand the study to other Trusts. Exploring a site in Wales.
Student/staff study	**Clinical Area**	**Status**	**Highlights**	**Collaboration**
MSc programme in sleep management	CYPS Bedfordshire	Project will be around sleep issues in children with autism and ADHD.	2year course. Application has been submitted 05/08/20. Commenced Sept 2020.	University of Oxford
MSc Masters in Nursing Sciences	i-CaSH Peterborough	Questionnaire to sexual health nurses about sexual harassment at work in England. Questionnaire Design, taken from WHO 2003 questionnaire.	MSc completed very quickly. Clinician keen to explore undertaking a PhD (n=290)	Universita Degli Studi Del Molise

Staff Fellowships, Internships, Awards and Grant Submissions.

This year we had continued success in gaining external funding for staff development of research skills (Table 3). Last year's two Applied Research Collaborative (ARC) Fellows (one from Luton and one from Norfolk Children and Young People's Services) had their initial 12 month Fellowships extended for a further year. Both clinicians are working within areas which are meeting the needs of diverse populations.

We also worked with a Research Fellow at the Anglia Ruskin University to develop a NIHR Research for Patient Benefit (RfPB) bid for Stage 2 submission.

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

During 2020/21, a children's services occupational therapist undertook an opportunity to gain confidence in clinical research skills via this internship programme.

The ICA programme Bridging Scheme (a Masters to PhD award) supports members of the ICA eligible professions to build upon their previous academic training and develop proposals for a pre-doctoral award. These are very prestigious and competitive awards. We have one paediatric speech and language therapist already on this scheme and one adult physiotherapist who has recently submitted an application for this year's cohort. Both clinicians are designing projects which can eventually be developed into NIHR bid submissions for a fully funded NIHR PhD award.

Table 3: Summary Table for Grants, Awards and Fellowships

NIHR Fellowships	Clinical Area	Numbers	Trend	Highlights & Impacts
Funding stream	**Divisions & clinical areas**	**Total from April 2019-March 2020**	↑	
NHS Charities	CYPS Cambs	One	New funding stream. £5,000. Successful.	University Hospitals, Cambridge. National impact, to develop the hearing App to have a hearing screening element. Traditional hearing tests had been suspended due to Covid-19.
NIHR Research for Patient Benefit (RfPB)	Ambulatory Care Neuro-rehab Bedford	One submission of both stages one and two.	Oct 2020 – Stage 1 was successful. Stage 2 submitted Nov 2020. ↑	Research Fellow from ARU, Research team and Neuro Rehab team. Potential to have a music therapy grant running with the Neuro-rehab team.
Fully funded PhD programmes.	Ambulatory Care Sexual Health (I-CaSH)	3 applications by the same clinician.	↑	One application was to the UoEdinburgh, one was to King's College University and the other to Imperial College, London. Awaiting outcomes.
New application. **NIHR Masters to PhD Fellowship programmes** **Part of the Integrated Clinical Academic (ICA) Programme.**	Ambulatory Care, MSK Adults.	Submitted for consideration March 2021	↑	Notification of outcome will be in August/September 2021.
HEE/NIHR Pre- Masters Internship	CYPS Cambs (OT)	Awarded Jan 2020. Extended to March 2021.	↔	Health Education East (HEE) Programme to introduce clinicians to research.
Awarded 2019. NIHR Masters to PhD Fellowship programmes **Part of the Integrated Clinical Academic (ICA) Programme.**	CYPS Speech & Language Therapist	Award continued.	🎖 ↔	University of London. These prestigious fellowships are awarded to fund clinicians time to develop a strong application for a NIHR PhD application. This is hosted at the University of London. The remit of this award is to complete an application to submit to the NIHR PhD fully funded scheme.
NIHR ARC Implementation Fellowship **Two awarded**	CYPS Luton CYPS Norfolk	2 applied and 2 were awarded	🎖🎖	Awarded to clinicians working in areas of high health need/and or deprivation Only 4 implementation Fellowships were available in the East of England. Both extended by an additional 12 months.
CRN Eastern partial Research Programmed Activity (PA)	CYPS Luton Consultant Paediatrician	Luton based Paediatrician.	🏆 Funding ended March 2021	A small amount of funding had been allocated to a paediatrician to promote the dissemination and increase the interest of staff to participate in NIHR research studies.

Key to Icons:

↑ Increased ↔ no change 🏆 completed

↔ in set up 🎖 allocated funding/prize

Clinical Research Network (CRN) Patient Research Experience Survey (PRES)

This Trust-wide annual survey consisted of questions related to research patients had participated in, including an additional feedback option. There were 32 responses from participants involved in relevant research studies, compared to 54 responses in 2019/20; which is a good response rate given the impact of Covid-19 on research this year.

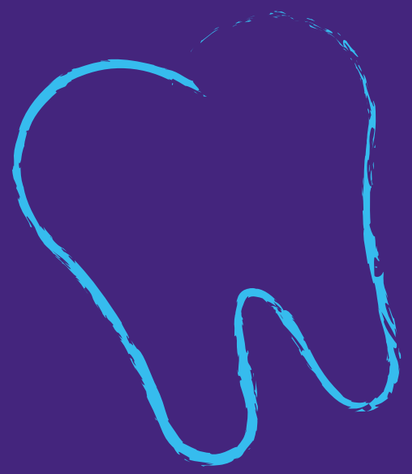
Publications

In the last year **four** peer-reviewed publications have resulted from studies carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications related to the assessment of glue ear with a mobile application; cytomegalovirus, an overview of genetic testing and an invited paper examining the potential use of virtual reality for neurorehabilitation within paediatric physiotherapy.

Five posters were presented, four were at the Royal College of Paediatrics and Child Heath (RCPCH) Virtual International Conference in March 2021 and one was at the British Paediatric Neurology Association Conference, jointly with Cambridge University Hospitals NHS Foundation Trust.

Case Study

Oral health training *successfully* moved online



Educational settings continue to benefit from the expertise, training and resources provided by our oral health improvement team following a successful transition online.

Rachel Keith, Oral Health Improvement Manager for Bedfordshire said:

"Historically, training would have been delivered face to face in a variety of settings that were closed or operating in restricted conditions due to Covid-19 (e.g. schools, nurseries and pre-schools).

"So we asked those settings to help us shape a virtual offer online, which can now be accessed live or via a pre-recorded version at a time to suit participants. The feedback has been fantastic. One recent training course showed a 100% increase in confidence in sharing oral health messages following training and a 94% satisfaction rate in the training delivered."

When asked one thing they'd take away from the training one participant said:

"Being cautious about the amount of sugar in products and making parents aware of this, learning about the amount of toothpaste to apply to a toothbrush at what age and stage, how often to brush children's teeth and how, and the ideas around making it fun!"

Patient Experience and People Participation

One of our highest priorities is to ensure that the voices of those who use our services are central to decision-making and the co-production of those services. This section sets out how patients and carers are making a real difference in improving the services we deliver, as well as how we are acting on their feedback to continuously improve the things that matter most to those we serve.

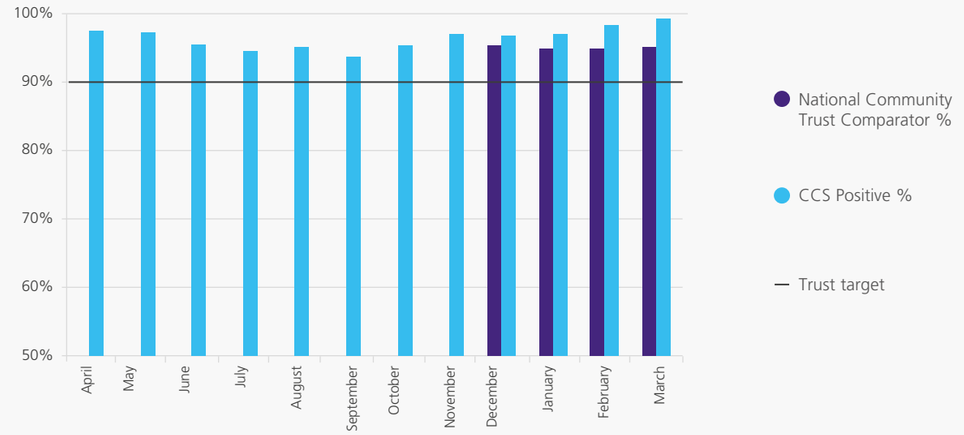
Patient Feedback

In line with a national review project, the Trust changed the Friends and Families Test (FFT) question on all our service surveys to: "*Thinking about the service we provide, overall, how was your experience of our service?*"

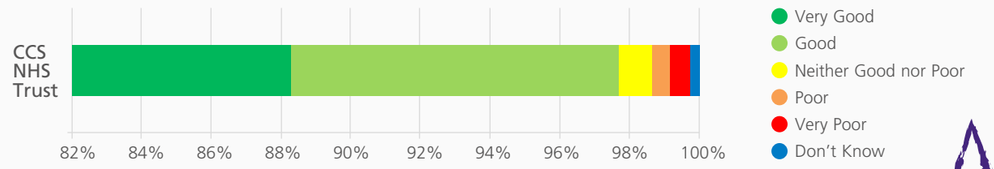
Service users/carer feedback in 2020/21 was incredibly positive with 97.72% of the 28,164 people who answered the FFT question saying the service provided was very good or good.

National reporting of the FFT was suspended during Covid-19 and restarted in December 2020. 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



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



We received

31,470 positive comments and compliments

about our services during the year.

You said... / We did — DynamicHealth

The text link to the consultation wasn't clickable so awkward to access the URK.

The therapist was competent but the video call was technologically poor and clunky.

The app took ages to download, so I ended up just having a phone call. Advise telling people what app to download in advance, and sending link to join the meeting when the consultant is ready to begin.

Send link 15 minutes before video appointment not 5 minutes.

The following steps have been taken to support service users in video consultations:

- **Admin staff have a script to help explain virtual options to patient and explain process**
- **Service users are sent a guidance leaflet at the point of booking to help them prepare**
- **A link is sent 5 minutes before the consultation to give patients time to enter the video room (technology means this cannot be done earlier)**
- **Service users are telephoned if they have not joined their appointment within 5 minutes, and we would take them through the video process later in the consultation if clinically indicated.**
- **A review of IT hardware has been completed which has improved video quality. Technological problems resulted from our technology are now rare.**

iCaSH

It would be great to see results on the website or at least a list of dates when tests have been ordered and results issued.

iCaSH Norfolk

For online asymptomatic testing the kit order dates are available online (results sent by text). For online symptomatic testing the results are available online.

More appointments/more walk ins for over 25s.

iCaSH Bedfordshire

Service are currently delivering services in a different way due to COVID-19, however, we will consider this proposal when our service returns to routine.

You said... / We did — Dental HealthCare

X-ray software was not working initially (as person covering for holiday could not log so x-ray took longer)

This IT issue has been resolved. In addition, there is a designated x-ray nurse each day and all dentists attended a refresher on the x-ray system.

Children & Young People's Health Services Cambridgeshire

Parents/carers said the Attend Anywhere (Virtual system) letters were too complicated, resulting in some parents waiting on line for the 3 hour window when their appointment could take place.

We have revised the letter, simplified the language and produced a visual guide with easy to follow instructions on how to join virtual calls.

Teaching staff identified a need for targeted support for young people's mental health on return to school in September after Covid shutdown.

We sent a questionnaire to teachers to find out what specific support was needed and the programme was adapted to fulfil this need.

Children & Young People's Health Services Norfolk

Just One Number 0300 300 0123

Parent requested to be able to look at the ASQ development forms before the video call / assessment visit by health professionals.

For safe and easy access to these the QR code / website link to these have been added to the appointment letter sent to parents.

Norfolk Youth Advisory Board Young Commissioners viewed our new promotional film and provided feedback that there was a need for a version that showed a young boy/male using the service.

We will update and incorporate the film with this suggestion and reshare the film

You said...

We did

I was worried that they would take my medication away from me when I transition (from children's to adults' services), but that is when I will be finishing my course and I will need my medication to help me through.

→ We put this young person in touch with the Clinical Nurse Specialist who reassured her about the transition process. The young person fed back that she is now reassured and is starting the conversation about when and how her transition will happen.

It would be helpful to understand the process as a whole and timescales. An infographic, where the assessments sit in the longer journey toward getting an EHCP, how to get the support you feel your child needs.

→ The parent was invited to co-produce a digital resource to support parents and carers navigate the journey post diagnosis, from practical advice, sign-posting and emotional support. This parent has since participated in a number of other activities including surveys and attending meetings.

Have been concerned about attending clinic during the pandemic.

→ All patients are contacted and given reassurance that government guidance is followed at all times at Luton Treatment Centre for this to be a safe environment for patients and staff.

Did not find the presentation very engaging

→ The team undertook a series of semi-structured interviews with patients to identify deficiencies in the programme and take action accordingly.

New parents provided feedback that they are feeling isolated because accessibility to support from Health Visitors and peers is a challenge due to reduced services (e.g. parent groups and children's centres closing)

→ We set up a weekly virtual Health Visitor drop-in for Bedfordshire parents, where parents can join virtually to ask the Health Visitor any question on their baby's health or development, as well as talk with other parents in the process.

Parents are worried about their baby's weight and growth now that baby clinics have been suspended due to Covid 19.

→ We worked with our partners in Bedfordshire Children's centre's to set up a Covid secure 'self-weigh by appointment' service within each local Children's Centre in Bedfordshire.

Case Study

Health inequalities project scoops 'outstanding achievement' national award

Our functional rehabilitation programme for south Asian women won the national BAME Health and Care award in the outstanding achievement category.

Tanisha Saboo, senior physiotherapist said:

"We know that language and culture can be barriers to seeking help and understanding what is available but we were able to create an environment where patients could share their experiences."

Designed by our senior physiotherapists in a unique partnership with the Peterborough City Council's health and wellbeing service, the programme offers south Asian ladies who meet certain criteria five 90 minute weekly sessions. Delivered in Urdu, these sessions included:

- education on pain neuroscience, recommended physical activity guidelines, pacing and the multi-factorial nature of pain
- functional exercises and relaxation
- a home exercise program.

Priyanika Jesrani, First Contact Physiotherapist said:

"We are absolutely delighted to have won the 'outstanding achievement of the year' award.

"The unique partnership with the City Council meant once our sessions were finished, these ladies could continue their learning, rehabilitation and peer support in the community."

The classes have successfully reduced chronicity of musculoskeletal conditions and prevented recurrent referrals back into the service

Sharing Patient Stories

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

Patient Stories this year included:

- Patient talked about their experiences of consulting remotely via video consultation during Covid-19.
- A patient from Luton adults' services who accessed our DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) course in 2019 discussed the impact this course has had on him, and the healthier choices he makes as a consequence.
- A parent shared the story of their experience of accessing healthcare provided by Bedfordshire Children's Community Nursing Service for their son who was diagnosed with Acute Lymphoblastic Leukaemia at birth.
- A Cambridgeshire parent shared the story of their experience of accessing care from the school nursing service.
- A family member shared their experience of making a formal complaint about their mother's experience of care provided by Luton Adults Service.
- A service user shared their experience of the Luton Pulmonary Rehabilitation Programme which is for people with chronic lung disease/ breathing problems and is now being offered online due to Covid-19.

People Participation (Patient and Public Engagement)

Our teams and our local co-production leads within our services regularly seek engagement and participation from service users/carers and the local community to improve service delivery. Below is a summary of some of these activities throughout the last year:

Cambridgeshire and Peterborough Children and Young People's Services

- 0 - 19 Healthy Child Programme: We set up a parent and carer working together group with work predominantly relating to accessing services during Covid-19. Parents and carers met with staff from school nursing and health visiting teams and reviewed the current video call appointments being offered. Discussion highlighted that the service offer was working well for those who had digital access. However, it was difficult for several service users due to issues such as quality of wi-fi connection and this appeared to be due to geography and digital poverty. This theme remains a central point for improvement and will continued to be reviewed.
- Children's Specialists Services: worked with local parents and other organisations to improve their websites. Our Community Paediatricians worked with District Teams, local Child and Adolescent Mental Health Services, GP Representatives, Child Health Services (CHUMS), Centre 33, and the Community Support Sleep Service to form the Cambridgeshire Sleeping Working Group to create a catalogue of evidence-based sleep resources for professionals and families which is now available and hosted on the Trust's website for parents and local professionals to use.

Bedfordshire and Luton Community Health Services

- Community Paediatric Services: in collaboration with key stakeholders and in consultation with parent representatives and young people, community paediatricians joined forces to co-produce an all-encompassing 'Post Diagnosis Resource Pack'. The project started in September 2020 and is on track for completion in June 2021. The pack will be hosted online and will include printable resources and multi-media information including videos, infographics and animations. It will be accessible to all via the 'recite me' tool (translations, easy read and voice reader') and provisions will be made at the point of signposting for those that do not have access to the internet.
- Bedfordshire Children's Community Health Services hosted a virtual 'co-production workshop' for professionals and parents of children with special education needs and disabilities (SEND) with a positive turnout of 35 participants. Throughout the spring term of 2021 the service supported local schools to host internal co-production workshops for young people with a total of 173 SEND pupils across 14 different schools participating. Feedback from these workshops has been shared with our Bedfordshire Community Health Services and the local authority and a working group, including parents, is implementing an action plan in response to this feedback.
- Young Voices of Luton: this virtual working together group for young people aged 16 years and over with special educational needs and disabilities meets every two weeks. Together they have been enthusiastically co-producing materials, such as a group logo and values and a promotional video. They have been part of interactive and feedback sessions with the Trust's People Participation Committee, the Local Authority transformation plans for open spaces in Luton group and provided feedback for the Trust's 'Accessing our Services' project (reviewing promotional material for Chat Health and Post Diagnosis Resource Pack). The group also co-produced a survey implemented by the Luton Borough Council for young people to better identify and meet the needs of young people like them which supported the multi-stakeholder work towards the Luton written statement of action.

Norfolk Children and Young People's Health Services

- We worked with parents on the development of the transitions section on our Just One Norfolk website and the development of the school readiness assessments and resource which has been shared widely. This collaborative work between our services and from several parent focus groups helped to identify themes around children's` health needs and development. It also identified how services could support children to transition into school, not only as new starters or those moving up to high school but also those returning to school after the long period of lockdown and summer break.
- Feedback from schools identified some areas we could work together on to improve our current service offer, including how to refer families to our services, updating of the Just One Norfolk website and support for children`s health and development. We therefore arranged an online focus group for school staff to discuss and agree the way forward, with invitations widely advertised.

Ambulatory Care

- Sexual health Services (iCaSH): We set up an online focus group with service users and staff to review the common themes that had been identified from our services feedback. The group identified a number of improvements that could be made. As a result, the service website has been refreshed to display key information in a more simplified way; additional blood sampling guidance is now supplied with the express testing kits (via a QR code that can be scanned which links the user to an online tutorial). Work continues to explore a secure online account system where people can access more detailed results and order histories.

Luton Adult Services

- Luton Adults Working Together Group: Since the New Year, colleagues from the Trust, Public Health, Healthwatch, the Clinical Commissioning Group and the wider voluntary sector have worked together to maximise vaccine take up among Luton's communities. We hosted an online roundtable discussion with several members of the public to identify concerns regarding the vaccine itself and share reflections on their COVID experience. The aim was to identify determinants which would sway a person's decision on whether to accept a COVID vaccine when offered. What we learnt was despite a favourable view of vaccines, the participants did have reservations regarding how it had been developed, timescales and messages around the vaccine. The feedback was used to inform a Trust wide video to address the frequently asked questions from the communities and our BAME staff. The feedback highlighted the sensitivity and deep-seated distrust for vaccination programmes within some communities, as well as a general mistrust that transcended cultural beliefs, values and were not exclusive to the BAME community. The final video has now been released.

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 2020/21 compared to previous years. As you will see, we have received less formal and informal complaints this year than previously. We did however, receive more enquires through PALS.

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Formal complaints	136	112	82	100	96	49
Informal complaints	135	131	190	397	319	245
PALS Enquires (inc comment, enquiries and signposting)	459	573	660	602	645	969

Patient Advice and Liaison Service (PALS)

PALS received and satisfactorily resolved 969 contacts and enquiries during the year. There was an increase in enquires to our service this year and this appears to be due to other local Trust PALS services being closed/offering a limited service, with our service being contacted for support instead.

Informal Complaints

Informal complaints are concerns resolved quickly through local resolution processes, either within the clinical setting or by PALS; often by a telephone call or a meeting with a clinician or service manager. Our services resolved 245 informal complaints this year through successful local resolution.

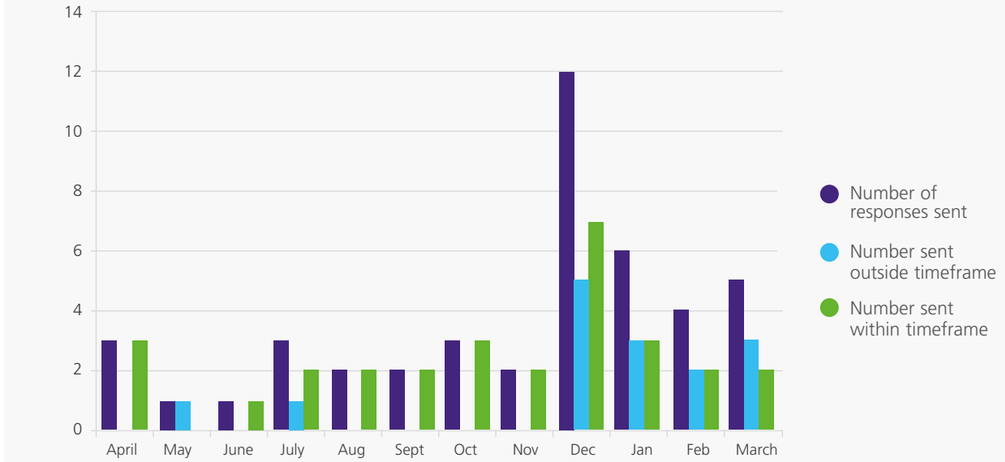
Formal Complaints

The Trust's target response times for responding to complaints for the period March 2020 to January 2021 were:

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

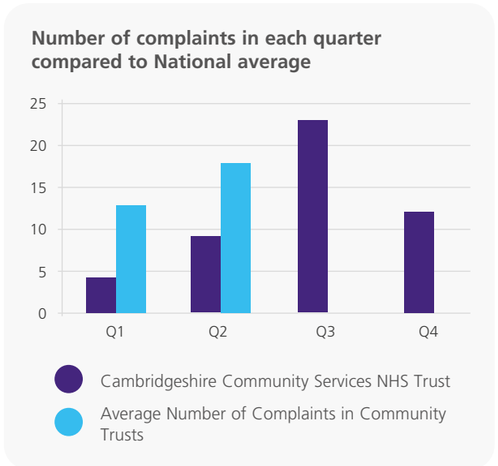
In response to service pressures due to Covid-19 and in light of the guidance outlined in the national 'Reducing the Burden' document, the Trust's timelines for responses were reviewed and it was agreed by the senior executives to extend our timelines for a period of six months from February 2021 to 35 working days for standard complaints and 40 for complex.

The graph below shows that in 2020-21 the response timeframe was met on all but 15 occasions, in line with the response times detailed above. The reasons for responses times not being met on these occasions were largely due to the complexity of the investigations being undertaken and/or the capacity of clinical staff investigating complaints to meet these timescales whilst also facing the challenges of the pandemic.



Number of Complaints Compared to National Comparator

The Trust received fewer formal complaints in quarter 1 and quarter 2 than the average received by comparable NHS community trusts (see graph below). At the time of writing this report, quarter 3 and 4 national data was not available.



Learning from Complaints

Feedback from complaints, including the Board hearing from a patient their experience of how their complaint was handled, enabled us to listen and learn from this valuable process. Below are a few examples of the improvements made as a result of complaints made.

Tissue Viability in Luton

Improvements included:

- a senior clinician, within the Luton Adult Services, takes responsibility for ensuring patients with multiple conditions have a smooth journey throughout their time with us.
- review of our internal processes when receiving multiple referrals via the Single Point of Access
- review of staff competencies and updating these on our scheduling system, to ensure that staff with the correct competences are scheduled to see relevant patients.
- updated wound training has been made available to all staff.

Bedfordshire Paediatric Occupational Therapy

Improvements included:

- sharing the process for removing records with the team, and reviewing the system to ensure any other information marked 'in error' has been dealt with.

Luton Community Paediatrics

Improvements included:

- introduction of a bi-monthly Multiagency Neurodevelopmental Meeting to ensure a joined up approach for patients.

Bedfordshire Community Paediatrics

Improvements included:

- expanding the team and provided further training for staff to undertake specialist assessments to help reduce waiting times
- the Parent Forum reviewed a letter we send to parents and their suggestions were implemented, to improve communication and information with parents whilst they wait for an appointment.

Bedfordshire Speech and Language Therapy

Improvements included:

- reviewing our process of communication with parents when appointments are set up and cancelled in school
- implementing shared learning for caseload management from our Cambridgeshire and Bedfordshire services to help with service delivery and prioritisation
- development of written information regarding content and frequency of therapy sessions and guidance for families about seeing young people independently of parents.

Musculoskeletal Services

Improvements included:

- ensuring clear communication with the service user about the rationale for clinical assessment
- circulating waiting times for MRI reports every month to enable clinicians to communicate accurate information to patients
- implementing where possible reviews with patients with the same clinician.

iCaSH Services

Improvements included:

- reminding staff within iCaSH that patients should are always be given full information and advice about how to use contraception effectively.

Norfolk Healthy Child Programme

Improvements included:

- working with the local acute trust to ensure we have up to date information on service provision, communicating this to staff and updating our Just One Norfolk website

Cambridgeshire Speech and Language Therapy

Improvements included:

- engaging with specialists across the country as well as colleagues within CCS to develop a pathway for children who can talk but do not in specific situations.

Parliamentary and Health Services Ombudsman (PHSO)

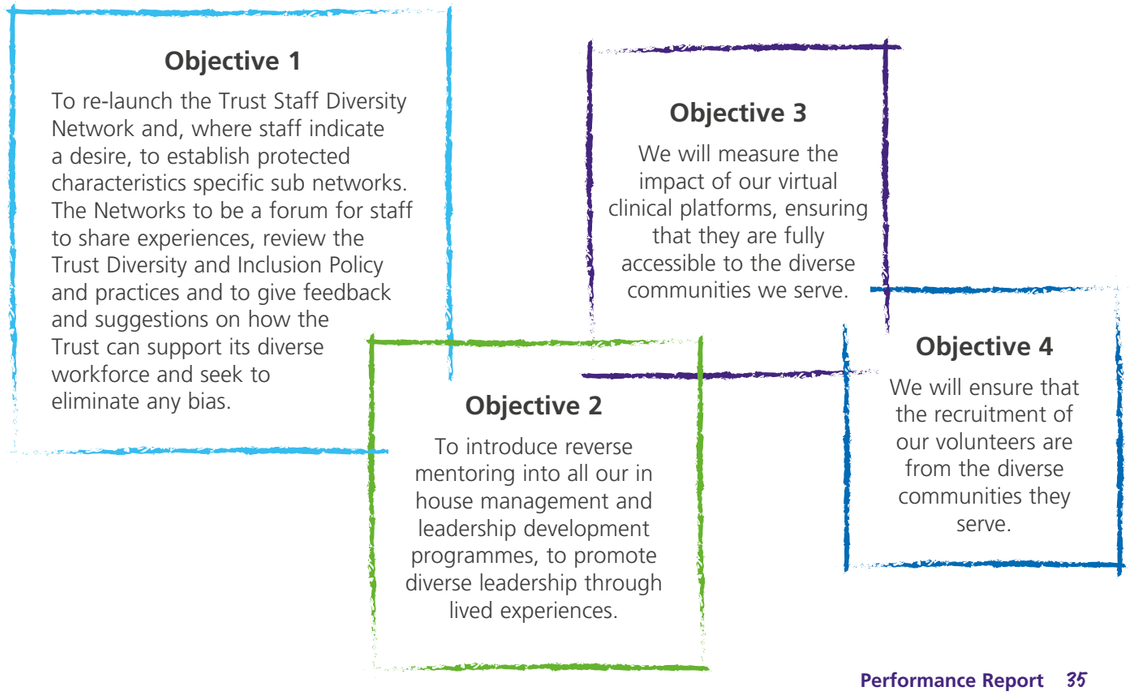
The Trust received one request for information from the PHSO in this period. The PHSO reviewed the information we provided and did not identify any indications of service failure or maladministration so closed the complaint with no further action.

Diversity and Inclusion

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

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

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



Trust Demographic Profile

Our Communities

We provide a range of healthcare services in Bedfordshire, Cambridgeshire, Luton, Norfolk, Peterborough and Suffolk. Each locality has its own vibrant and diverse community and our service improvement and redesign aspirations reflect the specific needs of each. 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 has agreed four diversity and inclusion annual objectives as detailed below:

Charts showing the demographic profile of our workforce as at 31 March 2021 are included in the Staff Report on page 86

People Participation

The Covid-19 pandemic brought major changes to the way we engaged with patients, service users, carers, families, the public and our staff in shaping how we provide high quality and safe care to the diverse communities we serve. Despite the challenges, the Trust adapted and continued to broaden the scope of involvement of all key stakeholders in influencing the design and redesign of our services to meet the needs of local communities.

Patients and Service Users

Examples of how we continued to develop our engagement activities, to meet the two service user objectives above, are included in the earlier People Participation (Patient and Public Engagement) section of this annual report.

Workforce

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

- re-launched our staff diversity networks with two staff led networks operational; one for staff from ethnic minorities and the other for staff with a disability or long term condition
- revised the adjustments passport introduced in 2019/20 , to make it a wider employment passport to record agreed adjustments to support staff with any specific need, not only those with a disability or health condition
- continued with our Cultural Ambassadors programme of senior staff from ethnic minorities, acting as critical friends including in disciplinary and grievances involving staff from ethnic minorities
- re-launched the representation of staff from an ethnic minority background on selection panels where an applicant from ethnic minorities is shortlisted, to help address disparity between these applicants being shortlisted and appointed.
- published our third gender pay gap report and identified action to help address a higher number of male staff in senior roles compared to the Trust wide gender split of 93% female and 7 % male
- introduced diversity mentoring, including reverse mentoring in our "Big 9 " programme
- introduced opportunities for ethnic minority mentors for Board members
- reverse mentoring as part of in house leadership development programmes will be implemented when programmes fully resume post pandemic.

Measuring Outcomes

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

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

Providing outstanding care: Looking forward to 2021/22

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

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

The overarching intent for this strategy is to ensure that safe and effective care is delivered through all of our interactions with patients, service users, carers and families. Within 2020-2021 our strategy roll out was impacted by the Covid-19 pandemic and the need for the Trust to divert our resource and energies to undertake a high level incident response. Therefore for 2021-22 as services start to recover, the strategy implementation will be part of this 'reset' process and will continue to be based on the following three improvement priorities which reinforce our continued commitment to deliver outstanding care:

Priority 1: Safety

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

Priority 2: People Participation

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

Priority 3: Continuous Improvement

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

Case Study

Supporting our patients *remotely*

The onset of the COVID-19 pandemic placed significant restrictions on movement and face-to-face access to services.

Our response provided the opportunity to introduce a suite of innovations that allowed us to continue to support our patients, albeit remotely Some examples of the support we put in place are:

- Clinician-led telephone consultation and assessment of sexual health patients with symptoms and patients needing contraception
- Online testing for patients with symptoms of Sexually Transmitted Infections (STI)
- A postal medicines service for patients requiring treatment following online testing and for sexual health and contraception patients following teleconsultation
- A postal pregnancy testing service for patients if required, following a clinician-led teleconsultation
- Accelerated Partner Therapy (APT) for remote chlamydia treatment to positive index cases and their partners

Jo Radnor, interim head of iCaSH services (west region) said:

"We're extremely proud of the ways we've changed our service, the pace in which we've introduced them and how the team has worked hard (despite uncertainty) to continue to support our patients during this extraordinary time"

Ellen Ballantyne-Hough, interim head of iCaSH (east region) added:

"Everything we have introduced has been underpinned by a robust clinical governance framework to ensure the safety of our team and our patients and maintain the high quality care."

2

STRATEGIC OBJECTIVE 2 – Be an excellent employer

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

2020 national staff survey

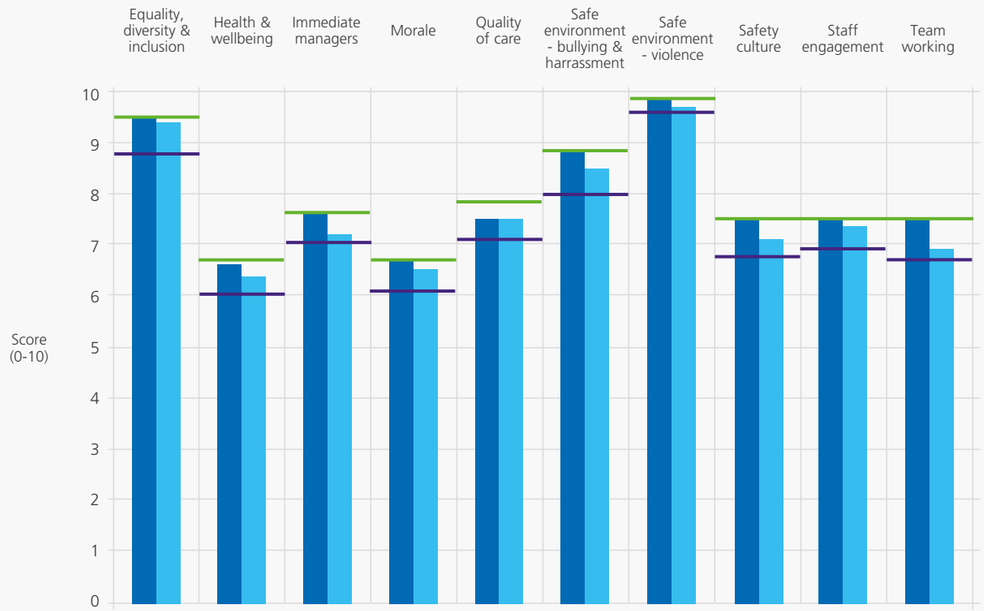
Results from the 2020 staff survey were incredibly positive with staff rating the Trust top or joint top compared to comparator community trusts in 8 out of 10 themes.

Questionnaires were sent to 2,497 eligible staff within the Trust, with 1437 questionnaires returned giving this years' response rate of 58%.

Across the ten themes, the Trust scored significantly better than the comparator community sector in 65% of questions, with no significant difference being identified within the sector for 35% of the questions asked. 0% of questions scored significantly worse.

No theme scores either significantly improved or worsened since 2019. This is a very positive summary and indicates the Trust is performing well and builds on the excellent results achieved over several consecutive years. This is particularly significant this year given the impact of the Coronavirus pandemic.

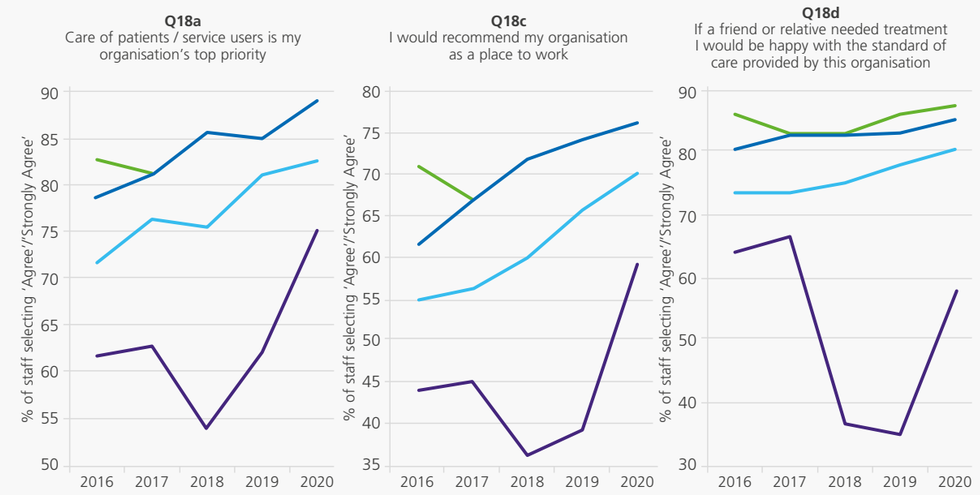
2020 NHS Staff Survey Results (Theme Results > Overview)



Best	9.5	6.7	7.6	6.7	7.9	8.9	9.9	7.5	7.5	7.5
Your org	9.5	6.6	7.6	6.7	7.5	8.9	9.9	7.5	7.5	7.5
Average	9.4	6.3	7.2	6.5	7.5	8.5	9.7	7.1	7.3	6.9
Worst	8.8	6.0	7.0	6.1	7.1	8.0	9.6	6.7	6.9	6.6
Responses	1,428	1,434	1,431	1,433	1,250	1,425	1,430	1,434	1,435	1,413

Staff also rated the Trust highly when it came to rating whether care of patients is a top priority, recommending the Trust as a place to work, or for friends and family to receive care.

2020 NHS Staff Survey Results (Theme Results > Detailed information > Staff engagement - Recommendation of the organisation as a place to work/receive treatment)



Best	83.6	81.8	85.8	84.8	88.5	70.6	67.4	72.2	73.8	76.2	86.2	82.7	82.8	85.5	86.8
Your org	78.6	81.8	85.8	84.8	88.5	62.1	67.1	72.2	73.8	76.2	80.3	82.5	82.6	83.2	85.3
Average	71.9	76.4	75.4	81.0	82.2	54.8	57.3	59.5	66.3	69.4	73.0	73.0	74.8	78.2	80.4
Worst	62.3	63.0	53.9	61.7	75.1	44.1	45.3	36.0	39.0	59.4	64.8	66.2	36.6	35.4	58.3

Covid-19 specific questions:

Staff were asked four questions relating to their experience during the Covid-19 pandemic:

1. Have you worked on a Covid-19 specific ward or area at any time? Yes/No
2. Have you been redeployed due to the Covid-19 pandemic at any time? Yes/No
3. Have you been required to work remotely/ from home due to the Covid-19 pandemic? Yes/No
4. Have you been shielding? Yes, for myself Yes, for a member of my household, No

Staff responses rated the Trust above the community sector benchmarked average in the majority of the questions asked and are not significantly lower in any area questioned.

Next steps

A Staff Survey Improvement Group will develop an action plan in partnership with the Trust's staff side, and with actions also identified by the Trust's Diversity Network and Long Term Conditions Networks. Services will also be asked to develop action plans with staff, having reviewed their directorate breakdown of results.

Freedom to Speak Up

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

The Trust's Whistleblowing/Speaking Up Policy was updated in July 2020 to include feedback from staff about the Raising Concerns Standard Operating Procedure which staff are encouraged to follow for any concerns raised that involve members of staff. The Freedom to Speak Up Guardian, who is also a member of the Executive Team, actively engages with local, regional and national forums to share best practice and learning. The Deputy Chief Executive is the nominated Executive Lead for Speaking Up. The Chair of the Audit Committee is the nominated Non-Executive Lead for Speaking Up.

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

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

Awareness regarding the various Freedom to Speak Up functions and the importance of raising concerns is raised through the Trust induction for new staff, on the intranet, 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
- Staff-side Chair
- Other leaders within their service or division
- Freedom to Speak Up Guardian
- Any member of the senior leadership team
- Executive Lead for Speaking Up
- Freedom to Speak Up Champions
- Non-Executive Lead for Speaking Up

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

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

Henrietta Hughes, National Guardian for the NHS, launched the Freedom To Speak Up (FTSU) Index Report in October 2020. The index compares outcomes from a number of staff survey questions from the 2019 survey (the latest data available at that time) to measure the FTSU culture across all trusts. Our Trust has achieved the highest index result for two consecutive years - 2019 and 2020 compared to all organisations in the NHS.

Workforce Race Equality Standards (WRES) results

The results from this year's staff survey linked to the WRES overall dipped slightly, although the Trust is still above the benchmarked sector average for positive responses. There has been an increase in staff from ethnic minority backgrounds reporting that they have suffered from bullying and harassment from staff in the last 12 months. There has also been an increase in reports of discrimination from a team lead/ manager from 7.9% in 2019 to 11.9% in 2020. This area needs enquiry and careful planning to improve the experience of our staff from an ethnic minority background.

There has been a positive increase in staff from an ethnic minority background reporting that they feel the Trust gives equal opportunities on promotion/career progression.

Workforce Disability Equality Standards (WDES) results

There has been a reduction in the number of staff with a long term condition (LTC) reporting that they have suffered from bullying and harassment from the public, which is positive. However, many of these members of staff have been shielding during the pandemic.

There is an increase in reports of bullying and harassment from managers towards staff with a LTC (7.7% in 2019 to 9.1% in 2020) and from staff (14.8% in 2019 and 15.5% in 2020) which is concerning and may be linked to greater visibility of staff with a LTC as they have been shielding.

Positive results were reported by staff with a LTC in relation to the Trust giving equal opportunities for promotion. There has also been a positive drop in staff that have a LTC feeling pressure to come to work despite not being well enough.

Gender Pay Gap

In March 2020, the Trust published its third annual gender pay gap report for 2019. At the time of writing this annual report, the 2020 gender pay gap report has not been published.

These reports show the percentage of male and female workers in each pay band and those in receipt of bonus payments (which in the Trust is consultants in receipt of a Clinical Excellence Award).

The overall mean gender pay gap in 2019 was 27.07% (compared to 32.32% in 2017-18) and is mainly attributed to executive level (Band 9 roles) and medical consultants who are the highest paid staff in the Trust. In these roles, there are disproportionately more men than women compared to our overall male to female ratio. This disproportionality explains the gender pay gap.

When published, the trust will take action to address any issues raised in the 2020 gender pay gap report.

The Trust's Diversity and Inclusion Steering group oversees the agreed Trust-wide actions to seek to have a representative gender mix in all pay bands within the Trust, which in 2020 include through:

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

Supporting staff and staff engagement

In 2020/21 staff faced unparalleled challenges as a result of the Covid-19 pandemic and the Trust supported them in a range of ways. We:

- provided a wide range of support for staff including access and signposting to physical and emotional well-being 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 and Covid-19 stepped offer programmes;
- trained and launched a network of Wellbeing guardians;
- continued to supported a network of Freedom to Speak up champions;
- continued to introduce innovative recruitment initiatives in hard to recruit areas;
- successfully transferred staff into the Trust as a result of procurements won and continued to use tailored inductions to meet the needs of new staff;
- supported services and staff transferring out of the Trust, with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward;
- 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, continued to implement action plans based on staff feedback;
- reviewed Trust-wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver high quality service whilst face to face training wasn't possible, through innovative use of Teams and virtual training platforms;
- promoted the benefits of effective appraisals during difficult time;
- continued to provide an appraisal career and personal development planning process;
- offered flexible working and family friendly arrangements, a carer's and special leave policy and a zero tolerance approach to violence in the workplace;

- continued to 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 in of staff, and to consult and negotiate on employment matters;
- continued to offer a confidential line for informal support to staff experiencing bullying or harassment;

Mandatory training

The Trust continued to:

- improve access to e-learning for mandatory training subjects including through a staff telephone helpdesk;
- review and amend our Trust induction based on staff feedback and Trust requirements and completed the roll out of unconscious bias training as part of e-learning to all staff;
- ran virtual trust induction programmes during the pandemic;
- maintained a high level of training compliance during the pandemic, 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's self-service functionality completed and being used by managers to track their teams training compliance;
- starting the roll out of OLM to record all training including 'essential to role' training;
- linking our unconscious bias training programme to ESR so updating of staff training records does not have to be undertaken manually;
- using OLM as one tool to support the large scale vaccination centre workforce with their training.

Our award winning staff and national recognition

- The Trust's Dynamic Healthcare Functional Rehabilitation Class for South Asian Females won the National BAME Health and Care Awards 2021 in the Outstanding Achievement of the Year category, and was also a finalist in the Community Initiative of the Year category.
- Our Luton adult services won the Health Service Journal improving care for older people patient safety award for its population health management tool in November 2020.
- The Luton and Bedfordshire Children's Rapid Response Team was the East of England finalist in the 2020 Parliamentary Awards in the Excellence in Emergency and Urgent Care category; nominated by Rachel Hopkins MP
- Complex Care Nurse Becky Bedford was awarded a Cavell Star by the national Cavell Nurses Trust to recognise her work in raising the profile of children needing aerosol generating procedures and getting them back to school.
- Emily Martin and Georgia McNamara, Bedfordshire community nurses were also awarded Cavell Stars after setting up a mental health clinic to help their colleagues during Covid.
- Dr Tamsin Holland-Brown, community paediatrician was awarded a British Empire Medal in The Queen's New Year's Honours List for services to the NHS during Covid-19. Dr Brown was also 'highly commended' in the NICE Shared Learning Awards for the Hear Glue Ear app which is supporting delivery of the NICE ear care pathway.
- Two of our Luton children teams were winners at the BBC Three Counties Radio Awards:
  - Linda Masterson, UNICEF baby friendly co-ordinator - silver in the Social Care Category
  - Luton Children Rapid Response Team - silver in the Health Care Category.

National engagement/recognition

- Dr David Vickers, Medical Director featured in a Times Educational Supplement feature on 'Long Covid: what teachers and pupils need to know'.
- A poster on 'Referrals to a sexual health clinic - are they appropriate?' was presented by Dr Sarah Edwards and Dr Asawari Gupta at the British Association of Sexual Health and HIV conference held on 19 - 21 October.
- Donna Malley, OT Clinical Specialist gave a presentation on Fatigue at the European Resuscitation Council 2020 virtual conference in October 2020
- A Trust case study entitled 'Fast-tracking Digital Innovation' was published in NHS Provider's 'Spotlight on digital innovation during Covid-19' publication
- Two posters were presented by our DynamicHealth Team at Physio 2020 in Birmingham:
  - Functional Rehabilitation Class for South Asian Females (SAF) in Hindi/Urdu: A Service Evaluation Project - P. Jesrani1, T. Saboo1, M. Pearson
  - Neurosurgery virtual clinic presentation - J Van Maurik
- Dynamic Health representatives were invited to Brunel University to present a webinar on "Holistic Exercise Classes to address health disparity in patient care- the South Asian Female Class in Urdu/Hindi".
- NHS England requested case studies on our DynamicHealth digital first/video consultation approach, with a further article written in conjunction with the Musculoskeletal Association of Chartered Physiotherapists and University of Birmingham entitled 'Advanced physiotherapy placement using telehealth during Covid-19.'
- An article featuring epilepsy specialist nurses, Liz Stevens and Mary Hunt describing virtual clinics for their children and families was published in Epilepsy Today.
- The Cambridgeshire occupational therapy team was featured on the College of Occupational Therapists website for the work they did with the communications team to develop digital support for families and children.
- Hayley Walker, Leadership Development lead with Just One Norfolk, presented at the Institute of Health Visiting national conference on 'A Digital Healthy Child Programme'.
- A blog by a Cambridgeshire Family Nurse was published by the Family Nurse Partnership National Unit describing the 'new mums stars' outcome framework, which is part of a national pilot the Trust is engaged in.
- A case study written by a Cambridgeshire Health Visitor was published by the Institute of Health Visiting's 'Making History: Health Visiting during Covid19' publication, describing a family's journey of becoming a parent during lockdown.
- Our JustOneNorfolk.nhs.uk digital platform featured on the Eastern Academic Health Sciences Network website as a spotlight case study.
- A case study on our Luton adult services collaborative models of care was published by NHS Providers as part of their Neighbourhood Integration Project initiative.

Attracting and retaining a quality workforce: Looking forward to 2021/22

We will:

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

3

STRATEGIC OBJECTIVE 3 – Collaborate with other organisations

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

Examples of successful system-wide partnerships include the following.

System-wide response to the Covid-19 Pandemic

- We successfully recruited to and delivered large scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney – NHS staff, volunteers, and colleagues from the military have worked together to enable these centres to play a key role in the delivery of the largest vaccination programme in NHS history
- Staff were redeployed, internally and to partner organisations, to support system-wide responses to the pandemic; examples included mutual aid to the vaccination programme being delivered by Primary Care Networks to and large scale vaccination centres in Bedfordshire Luton and Milton Keynes (overseen by Hertfordshire Community NHS Trust); support for the vaccination of care home residents in Luton; and redeployment of physiotherapy staff to Cambridgeshire and Peterborough NHS Foundation Trust to support the Discharge to Assess pathway.

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

- We remain key partners in the Best Start in Life 5-year strategy to improve life chances of children (pre-birth to 5 years). Our contractual Joint Venture with Cambridgeshire and Peterborough NHS Foundation Trust is a key enabler in this programme. Whilst progress has been slower in the past year due to the pandemic, the Best Start Programme has developed 4 'placed pilots' in Honey Hill, Peterborough, Central & Thistlemore, Peterborough, Wisbech and Cambridge City. This brings together partners from both the statutory and non-statutory sector to agree and implement locally agreed priorities.
- Together with Cambridgeshire and Peterborough NHS Foundation Trust, Centre 33 and Ormiston Families, the Trust is involved in a new Partnership Agreement that brings together mental and emotional health services for children and young people in Cambridgeshire and Peterborough. One aspect to this is the development of Mental Health Support Teams in Schools, and in the past year, the Trust has developed one further team for Peterborough and one for Fenland, to add to the two teams created in 2019/20 in Cambridge and Huntingdon
- Our musculo-skeletal services were among the first in the country to successfully pilot the First Contact Practitioner (FCP) role in a primary care setting as part of a national programme. We now have 15 whole time equivalent FCP roles covering 10 Primary Care Networks to support primary care and improve access for service users.

Bedfordshire, Luton and Milton Keynes Integrated Care System

We continued to work closely as a key member of the Bedfordshire Care Alliance focussing on three areas of delivery in relation to our adult services:

- developing a consistent Discharge to Assess model across Bedfordshire in partnership with East London NHS Foundation Trust and other system partners, to ensure the most effective discharge pathways are in place and people are supported to return home with the appropriate care packages when they are medically fit to do so
- reviewing and redesigning falls services across the multiple providers to ensure a consistent, high quality approach with the aim of reducing the number of hospital admissions relating to falls
- continued delivery of the multi-disciplinary approach to population health which started under the Enhanced Collaborative Models of Care programme in previous years, including consultant-led MDT working. The Trust also signed up to the development of a system wide web based platform (SHREWD) to provide real time data to support operational decision making and help reduce unplanned hospital admissions.

Collaborative working across our Bedfordshire and Luton children and young people's services included:

- community paediatric teams working with parents and professionals from health, social care and education to create a neurodevelopment disorder pathway for early intervention and support for those children who might have developmental problems
- expansion of our Children's Rapid Response Team over the last 12 months since it became the first in the country to introduce direct referrals from NHS 111 for children under five to reduce hospital emergency attendance. Health care professionals across Luton and Bedfordshire can now refer to the service seven days a week.
- health visitors worked with the midwifery teams at Luton and Dunstable Hospital and Bedford Hospital on communication and system-wide working for antenatal and postnatal care of expectant and new mothers
- health and care organisations across the Bedfordshire, Luton and Milton Keynes introduced My Care Record, a new approach to improving care by joining up information so that professionals can access up to date information about the individuals they are caring for.

Norfolk and Waveney System collaboration

- The Norfolk Healthy Child Programme continued to support system wide collaboration and maintained involvement in system initiatives, and as members of both the Strategic Partnership Board and the Norfolk Alliance Board (which will amalgamate to a single Board in April 2021) played a central role in improving outcomes for families.
- The value of Just One Norfolk was widely recognised as a single digital platform for Norfolk bringing great opportunity for continued impactful collaboration, with the team involved in numerous areas of work across the system supporting multiple agendas.
- We are working with the Clinical Commissioning Group, acute Trusts and PROVIDE (Child Health Records Service) to develop a single digitalised process for the management of accident and emergency notifications. If successful this will decrease the risks associated with managing the volume and quality of information currently received as well as providing efficiencies across the system and can be replicated in other Children's services across the Trust.
- We reinstated discussions with Alliance Board members around the possibilities for alignment between the Health Child Programme single point of access and the proposed single point of access for Child and Adolescent Mental Health (CAMH) services as part of the THRIVE delivery model. Just One Norfolk continues to host the digital information for CAMH services and has been promoted as a digital and phone access point for every child and young person waiting for CAMH services intervention.

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

- worked with a private online laboratory service to develop a symptomatic digital testing service across the iCaSH footprint making the service accessible to the whole population we serve;
- in partnership with the Terrence Higgins Trust, provided contraception and sexual health services in Bedfordshire, Norfolk and Suffolk and Milton Keynes;
- continued our redevelopment programme at the North Cambridgeshire Hospital site, although this was temporarily paused in year as a result of the Covid-19 pandemic;
- submitted a planning application on behalf of eleven local NHS and social care partners to modernise services and facilities on the Princess of Wales hospital site in Ely to meet the needs of a growing and ageing population.

Case Study

Children services work hand in hand to launch the *ICON campaign*

Our children's services across Cambridgeshire, Peterborough, Luton and Bedfordshire joined together to launch the ICON campaign this year.

The ICON initiative is a preventative programme, which aims to reduce the potential triggers of Abusive Head Trauma (AHT) in babies by offering vital advice and support to new parents and carers who are struggling to cope with their crying baby.

Through its key messages:

I Infant crying is normal

C Comforting methods can sometimes soothe the baby

O It's OK to walk away

N Never, ever shake a baby

it aims to reduce the number of babies that suffer AHT as a result of being shaken.

Together with our safeguarding team, we produced resources and launched an effective promotional campaign to support parents and carers by helping them to understand that it is normal for babies to cry and that there are some simple steps they can undertake.

The ongoing ICON campaign has been a great success across the Trust. The campaign will continue to evolve and be rolled out across the whole trust making it easier for all services to share the key messages to help parents and carers and reduce the levels of Abusive Head Trauma in babies.

4

STRATEGIC OBJECTIVE 4 – Be a sustainable organisation

Sustainable Development

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

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

Our achievements to date and aspirations for the future will be set out in our Annual Sustainability Report (not subject to audit) which will be published on our public website in Summer 2021.

Business Development

The Trust remained integral to the Bedfordshire Care Alliance and three Local Care Collaboratives (embracing Luton, Central Bedfordshire and Bedford Borough). The Alliance has a clear vision to act as an integrated care provider to improve outcomes for its population and reduce inequalities and has key work-streams to develop its strategy and capacity. It reports to the BLMK Partnership Board and forms a key component of the Integrated Care System.

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

In Norfolk the Trust is a quorate member of the Children and Young People's (CYP) Strategic Partnership Board and the Norfolk Alliance which are mixed commissioner and provider fora. The Alliance Board's core purpose is to act as the leadership vehicle for CYP mental and physical health in Norfolk and Waveney; its short-term focus is on implementation of an integrated delivery model that combines tier 2 and tier 3 mental health services. An Alliance Agreement that sits alongside contracts with commissioners and embracing all provider organisations has been signed; this describes how the parties will collaborate to delivery system outcomes.

The Trust continued to collaborate with Cambridgeshire and Peterborough NHS Foundation Trust – under the umbrella of a Contractual Joint Venture – for the provision of children's mental and physical health services in Cambridgeshire and Peterborough.

As part of the development of an Integrated Care System (ICS) in Cambridgeshire and Peterborough, the Trust commenced work with partners to develop a CYP services Collaborative. This will form part of the ICS system architecture and delivery model.

The Trust has secured the following contract extensions from commissioners:

1. Luton CCG extended the contract for Community Health Services, which includes Luton Borough Council (LBC) Public Health, until March 2023. It should also be noted that LBC has decommissioned Community Dietetic services, valued at £118,000, from May 2021.
2. First Contact Practitioner (FCP) contracts for the provision of musculo-skeletal services to March 2022 have been agreed with Primary Care Networks (PCNs) in Cambridgeshire and Peterborough. These cover 10 PCNs and provide 15 wte FCPs to support primary care.
3. NHS England and NHS Improvement East of England have extended the Provision of Oral Surgery contract by two years, to September 2023.
4. Agreement was reached with Cambridgeshire County Council for a two year extension for the Integrated Sexual Health Service to March 2023.

The Trust's future will be shaped largely by the NHS Long Term Plan and the local 5-year implementation plans submitted by systems in late 2019. The Trust's commitments to these plans are set out in our Strategy 2020-23. In addition, the Trust will participate in tenders to retain and win business within the clearly defined parameters set out in our Strategy 2020-23 whilst cognisant of the Government's intent to 'remove the presumption' of tendering in respect of commissioned health services and the reduction in opportunities this presages.

Tender won during 2020/21

- The Trust won a new contract for children's and young people's Speech and Language Therapy Services in Norfolk and Waveney worth £3.4 million per year. This is a 5 year contract with the potential to extend for a further 5 years and starts on 2 August 2021.

Financial assessment

Despite 2020/21 being another challenging year across the whole of the Health sector, the Trust achieved a breakeven position. The Covid-19 pandemic impacted the Trust's funding and expenditure of its operational services, and in addition to the requirement to continue to deliver public sector services throughout the pandemic, we mobilised and delivered the community Mass Vaccinations programme. 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 has maintained its high level of financial governance, recognised by the Internal Auditors giving an opinion of "reasonable assurance" over the Trust's financial systems, budget control and financial improvement.
- The Trust has a responsibility to pay its suppliers in line with the payment terms agreed at the time of purchase. Failure to do this harms the reputation of the Trust and the wider NHS, as well as damaging supply sources and straining relationships with suppliers.
- The Trust 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 non-NHS payables improved during the year, but there was a decline in relation to NHS payables. The Trust will continue to work to improve its performance against target.

Better Payment Practice Code (30 day target)	2020/21	
	Number	£'000
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	13,236	61,266
Total Non-NHS Trade Invoices Paid Within Target	11,347	55,721
Percentage of Non-NHS Trade Invoices Paid Within Target	85.7%	90.9%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	707	5,366
Total NHS Trade Invoices Paid Within Target	501	4,098
Percentage of NHS Trade Invoices Paid Within Target	70.9%	76.4%

- The Trust's 2020/21 accounts have been externally audited by BDO UK LLP. External audit fees for 2020/21 were agreed as £58,000 excluding VAT (2019/20 fees with Grant Thornton UK LLP £50,800 excluding VAT), where the fee was agreed in a tender process.
- The Trust is a member of the NHS Pension Scheme. The scheme is unfunded with defined benefits. Full details of the treatment of the Trust's Pension Policy can be found in note 8 of the annual accounts. The Remuneration and Staff Report on page (insert page number when designed) shows the salary and pension entitlements of the directors of the Trust.
- There have been no accounting policy changes during 2020/21. Critical accounting judgements and key sources of estimation of uncertainty are shown in note 1.18 and 1.19 of the accounts.
- The Trust has spent £7.82 million in 2020/21 (2019/20 £7.08 million) on items that come within the NHS management costs definition. This represents 5.11% (2019/20 5.19%) 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 Treasury's guidance on setting charges for information.
- So far as the Directors are aware, there is no relevant Audit information of which the auditors are unaware. Directors have taken all of the steps that they ought to have taken in order to make themselves aware of any relevant Audit information, and to establish that the auditors are aware of that information.
- The Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. Although 2021/22 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
  Unit 7 & 8, Meadow Lane, St Ives, PE27 4LG

Our full audited accounts will be available on our website at **www.cambscommunityservices.nhs.uk**

Looking to the future

"The Trust is the Lead Provider for mass vaccinations across both the Cambridgeshire and Peterborough and Norfolk and Waveney systems"

Our objectives for 2021/22 are to:

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

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

Underpinning strategies

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

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

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

Contracts for services

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

Financial outlook

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

Due to the Covid pandemic the financial planning for all NHS organisations has not followed the normal process and timescales for 2021/22. The mechanism of fixed monthly blocks from all main NHS commissioners that was established throughout 2020/21 is continuing for the first half of 2021/22. The Trust has produced a high level plan for this period which delivers a break even position against £84 million income for this half year period.

Guidance confirming the approach to the funding regime for the second half of 2021/22 is expected later in the first half of the financial year.

The Trust is the Lead Provider for mass vaccinations across both the Cambridgeshire and Peterborough and Norfolk and Waveney systems. The existing planned programme sees forecast costs and income of around £14 million in the first five months of 2021/22 based on current national assumptions and modelling. The pace of the rollout and key dependencies does mean that the current plan is subject to change, but the Trust has the flexibility in its delivery model to effectively manage this.

The Trust's service portfolio for 2021/22 will see some in year changes with the School Age Immunisation Service transferring out from the Trust from 1 September 2021. In year this is a reduction of £1.98 million and recurrently £3.39 million. On 2 August 2021 the Norfolk Speech and Language Therapy service will transfer to the Trust generating £2.43 million income in year and £3.46 million recurrently. In addition, expansion of the Mental Health Support Teams in Cambridgeshire and Peterborough will generate £100,000 income in 2021/22 and £500,000 recurrently thereafter.

The Trust has a capital plan of £3.2 million for 2021/22, which includes development of the North Cambridgeshire Hospital site, the refurbishment of a new site for the Suffolk Dental service and backlog maintenance on other sites.

Signed:

Matthew Winn
Chief Executive

21 July 2021

Accountability Report

Corporate Governance Report

Directors' Report 2020/21

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 57), together with information on membership of the Trust's Board and its sub-committees.

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

Compliance statement

A register of directors' interests for the Trust is maintained and is available on our website or on request by contacting our Company Secretary on 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 Accountable Officer's Responsibilities

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

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

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

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

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

Signed:

Matthew Winn
Chief Executive

21 July 2021

Statement of Directors' Responsibilities In Respect of The Accounts

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

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

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

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

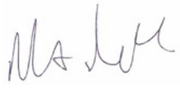
By order of the Board

Signed:

Matthew Winn
Chief Executive

21 July 2021

Signed:



Mark Robbins
Director of Finance and Resources

21 July 2021

Case Study

#FreeToFeed

celebrates its first anniversary

In a year like no other, we celebrated the first year anniversary of our #FreeToFeed campaign which encourages breastfeeding in public places, anytime, anywhere.

Whilst the Covid-19 restrictions reduced the opportunities for mums to get out and about in the community, we invited those who had previously been engaged in this campaign and new mums who have joined this year, to film themselves sharing messages of their breast-feeding journey 'one year on'. A virtual tea party was organised to celebrate the success of the campaign to date with one mum joining us from Dubai where she now lives!

#FreetoFeed highlights the importance of co-producing promotional materials with the local people, and we can't thank enough the mums and babies who helped us create videos, stickers and posters. The results speak for themselves with breast feeding rates rising and over 120 businesses (including Whipsnade Zoo in Bedfordshire and Luton Airport) signed up to display these in their premises and welcome breastfeeding mothers to their venues.

Hear from Bedfordshire and Luton mums how the campaign has helped them be more confident breastfeeding in public here: https://vimeo.com/444857399

For further information visit: cambscommunityservices.nhs.uk/FreeToFeed

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. The Board of Directors (the Board) is responsible for risk management and internal control. This includes risk management, counter-fraud and bribery, external audit, internal audit and internal financial control.

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

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

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

The purpose of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The 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 2021 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. The Trust was also rated the best NHS Provider in England for supporting staff to 'speak up' to raise any concerns for two consecutive years. These accolades reflect the fantastic staff in our organisation and the positive culture across the Trust.

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

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

The Trust was rated Outstanding in the following domains:

Well-Led:

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

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.

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

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

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

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

As part of the Trust's commitment to continuous improvement, the Trust continues to implement 'Our Quality Way'; a framework for the Trust's approach to quality governance. Our Quality Way is based on the 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 and clinical strategy and other Trust-wide clinical governance arrangements, are overseen by the Quality Improvement and Safety Committee. The following key areas underpin the Trust's clinical governance framework:

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

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

The CQC's full 2019 inspection report can be found here:
https://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; and
- effectively managing relationships with key stakeholders.

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

Trust Board

The Board comprises of the Chair, a Senior Independent Director and five other independent members (Non-Executive Director), the Chief Executive and four Executive Directors. Mary Elford joined the Trust on 1st April 2020 as our new Chair. Mary was also the Vice Chair and Non Executive Director of East London NHS Foundation Trust until October 2020 and hence a potential conflict of interest has been included within our Board Members Register of Interests for this period, which is available on the Trust's public website (www.cambscommunityservices.nhs.uk)

During 2020/21 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 in 2020/21 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 76) of this Governance Statement sets out attendance levels by each director, for all Trust Board sub-committee meetings.

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

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

Board Development Programme

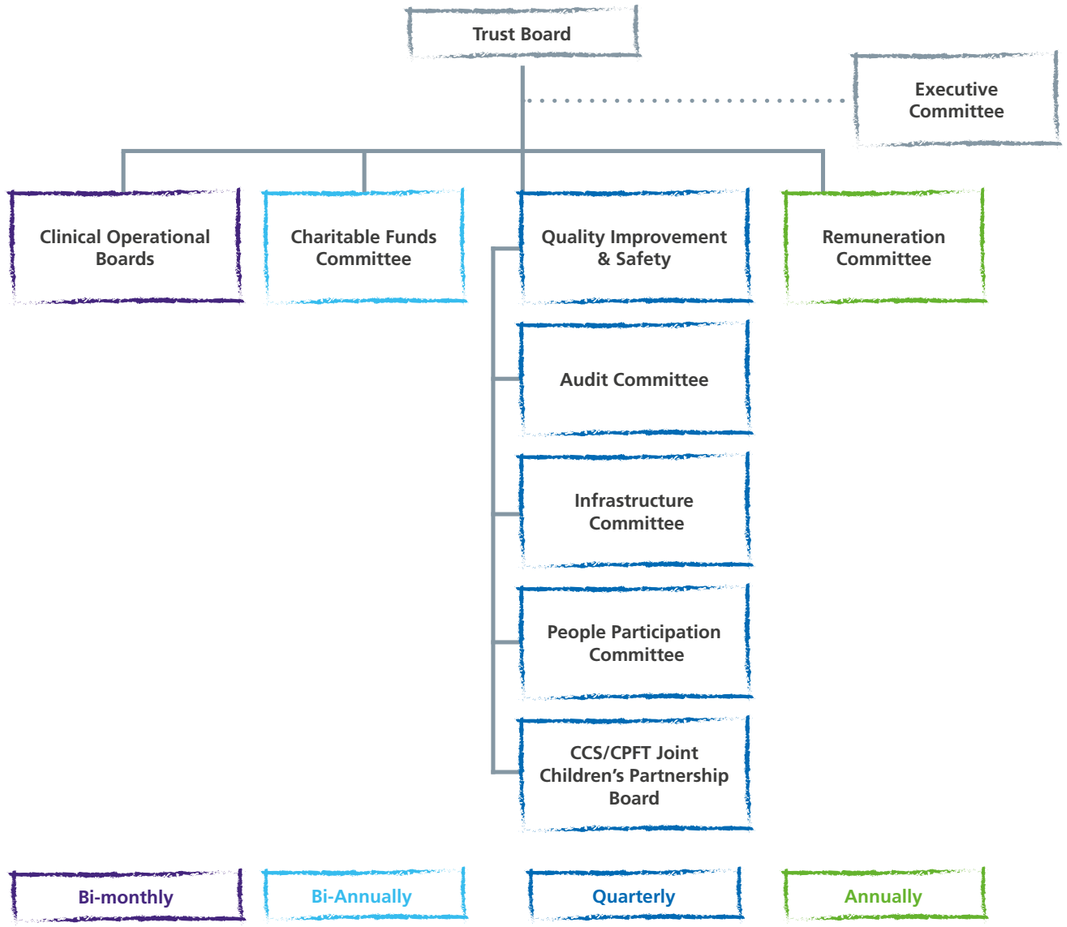
The Board Development Programme for 2020/21 covered the following areas:

Theme	Areas of focus
Patient experience and engagement	• Integrated Care System • Digital Transformation Strategy • BLMK ICS Digital Strategy
Staff experience and engagement	• Feedback from our BAME staff • Black lives Matter feedback • Equality, Diversity & Inclusion – discussion with our BAME Network chair
Strategic issues	• Team Development session • Impact of Covid-19 Pandemic on Strategy • Integrated Governance Assurance Framework • Governance Structures and the role of Clinical Operational Boards • Safeguarding – Board Responsibilities • Board Skills and Competency Matrix • Digital Transformation Strategy • BLMK ICS Digital Strategy • ICS Development – BLMK Cambridgeshire & Peterborough • Reducing the burden • Well Led Improvement Priorities • Review of Strategic Risks

The Board has established ten standing sub-committees, all chaired by non-executive directors, which have key roles in relation to the system of governance and an integrated review and analysis of quality, workforce, finance, performance and risks. All Board committees present a report to the Board after every sub-committee meeting, covering key issues and escalation points. Additionally, all Board members have access to papers of all Board committees.

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

The Trust undertook an annual review of the Board and sub-committee terms of reference to improve governance processes within the Trust and created the Mass Vaccination clinical operational Board in March 2021.The revised governance arrangements were approved by the Board in March 2021 and was immediately implemented.



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 2020/21 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 2020/21, the committee met four times. In addition to the above, the committee reviewed all reports from completed internal audit assignments for the 2020/21 work plan, which had been agreed by the committee at the start of the year.

Case Study

Innovative project to help vulnerable elderly people *wins prestigious award*

Our Population Health Management Tool won the Improving Care for Older People Award category of the Health Service Journal Patient Safety Awards recognising its outstanding contribution to healthcare.

Commenting on the award, Pete Reeve, Service Director said:

"It is really a testament to the collaborative approach in the Luton system; colleagues from our Primary Care Networks have been instrumental to making this work.

We know that elderly people who need medical help recover far quicker at home surrounded by their families and we work with our partners to make that possible. This tool helps us to identify those vulnerable elderly people who need our help and put in place care plans to prevent them having to go into hospital unnecessarily."

The HSJ Awards judging panel said:

"This is an excellent example of improving care for older people. This is a truly responsive collaborative partnership approach to supporting older people with clear benefits applied during Covid-19."

Head of internal audit opinion 2020/21

For the 12 months ended 31 March 2021, our head of internal audit opinion 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 following table summarises the outcomes from each internal audit assignment against the four possible options:

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

Assignment	Status / Opinion issued	Actions agreed		
		L	M	H
Data Quality and Quality Accounts (1.20/21)	No assurance · Partial assurance · **Reasonable assurance** · Substantial assurance (- +)	2	3	0
Risk Management (2.20/21)	No assurance · Partial assurance · **Reasonable assurance** · Substantial assurance (- +)	5	4	0
Financial Governance Arrangements (3.20/21)	No assurance · Partial assurance · **Reasonable assurance** · Substantial assurance (- +)	4	0	0
Key Financial Controls	Draft issued	-	-	-
Remote Working and Operational Resilience (4.20/21)	No assurance · Partial assurance · **Reasonable assurance** · Substantial assurance (- +)	3	0	1
Raising Concerns (5.20/21)	No assurance · Partial assurance · **Reasonable assurance** · Substantial assurance (- +)	4	1	0

The Trust's management team has accepted recommendations to implement improvements identified by internal audit 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 ensure that adequate procedures are in place.

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

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

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

Infrastructure Committee

The role of the Infrastructure Committee is to ensure that there are effective structures and systems in place, to support the continuous improvement of the Trust's estate, that our estate is statutorily compliant and that it supports quality services and safeguards high standards of patient care. The committee is also responsible for advising the Board on Trust compliance with health and safety and sustainability requirements and for providing an effective reporting, escalation and engagement route for key groups with estates services to the Trust and commissioners and the corresponding return of information. The committee is also responsible for reviewing the estates risk register including risks identified on the strategic risk register. During 2020/21, the committee met three times.

The issues considered by the committee during the year included:

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

Clinical Operational Boards

In 2020/21 the Trust had the following clinical operational boards in place:

- Adults Services;
- Children and Young People's Services; and
- Mass Vaccination Programme (effective from March 2021).

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

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

The Mass Vaccination clinical operational board met once during 2020/21.

Quality Improvement and Safety Committee

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

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

The committee met three times during 2020/21 and considered a range of themes as illustrated below:

Remuneration Committee

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

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

People Participation Committee

The Committee's purpose is to provide the Board with assurance on the Trust's overall approach to people participation and ensure that there is a culture of continuous, positive improvement driven by engagement with people in the communities we serve; both service users and staff. During 2020/21, the committee met twice.

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 jointly provided by both organisations. The committee met twice during 2020/21.

Charitable Funds Committee

Cambridgeshire Community Services NHS Trust is the corporate trustee for charitable funds. The Board, on behalf of the Trust, is responsible for the effective overall management of charitable funds. The role of the committee is to oversee the management, investment and disbursement of charitable funds, as delegated, within the regulations provided by the Charities Commission and to ensure compliance with the laws governing NHS charitable funds and the wishes of the donors. The committee met once during 2020/21.

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 risk and control framework

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

The system of internal control has been in place in the Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

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

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. The Executive Team reviewed all risks relating to Mass Vaccination Programme on a weekly basis.

The Trust's Board Assurance Framework incorporates a register of the principal risks faced by the Trust in meeting its principal objectives. It provides the Trust with a clear and comprehensive method of describing the organisation's objectives, identifying the main risks to their achievement and the gaps in assurances on which the Board relies. As part of its 5 Well Led Improvement priorities, the Trust continues to work on further strengthening its Board Assurance Framework.

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

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

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

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

The Trust has risk registers that track and monitor clinical risks that are escalated to the Board, via sub-committees, in line with the Trust's escalation framework. Key strategic risks for 2020/21 are shown in the table below.

Risk ID	Strategic Risk Description	Risk Score (As at 31st March 2021)
3156	There is a risk that if there is no additional funding for the staffing costs resulting from the Agenda for Change uplifts, there will be an adverse impact to the quality of the services the Trust provides and therefore its reputation could be affected **	8 (by 31st Dec 2020)
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
3165	There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.	8
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	8
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
3190	There is a risk that health outcomes for service users, patients, children and young people might be negatively impacted by the national requirement to reprioritise our service offer for a number of services identified as 'non-essential'. There are a number of related risks identified at service level that underpin this trust wide risk**	16 (by 22 Oct 2020)
3260	There is a risk that health outcomes for people who use our services are negatively impacted by Covid 19 restrictions due to a second wave of Covid 19.	12
3300	Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination.	12
3323	Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the Mass Vaccination Programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity and political profile of the programme.	12

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

Case Study

Luton MP visits community nursing teams after nominating them for *national award*

Luton South MP, Rachel Hopkins visited our community nursing teams to find out more about us and how we have adapted during the Covid 19 pandemic.

Her visit came after she nominated our adult TB team for the annual Parliamentary Health Awards. Rachel said:

"It was a pleasure to visit the team and hear more about their vital work. I was impressed to see how well they are working in partnership with other organisations such as the town's homeless shelter to keep the people of Luton safe."

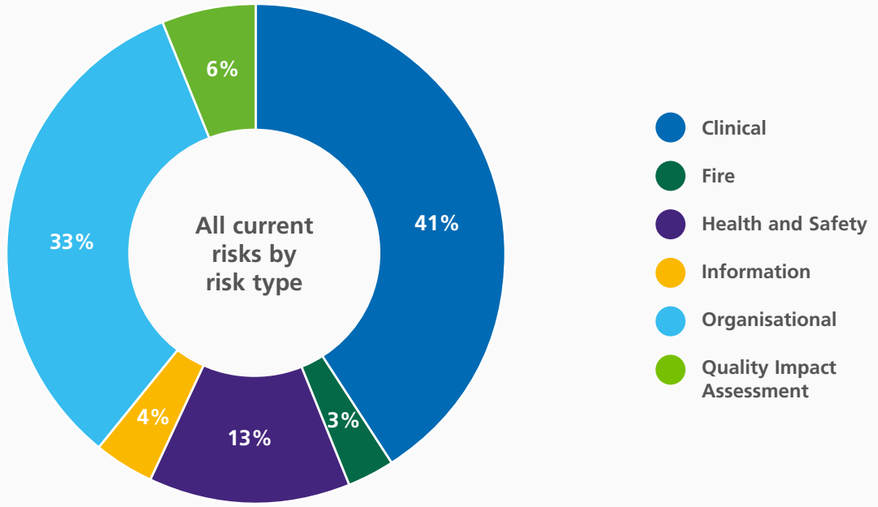
Our work has led to the number of cases of this life-threatening disease being halved in just six years.

Mike McMahon, clinical lead said:

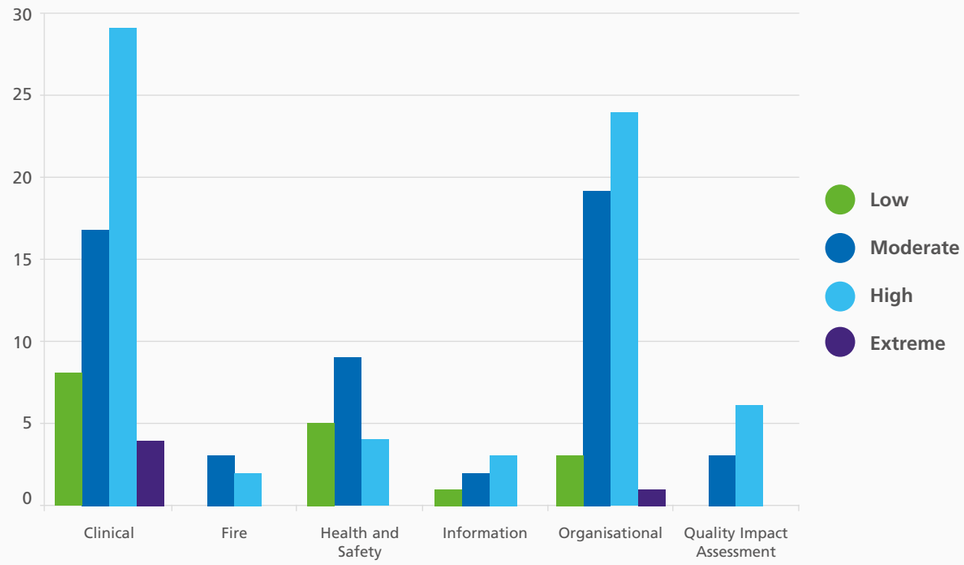
"TB is treatable but there is still so much stigma surrounding it; it's time to talk about it.

"In 2016 we became one of the first community-led services to pilot the national Latent Tuberculosis Infection Screening Programme tracing those people who were at risk of developing the disease in the future. We focus on prevention as much as treatment here at the centre."

As of 31 March 2021, the Trust had 143 open risks. The chart below presents an overview of all open risks.



Risks by Risk Type and Risk Level (current)



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

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

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

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

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

Supporting staff and staff engagement

In 2020/21 staff faced unparalleled challenges as a result of the Covid-19 pandemic and the Trust supported them in a range of ways. We:

- provided a wide range of support for staff including access and signposting to physical and emotional well-being 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 and Covid-19 stepped offer programmes;
- trained and launched a network of Wellbeing guardians;
- continued to supported a network of Freedom to Speak up champions;
- continued to introduce innovative recruitment initiatives in hard to recruit areas;
- successfully transferred staff into the Trust as a result of procurements won and continued to use tailored inductions to meet the needs of new staff;
- supported services and staff transferring out of the Trust, with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward;
- 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, continued to implement action plans based on staff feedback;
- reviewed Trust-wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver high quality service whilst face to face training wasn't possible, through innovative use of Teams and virtual training platforms;
- promoted the benefits of effective appraisals during difficult time;
- continued to provide an appraisal career and personal development planning process;
- offered flexible working and family friendly arrangements, a carer's and special leave policy and a zero tolerance approach to violence in the workplace;
- continued to 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 in of staff, and to consult and negotiate on employment matters;
- continued to offer a confidential line for informal support to staff experiencing bullying or harassment.

Mandatory training

The Trust continued to:

- improve access to e-learning for mandatory training subjects including through a staff telephone helpdesk;
- review and amend our Trust induction based on staff feedback and Trust requirements and completed the roll out of unconscious bias training as part of e-learning to all staff;
- ran virtual trust induction programmes during the pandemic;
- maintained a high level of training compliance during the pandemic, 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's self-service functionality completed and being used by managers to track their teams training compliance;
- starting the roll out of OLM to record all training including 'essential to role' training;
- linking our unconscious bias training programme to ESR so updating of staff training records does not have to be undertaken manually;
- using OLM as one tool to support the large scale vaccination centre workforce with their training.

Attracting and retaining a quality and safe workforce: Looking forward to 2021/22

We will:

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

Declaration of interests

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

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 within 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 2020/21 being another challenging year across the whole of the Health sector, the Trust achieved a breakeven position. The Covid-19 pandemic impacted the Trust's funding and expenditure of its operational services, and in addition to the requirement to continue to deliver public sector services throughout the pandemic, we mobilised and delivered the community Mass Vaccinations programme. 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 has maintained its high level of financial governance, recognised by the Internal Auditors giving an opinion of "reasonable assurance" over the Trust's financial systems, budget control and financial improvement.
- The Trust has a responsibility to pay its suppliers in line with the payment terms agreed at the time of purchase. Failure to do this harms the reputation of the Trust and the wider NHS, as well as damaging supply sources and straining relationships with suppliers.
- The Trust 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 non-NHS payables improved during the year, but there was a decline in relation to NHS payables. The Trust will continue to work to improve its performance against target.

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

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

Our achievements to date and aspirations for the future will be set out in our Annual Sustainability Report (not subject to audit) which will be published on our public website in Summer 2021.

Case Study

Pulmonary rehab programme *moves online* in Luton

Patients with a chronic respiratory condition in Luton continued to receive the support they needed over the internet during the coronavirus pandemic.

In order to deliver the programme remotely, socially distanced exercise videos were prepared for online use by our community respiratory team in Luton together with physio, occupational and exercise therapists. Guest speakers from Total Wellbeing Luton, smoking cessation, improved access to psychological therapies, and other local support groups, contribute to the learning, too.

A seven-week programme teaches and supports patients to manage their condition at home.

Thanks to the programme, one of the first patients to participate saw a big improvement in his health, including weight loss, improved breathing and the ability to walk further – which means plenty of fresh air at a near-by green space. He is even able to return to work as a handyperson.

Hayley Bradshaw, Community Respiratory Clinical Nurse Specialist, said:

"Before people join the programme a nurse assesses patients by telephone, video consultation or in clinic. Equipment for assessments is dropped off at patients' homes with strict social distancing in place.

Patients like the convenience of exercising at home and like the level of support given. Other family members often get involved and they are all getting fitter together."

Information Governance

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

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

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

The Data Protection and Security Toolkit is designed to test compliance with the National Data Guardian's 10 data security standards. We submitted to NHS Digital our baseline assessment on 10 February 2021 with the intention to publish the full assessment ahead of the 30 June 2021 deadline showing all standards being met as assessed by the algorithm used by NHS Digital.

During 2020/21, three data breach incidents were reported to the Information Commissioner. Two resulted in confirmation from the Commissioner that it would take no further action. At the time of writing this report, the Trust is awaiting a response from the Commissioner for the remaining notification.

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

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 2020/21 are as follows:

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

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

Significant Issues

There were no significant issues identified during 2020/21

Conclusion

There has been no evidence presented to myself or the Board to suggest that at any time during 2020/21, 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

21 July 2021

"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."

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

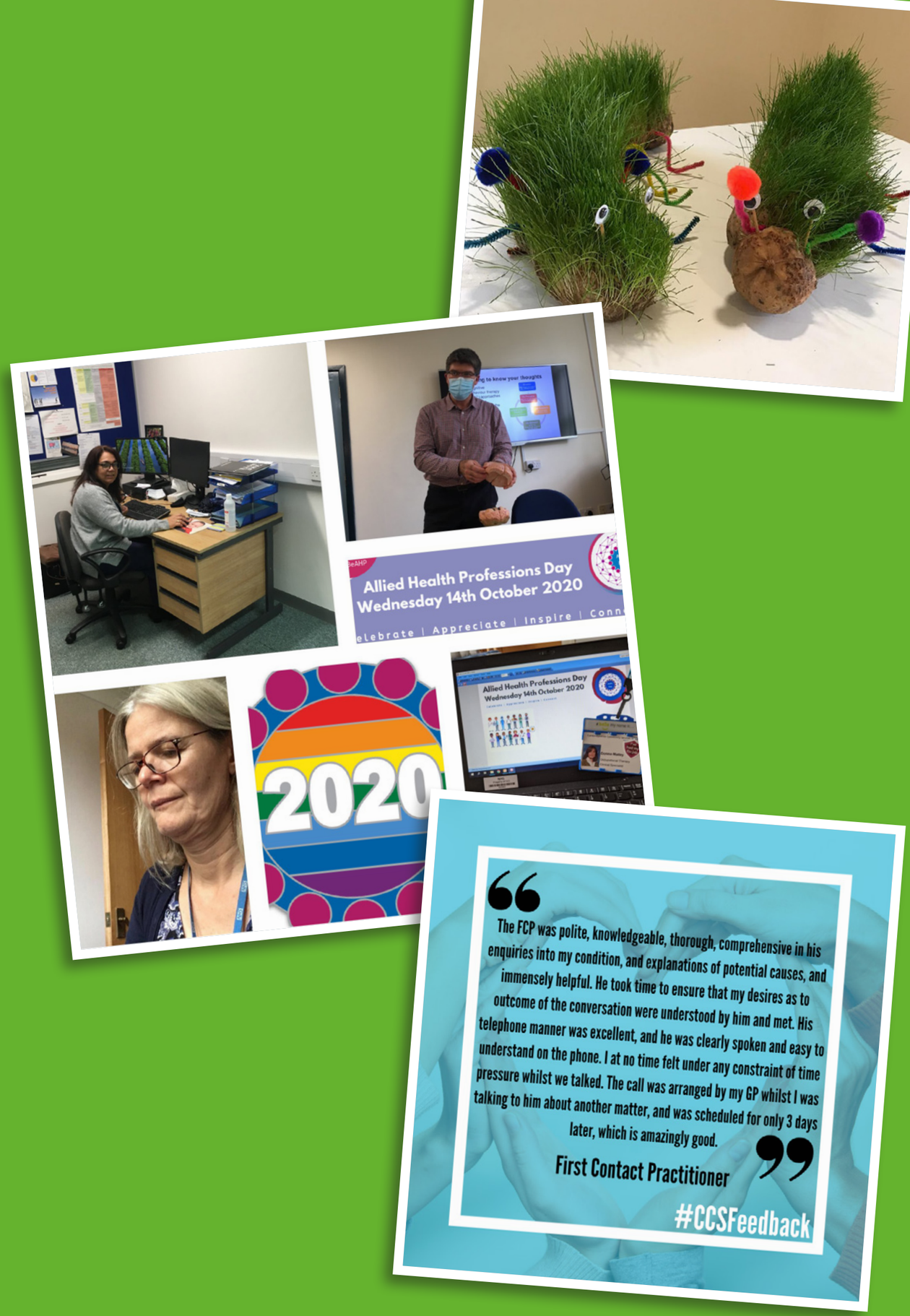
The table below sets out the number of meetings attended by each Board member during 2020/21. Where membership of Board sub-committees changed in year, these are reflected in the attendance levels shown below indicating that individuals may not have been members of sub-committees for the full year, or where directors attended meetings on an ad hoc basis as 'ex officio' members.

Name and Position	Board Meetings	CCS/CPFT Joint Children's Partnership	Audit Committee	Quality Improvement & Safety Committee	Remuneration Committee	Charitable Funds Committee	Infrastructure Committee	Adults Clinical Operational Board	Children's Clinical Operational Board	Mass Vaccination Programme Clinical Operational Board	People Participation Committee
Mary Elford (Chair)	6(6)		4(4)*	2(3)*	2(2)	1(1)		5(6)*	5(6)*	1(1)*	2(2)
Dr Anne McConville (NED)	6(6)			3(3)	2(2)				6(6)	1(1)	
Geoff Lambert (NED)	6(6)		4(4)		2(2)			6(6)			
Oliver Judges (NED)	5(6)		4(4)				2(3)		6(6)		
Judith Glashen (Associate NED)	3(6)										
Anna Gill NED	6(6)	2(2)		3(3)					6(6)		2(2)
Gary Tubb (NED)	6(6)			2(3)		1(1)	3(3)	6(6)			
Fazilet Hadi (NED)	6(6)		3(4)					6(6)		1(1)	2(2)
Matthew Winn (Chief Executive) ***(seconded from 11 Jan-31 Mar 2021)***	4(4)				2(2)						
Anita Pisani (Deputy Chief Executive and Director of Workforce) ***(Chief Executive from 11 January -31 March 2021)***	6(6)	2(2)		3(3)	1(2)	0(1)			5(6)		2(2)
Dr David Vickers (Medical Director)	6(6)	1(2)		3(3)				6(6)		1(1)	
Mark Robbins (Director of Finance and Resources)	6(6)		4(4)			1(1)	3(3)	6(6)			
Julia Curtis (Chief Nurse) ***(resigned 16 Oct 2020)***	3(3)	1(1)		2(2)					3(3)		1(1)
Kate Howard (Chief Nurse) ***(effective from 19 Oct 2020)***	3(3)	1(1)		1(1)					3(3)	1(1)	0(1)
Rachel Hawkins (Director of Governance & Service Redesign) ***(Deputy Chief Executive from 11 January -31 March 2021)***	6(6)		4(4)				3(3)			1(1)	
Anne Foley (Director for Workforce, Business Development & Transitions) ***(effective from 11 Jan-31 Mar 2021)***	1(2)										

*Figures in brackets show total number of meetings members could have attended in year. * denotes 'in attendance'. Mary Elford was in attendance in some subcommittees, as this was her first year in role and all work was undertaken virtually with no ability for her to visit services and staff face to face. This was unique due to the impact of the pandemic and altered from April 2021 onwards*

Names	Title	Sub Committee Members (* Indicates Chairs of that committee)
Mary Elford (Chair)	Chair	Charitable Funds Committee; Remuneration Committee; People Participation
Dr Anne McConville	Non-Executive Director	Children & Young People's Clinical Operational Board; Quality Improvement & Safety Committee*; Remuneration Committee, Mass Vaccination Programme Clinical Operational Board*
Geoff Lambert	Non-Executive Director	Audit Committee*; Charitable Funds 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*; Mass Vaccination Clinical Operational Board
Anna Gill	Non-Executive Director	Children & Young People's Clinical Operational Board*; Quality Improvement & Safety Committee; People Participation Committee; CCS/CPFT Joint Children's Partnership Board*
Judith Glashen ***(until 31st December 2020)***	Associate Non-Executive Director	No committee assignments.
Matthew Winn	Chief Executive	No committee assignments.
Anita Pisani	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
Dr David Vickers	Medical Director	Adults Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children's Partnership Board; Mass Vaccination Programme Clinical Operational Board
Mark Robbins	Director of Finance and Resources	Charitable Funds Committee; Infrastructure; Adults Clinical Operational Board; Audit Committee
Julia Curtis ***(resigned 16th October 2020)***	Chief Nurse	Children & Young People's Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children's Partnership Board; People Participation Committee
Kate Howard ***(effective from 19th October 2020)***	Director of Governance	Children & Young People's Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children's Partnership Board; People Participation Committee; Mass Vaccination Programme Clinical Operational Board
Rachel Hawkins	Director of Governance	Audit Committee; Infrastructure Committee, Mass Vaccination Programme Clinical Operational Board

Remuneration and Staff Report 2020/21



Remuneration and Staff Report 2020/21

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

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

Policy on the remuneration of senior managers

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

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

No remuneration was waived by members and no compensation was paid for loss of office during the financial year ended 31 March 2021. 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 2021 are given in the tables on the following four pages.

Name	Position	Date of contract	Unexpired term (if applicable)	Early termination terms	Notice Period
Matthew Winn	Chief Executive	01/04/2010	N/A	N/A	3 months
David Vickers	Medical Director	01/04/2010	N/A	N/A	3 months
Mark Robbins	Director of Finance & Resources	01/05/2015	N/A	N/A	3 months
Anita Pisani	Director of Workforce and Transformation & Deputy CEO	01/06/2012	N/A	N/A	3 months
Julia Curtis	Chief Nurse	01/04/2018	N/A	N/A	3 months
Kate Howard	Chief Nurse	19/10/2020	N/A	N/A	3 months
Rachel Hawkins	Director of Governance	01/11/2019	N/A	N/A	3 months

Remuneration 2020/21 (subject to audit)

Name	Position	2020/21				
		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	25-30	0	0	0	25-30
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
Judith Glashen	Associate Non Executive Director (to 31st December 2020) ***	0	0	0	0	0
Matthew Winn	Chief Executive *	65-70	0	0	12.5-15	80-85
David Vickers	Medical Director **	135-140	0	0	0	135-140
Mark Robbins	Director of Finance and Resources	110-115	0	0	42.5-45	155-160
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation (to 7th Jan 21)	95-100	0	0	57.5-60	150-155
Anita Pisani	Chief Executive (from 8th Jan 21 to 31st Mar 21)	30-35	0	0	0	30-35
Julia Curtis	Chief Nurse (to 16th October 2020)	55-60	0	0	27.5-30	85-90
Kate Howard	Chief Nurse (from 19th October 2020)	50-55	0	0	0	50-55
Rachel Hawkins	Director of Governance (to 7th Jan 21)	65-70	0	0	17.5-20	80-85
Rachel Hawkins	Deputy Chief Executive & Director of Governance (from 8th Jan 21 to 31st Mar 21)	20-25	0	0	0	20-25
Anne Foley	Director of Workforce & Business Development (from 8th Jan 21 to 31st Mar 21)	20-25	0	0	0	20-25
		2019/20				
Nicola Scrivings	Chair (to 30th November 2019)	10-15	0	0	0	10-15
Oliver Judges	Interim Chair (from 1st December 2019)	5-10	0	0	0	5-10
Anne McConville	Non Executive Director	5-10	0	0	0	5-10
Geoffrey Lambert	Non Executive Director	10-15	0	0	0	10-15
Oliver Judges	Non Executive Director (to 30th November 2019)	5-10	0	0	0	5-10
Gary Tubb	Non Executive Director	5-10	0	0	0	5-10
Anna Gill	Non Executive Director	5-10	0	0	0	5-10
Fazilet Hadi	Non Executive Director (from 1st June 2019)	5-10	0	0	0	5-10
Judith Glashen	Associate Non Executive Director ***	0	0	0	0	0
Matthew Winn	Chief Executive *	85-90	0	0	27.5-30	115-120
David Vickers	Medical Director **	115-120	0	5-10	0	125-130
Mark Robbins	Director of Finance and Resources	105-110	0	0	95-97.5	200-205
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	115-120	0	0	30-32.5	150-155
Julia Curtis	Chief Nurse	100-105	0	0	117.5-120	220-225
Gillian Thomas	Director of Governance (to 31st October 2019)	30-35	0	0	0	30-35
Rachel Hawkins	Director of Governance (from 1st November 2019)	30-35	0	0	30-32.5	65-70

** Matthew Winn is seconded 2 days per week to NHSE from 1st April 2020 and 5 days per week from 7th January 2021 to 31st March 2021. His salary represents the hours worked with the Trust during this period.*
*** David Vickers is employed as both a paediatric consultant and medical director at the Trust. His "salary" includes his role as a paediatric consultant (£135,000 - £140,000).*
**** Judith Glashen receives £0 remuneration for her Associate Non Executive Director role.*

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

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

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

The mid-point of the banded remuneration of the highest paid director in Cambridgeshire Community Services NHS Trust in the financial year 2020/21 was £147,500 (2019/20 comparator £147,500). This was 4.7 times the median remuneration of the workforce (subject to audit), which was £31,365 (2019/20 comparator was 4.85 times the median remuneration of the workforce which was £30,401). Remuneration ranged from £16,823 to £147,500 (2019/20 comparator £7,263 to £147,500). See the salaries and allowances table on the previous page for details of the highest paid director. The reduction in pay multiple is due to the annual pay award received by the workforce whilst the highest paid directors pay remained the same as the prior year.

The calculation was based on staff employed in substantive and bank contracts as at 31 March 2021, sorted by full time equivalent salary value and then taking the middle employee from this list.

In 2020/21, 2 employees (2019/20 comparator 2 employees) received remuneration in excess of the highest paid director.

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.

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 2021, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2021	1
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

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

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

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021	1
Of which:	
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]	1
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

One engagement was entered into through an agency and was assessed for consistency with IR35 during the year.

The Trust has had one exit packages in 2020/21 (subject to audit) which was a compulsory redundancy.

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					0	0		
£10,000 - £25,000	1	22,103			1	22,103		
£25,001 - £50,000					0	0		
£50,001 - £100,000					0	0		
£100,001 - £150,000					0	0		
£150,001 - £200,000					0	0		
> £200,000					0	0		
Total	**1**	**22,103**	**0**	**0**	**1**	**22,103**	**0**	**0**

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 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
21 July 2021

Pension Benefits - 2020/21 (subject to audit)

Name	Position	2020/21							
		Real Increase in pension at age 60 (bands of £2,500) £'000	Real Increase in lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2021 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2021 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 21 £'000	Cash Equivalent Transfer Value at 1 April 2020 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	2.5-5	0	40-45	80-85	759	703	23	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	45-50	100-105	878	790	56	N/A
Julia Curtis	Chief Nurse	0-2.5	0	25-30	75-80	644	597	29	N/A
Mark Robbins	Director of Finance	2.5-5	0-2.5	40-45	85-90	776	706	43	N/A
Rachel Hawkins	Director of Governance	0-2.5	0	35-40	80-85	718	670	24	N/A

Note: The pensions benefit and related CETV's disclosed in the table above do not allow for a potential future adjustment arising from the McCloud judgement.

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 is 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.

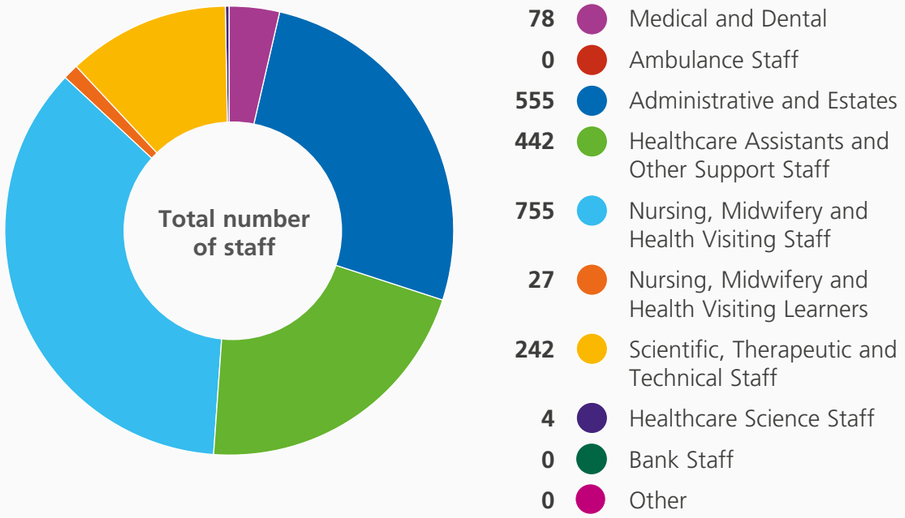
Kate Howard is currently seconded to Cambridgeshire Community Services NHS Trust and therefore her pension contributions are not included above

Staff Report
(subject to audit)

This Staff Report is based on the average number of staff in post throughout 2020/21 i.e. 2103 whole time equivalents, including staff employed within large scale Covid-19 vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney.

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

Average staff numbers by staff group
(total current year)



The following table shows an analysis of the average whole time equivalent staff split between staff groups and permanently employed and other for 2020/21 and 2019/20 for the prior year.

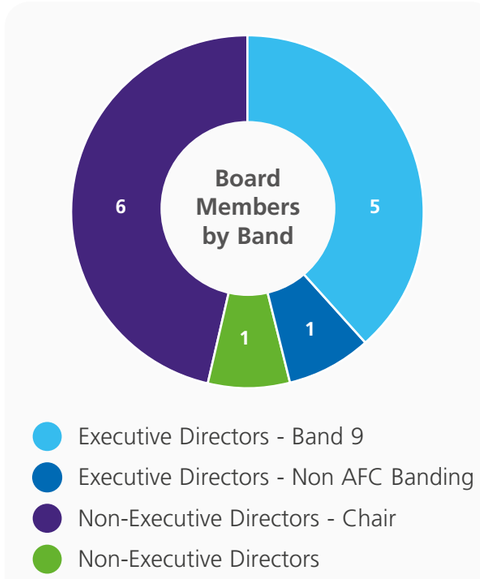
Average Staff Numbers	Total Current Year	Permanently Employed	Other	Total Prior Year	Permanently Employed	Other
Medical and dental	78	67	11	72	61	11
Ambulance staff	0	0	0	0	0	0
Administration and estates	555	517	38	481	459	22
Healthcare assistants and other support staff	442	429	13	413	403	10
Nursing, midwifery and health visiting staff	755	746	9	746	737	9
Nursing, midwifery and health visiting learners	27	4	23	34	3	31
Scientific, therapeutic and technical staff	242	241	1	231	225	6
Healthcare Science staff	4	4	0	6	5	1
Bank staff	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total average numbers	**2,103**	**2,008**	**95**	**1,983**	**1,893**	**90**
Staff engaged on capital projects (included above)	0	0	0	0	0	0

Percentage staff rolling turnover for the 12 month period to the end of March 2021 was 10.59%.

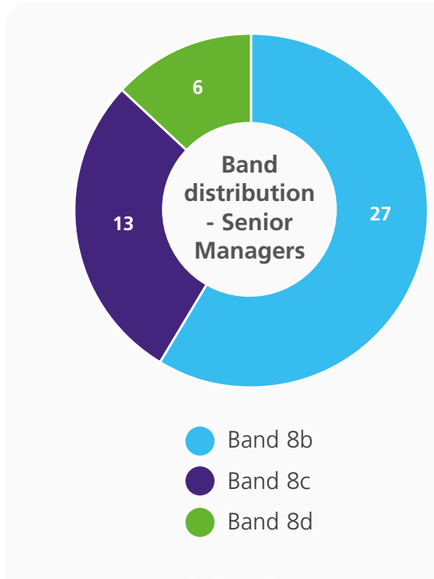
The following table shows an analysis of pay costs for 2020/21 split between permanently employed and other.

Employee Benefits Current Year - Gross Expenditure	2020/21		
	Total £000s	Permanently Employed £000s	Other £000s
Salaries and wages	78,862	72,721	4,141
Social security costs	7,077	7,077	0
Apprenticeship levy	357	357	0
Employer Contributions to NHS BSA - Pensions Division	13,523	13,523	0
Other pension costs	0	0	0
Termination benefits	22	22	0
Total employee benefits	**97,841**	**93,700**	**4,141**

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.



excluding Directors

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.

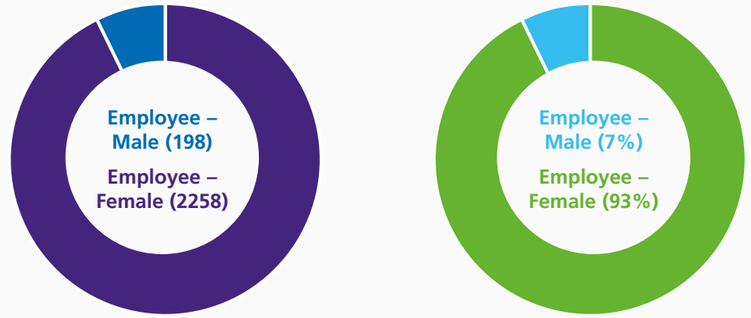
Gender distribution – Directors
(including Executive & Non-Executive Directors)

Gender distribution – Senior Managers
(excluding Directors)

Gender distribution – Employees

Headcount

Percentage of Total Headcount



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

Currently we do not collect data relating to gender reassignment and will be reviewing this issue during 2021/22.

Case Study

Local schoolboy *wins rap competition* to promote ChatHealth

Budding young rap artist Jayden from Luton won our competition to create a rap encouraging young people to contact our ChatHealth anonymous texting service.

Offered by the local school nursing team, ChatHealth enables 11-19 year olds to access confidential health advice.

Jayden's rap was so good, ITV Anglia visited his school, Challney High School for Boys, to film with Jayden, his teacher Nadia Ruiters and Kirsty, and the national Chathealth team commended it as an example of good practice and uses it in their own publicity materials.

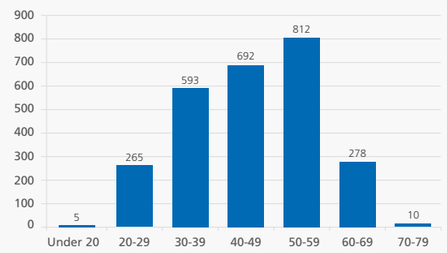
Watch Jayden's rap here: vimeo.com/521759717/2f2f4515f1

ChatHealth

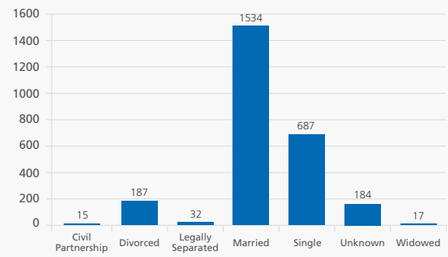
Kirsty Younger, School Nurse said:

"Over the past year it has been really difficult for young people within our local community. Jayden's fantastic rap will hopefully encourage young people to access the service as they will be able to relate to the message delivered within it"

Age of staff

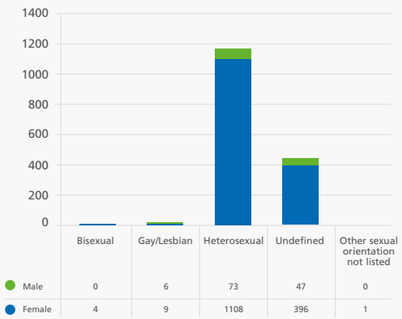


Marriage & Civil Partnership



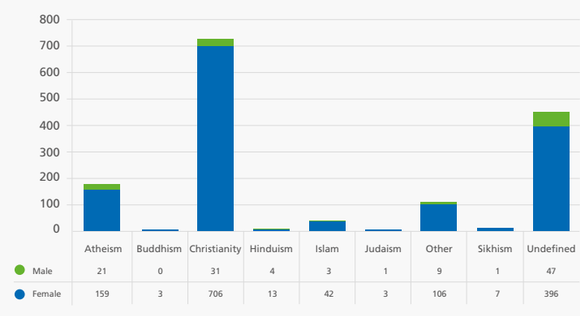
Sexual Orientation/ LGBT by Gender

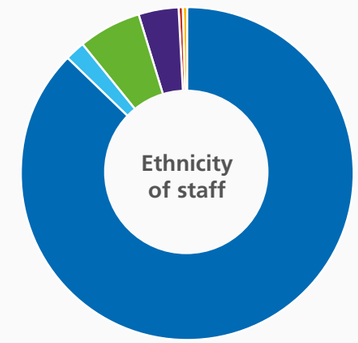
Does not include staff who did not wish to disclose



Religion and Belief by Gender

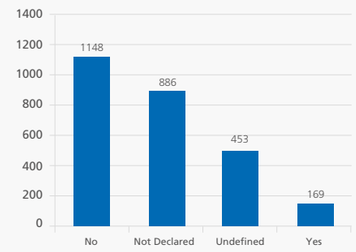
Does not include staff who did not wish to disclose



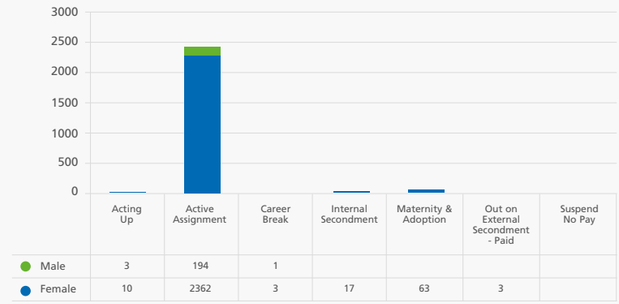


2191	White (British, Irish, Any other White background)
47	Mixed (White & Black Caribbean, White & Asian, Any other mixed)
152	Asian or Asian British (Indian, Pakistani, Bangladeshi, Any other Asian)
104	Black or Black British (Caribbean, African, Any other Black)
7	Any Other Ethnic Group
7	Chinese
1	Filipino
1	Malaysian

Disability



Assignment Status by gender



Health and wellbeing and sickness absence reduction

Live Life Well

The Trust's comprehensive Live Life Well Programme has continued to support staff to achieve a healthy work life balance, including through:

- personalised approaches to managing all staff matters, creating a 'People first ' culture;
- continued promotion of support available to staff including during the coronavirus (COVID-19) pandemic; as well as the rapid access to MSK service, union representatives, occupational health and our confidential counselling services;
- supporting staff with their financial wellbeing through a partnership with Neyber, a financial service provider; and to trade union members via their unions;
- promotion of the wellbeing value of good team working, two way communication and taking a break;
- incorporate input from experts into our mental wellbeing, reliance and mindfulness support and undertaking research into the wider use of mental wellbeing interventions;
- supporting the mental wellbeing of staff including with a Stepped Offer signposting staff to support and advice during the pandemic;
- promotion of the wellbeing effects of volunteering;
- promotion of NHS staff discounts;
- encouragement to participate in the 'flu vaccination programme;
- promotion of key national wellbeing related days/weeks throughout the year;
- working with public health wellbeing providers to offer staff a range of health checks and advice and information within their local area, building on the success of this in Luton;
- resilience training;
- newsletters, intranet pages and communication cascade weekly updates;
- review of our domestic violence policy / support using the expertise in our safeguarding team experts; and
- reminder to staff about access to free eye tests if they use a computer as part of their role.

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

Data category	2016/17	2017/18	2018/19	2019/20	2020/21
Average WTE*	1762.79	1713.34	1970.27	2016.86	2066.44
Average monthly sickness rate	4.67%	4.45%	5.21%	4.96%	4.33%
WTE days lost	30110.73	20794.69	37430	36538.96	32746.13
WTE days available	645,165.81	466,911.36	719,565.55	736,041.20	756,331.74
Cumulative sickness rate - based on yearly totals	4.67%	4.59%	5.20%	4.51%	4.34%

Notes:

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

Figures in the table above have been rounded up/down to the nearest decimal point

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

Staff policies

The Trust aims to ensure that no employee or job applicant receives less 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 work s alongside our Workforce Diversity and Inclusion, Recruitment and Selection, Dignity at Work Policy and Training, Education and Development Policies are central in achieving this aim.

During 2020-21, the Trust continued to receive accreditation to use the Disability Confident Symbol for employers who meet a range of commitments towards disabled people and as a Mindful Employer, which increases awareness of mental health in the workplace.

Consultancy expenditure

Consultancy Service expenditure for 2020/21 was £160,000

Off payroll arrangements

The Trust had two off payroll engagement during 2020/21.

Exit packages

The Trust made one exit package in 2020/21 (subject to audit).

Independent Auditor's Report

to the Directors of Cambridgeshire Community Services NHS Trust

Opinion on financial statements

We have audited the financial statements of Cambridgeshire Community Services NHS Trust (the Trust) for the year ended 31 March 2021, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs), and as interpreted and adapted by the 2020-21 Government Financial Reporting Manual as contained in the Department of Health and Social Care's Group Accounting Manual 2020-21.

In our opinion the financial statements:

- give a true and fair view of the financial position of Cambridgeshire Community Services NHS Trust as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2020-21; and
- have been prepared in accordance with the National Health Service Act 2006.

Basis for opinion on financial statements

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the 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

In auditing the financial statements, we have concluded that the Accountable 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 Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

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

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

We have nothing to report in this regard.

Qualified opinion on information in the Remuneration and Staff Report

We have also audited the information in the Remuneration and Staff Report that is described in that report as being subject to audit.

Except for the matter referred to in the Basis for qualified opinion on information paragraph in the Remuneration and Staff Report paragraph of our report, in our opinion the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Department of Health and Social Care's Group Accounting Manual 2020-21.

Basis for qualified opinion on information in the Remuneration and Staff Report

The Remuneration Report does not include the required pension benefit disclosures for two senior managers who were members of the NHS pension scheme during the year. One was a short term temporary employee for whom the Trust did not request pensions information from NHS Pensions, the administrator of the scheme. The other is a member who retired in 2019 but was subsequently re-employed, for whom contributions have not been made since retirement and so the Trust did not obtain pensions information from the scheme administrator. The Trust has subsequently asked for this information but has been unable to obtain it, and is unable to obtain this information from other sources. This matter results in the information included in the All Pensions benefits column in the Remuneration table for both 2019/20 and 2020/21 years, and all the columns of the Pensions table for 2020/21, being incomplete for the two senior managers in question.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accountable Officer

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

Case Study

All Babies Cry

The '<u>All Babies Cry</u>' initiative was created by our Norfolk Children's Service in partnership with Norfolk families, Norfolk and Waveney Clinical Commissioning Group, Norfolk County Council and Norfolk Constabulary.

The initiative is helping many families with new arrivals during lockdown. Most babies will cry more often from 2 weeks old and cry most when they are around 6 - 8 weeks old. With the added pressure and isolation of lockdown, this is hard to cope with.

'All Babies Cry' focused on normalising crying to reassure new families and give clear simple advice. It also encourages professionals to ask families how they are coping and deliver locally specific training to help colleagues support new parents.

Materials were shared through social media, newsletters and community blogs. A co-produced online resource (**JustOneNorfolk.nhs.uk/AllBabiesCry**) and a parent to parent community online forum (**vimeo.com/526154803**) helped to further support families.

Local family, Ellie and Jack Luther, found the resources so useful they gave a live interview on BBC Radio Norfolk with Chris Robson, Chair of the Norfolk Safeguarding Children Partnership to highlight the campaign to other young families. Ellie and Jack have continued their support by coproducing more materials with the partnership sharing their experience: vimeo.com/567086589

ALL BABIES CRY

Luther family Ellie (left) Baby Isla (centre) Jack (right)

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

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

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

Other matters on which we are required to report by exception

We have nothing to report in respect of the following other matters which the Local Audit and Accountability Act 2014 requires us to report to you if:

- in our opinion the Annual Governance statement does not comply with the guidance issued by NHS Improvement; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014.

Responsibilities of the Directors and the Accountable Officer

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

In preparing the financial statements, the Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

As explained in the Statement of the Chief Executive's responsibilities as the accountable officer of the Trust, the Chief Executive is responsible for ensuring that value for money is achieved from the resources available to the Trust.

Auditor's responsibilities for the audit of the financial statements

In respect of our 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.

Extent to which the audit was capable of detecting irregularities, including fraud

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:

Our procedures included the following:

- inquiring of management, the Trust's head of internal audit, the Trust's local counter fraud specialist and those charged with governance, including obtaining and reviewing supporting

documentation in respect of the Trust's policies and procedures relating to:

- identifying, evaluating 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; and
- the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the Trust's controls relating to Managing Public Money requirements;

- discussing among the engagement team regarding how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, we identified potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals; and
- obtaining an understanding of the Trust's framework of authority as well as other legal and regulatory frameworks that the Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Trust. The key laws and regulations we considered in this context included the National Health Service Act 2006 as amended by the Health and Social Care Act 2012, which requires that each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account.

In addition to the above, our procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit Committee concerning actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Trust Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members including internal specialists and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

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

Auditor's other responsibilities

As set out in the Other matters on which we report by exception section of our report there are certain other matters which we are required to report by exception.

Certificate - delay in completion of the audit

We cannot formally conclude the audit and issue an audit certificate for the Cambridgeshire Community Services NHS Trust for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the Board of Directors of Cambridgeshire Community Services NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014 and as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies published by the National Audit Office in April 2015. 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 Board of Directors of the Trust, as a body, for our audit work, this report, or for the opinions we have formed.

Aphrodite Lefevre

For and on behalf of BDO LLP, Statutory Auditor
Norwich, UK

21 July 2021

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

Case Study

Campaign helps children and young people across Norfolk return to school

To support children and young people with getting back to school after many months of home schooling during the COVID-19 pandemic, we put together a series of resources to support young people, parents and schools.

The 'Return to School 'campaign launched in August 2020 under the banner of the Norfolk Safeguarding Children Partnership with our Norfolk Children's Services as the lead organisation.

The main feature of the campaign was co-produced video which included footage of teachers from Norfolk schools and the voices of young people expressing their concerns and thoughts on going back to school.

Visit here and watch the video:
www.JustOneNorfolk.nhs.uk/return-to-school

The video answered questions and provided reassurance to young people about what going back to school was going to be like, catching up with friends and how their schools will manage social distancing.

The resources were promoted across our social media channels with a reach of over 60,000 feeds on Facebook and generating over 7000 visits to the return to school section on Just One Norfolk.

Annual Accounts

Statement of Comprehensive Income

	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	3	141,389	129,039
Other operating income	4	11,613	7,236
Operating expenses	5	(151,033)	(133,589)
Operating surplus/(deficit) from continuing operations		**1,969**	**2,686**
PDC dividends payable		(1,668)	(1,759)
Surplus / (deficit) for the year		**301**	**927**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	-	(8,697)
Revaluations	11	-	10,158
Total comprehensive income / (expense) for the period		**301**	**2,388**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		301	927
Remove net impairments not scoring to the Departmental expenditure limit		-	934
Remove net impact of inventories received from DHSC group bodies for COVID response		(301)	
Adjusted financial performance surplus / (deficit)		**-**	**1,861**

Statement of Financial Position

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets			
Intangible assets		336	304
Property, plant and equipment	10	56,131	54,284
Total non-current assets		**56,467**	**54,588**
Current assets			
Inventories		342	41
Receivables	12	16,275	13,981
Cash and cash equivalents	13	20,386	12,505
Total current assets		**37,003**	**26,527**
Current liabilities			
Trade and other payables	14	(26,086)	(14,087)
Provisions	15	(910)	(622)
Other liabilities		(125)	(251)
Total current liabilities		**(27,121)**	**(14,960)**
Total assets less current liabilities		**66,349**	**66,155**
Non-current liabilities			
Trade and other payables	14	(1,045)	(1,045)
Provisions	15	(968)	(1,264)
Total non-current liabilities		**(2,013)**	**(2,309)**
Total assets employed		**64,336**	**63,846**
Financed by			
Public dividend capital		2,434	2,245
Revaluation reserve		19,299	19,299
Other reserves		(1,653)	(1,653)
Income and expenditure reserve		44,256	43,955
Total taxpayers' equity		**64,336**	**63,846**

The notes on pages 9 to 38 form part of these accounts.

Signed:

Name Matthew Winn
Position Chief Executive
Date 21 July 2021

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**2,245**	**19,299**	**(1,653)**	**43,955**	**63,846**
Surplus/(deficit) for the year	-	-	-	301	**301**
Public dividend capital received	189	-	-	-	**189**
Taxpayers' and others' equity at 31 March 2021	**2,434**	**19,299**	**(1,653)**	**44,256**	**64,336**

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

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

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 aquired 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

	Note	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus / (deficit)		1,969	2,686
Non-cash income and expense:			
Depreciation and amortisation	10	3,190	2,906
Net impairments	6	-	934
(Increase) / decrease in receivables and other assets	12	(2,205)	817
(Increase) / decrease in inventories		(301)	-
Increase / (decrease) in payables and other liabilities	14	11,873	(868)
Increase / (decrease) in provisions	15	(8)	128
Net cash flows from / (used in) operating activities		**14,518**	**6,603**
Cash flows from investing activities			
Purchase of intangible assets		(109)	(250)
Purchase of PPE and investment property		(4,960)	(3,618)
Net cash flows from / (used in) investing activities		**(5,069)**	**(3,868)**
Cash flows from financing activities			
Public dividend capital received		189	-
PDC dividend (paid) / refunded		(1,757)	(1,776)
Net cash flows from / (used in) financing activities		**(1,568)**	**(1,776)**
Increase / (decrease) in cash and cash equivalents		**7,881**	**959**
Cash and cash equivalents at 1 April - brought forward		**12,505**	**11,546**
Cash and cash equivalents at 31 March	13	**20,386**	**12,505**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The DHSC has directed that the financial statements of the Trust shall meet the accounting requirements of the DHSC Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by DHSC. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

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

Since establishment on 1st April 2010 the Trust has consistently delivered its control total and a surplus position.

The Trust has agreed contracts for provision of services for 21/22, which cover circa 95% of its income and are block contracts which give certainty over income levels. In addition circa £50m of income relates to contracts which have a contract term greater than 1 year, which gives certainty of income post 21/22.

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

The Trust received an outstanding rating from the CQC in August 2019 and maintained good scores in performance metrics such as the NHS single oversight framework. Both internal and external audit opinions provide further assurance of the Trust's position as a going concern.

The Trust has assessed the impact of Covid-19 and does not believe this will have a material impact or uncertainty on income during 21/22. Block contract income has been guaranteed for the first 6 months of the year and the Trust is commissioned on a block contract basis in its normal course of business, which it expects to revert to after this time.

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

Note 1.3 Revenue from contracts with customers

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

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

Note 1.4 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

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

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

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

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

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

Depreciation

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

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

Useful lives of property, plant and equipment

shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	17	33
Plant & machinery	10	10
Transport equipment	5	5
Information technology	5	5
Furniture & fittings	5	10

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

Note 1.8 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Note 1.9 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).

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

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

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

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

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as a lessee

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

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

The trust as a lessor

Operating leases

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

Note 1.11 Provisions

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

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 16.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

Note 1.12 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 DHSC.

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 DHSC (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 2020/21.

Note 1.15 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases
IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust had completed an exercise to quantify the impact on 1st April 20, but the Trust is expecting potential changes to its portfolio of estate and value during 21/22. The impact of these changes are currently unknown meaning it is unable to assess the impact on the amended implementation date of 1st April 22, so is not disclosing a quantification of the expected future impact of IFRS16 in its 2020/21 accounts.

Note 1.16 Critical judgements in applying accounting policies
The need for the application of management judgement within the Trust's accounts is limited by the nature of its transactions. 65% of the Trust's expenditure is in relation to staff costs that are paid in the month the costs are incurred.

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

Note 1.17 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 2020/21 irrespective of whether cash or its equivalent has been paid.

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

Asset valuation, Asset lives, impairment and depreciation methodology

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

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 2020-21 the Trust has five Divisions which are Ambulatory Care Services, providing a diverse range of primary care services including sexual health, musculoskeletal services, Dental and outpatients, Bedfordshire Community Unit providing Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Bedfordshire), Luton Community Unit, providing a range of community nursing, therapy and hospital based services for both Adults and Children throughout Luton, Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Cambridgeshire) and Other Services which includes Corporate Costs, Contracted income and other indirect costs. The Trust's operating segments reflect the services that it provides across Bedfordshire, Cambridgeshire, Luton, Suffolk and Norfolk. Expenditure is reported to the Board on a regular basis by Division.

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

2020/21	**Income**	**Pay**	**Non-Pay**	**Net Total**
Division Level	**£'000**	**£'000**	**£'000**	**£'000**
Ambulatory Care Services	1,375	(19,721)	(9,375)	(27,721)
Bedfordshire Community Unit	1,419	(13,704)	(2,160)	(14,445)
Childrens & Younger Peoples Services	2,327	(29,437)	(2,657)	(29,767)
Luton Community Unit	2,017	(19,253)	(3,376)	(20,612)
Other Services	141,765	(11,627)	(37,292)	92,846
*6.3% additional pension contributions paid by NHSE on providers behalf	4,099		(4,099)	-
CCS Total 2020/21	**153,002**	**(93,742)**	**(58,959)**	**301**

2019/20	**Income**	**Pay**	**Non-Pay**	**Net Total**
Division Level	**£'000**	**£'000**	**£'000**	**£'000**
Ambulatory Care Services	1,984	(17,947)	(10,297)	(26,260)
Bedfordshire Community Unit	1,035	(11,998)	(2,417)	(13,380)
Childrens & Younger Peoples Services	2,651	(28,278)	(3,618)	(29,245)
Luton Community Unit	1,661	(18,347)	(3,689)	(20,375)
Other Services	125,154	(8,420)	(26,547)	90,187
*6.3% additional pension contributions paid by NHSE on providers behalf	3,790		(3,790)	-
CCS Total 2019/20	**136,275**	**(84,990)**	**(50,358)**	**927**

	2020-21	**2019-20**
	£000	**£000**
Revenue from patient care activities	141,389	129,039
Other operating revenue	11,613	7,236
Operating expenses	(151,033)	(133,589)
Operating surplus	**1,969**	**2,686**
Public dividend capital dividends payable	(1,668)	(1,759)
Retained Surplus for the financial year	**301**	**927**
Remove net impairments not scoring to the Departmental Expenditure Limit		934
Remove net impact of inventories received from DHSC group bodies for COVID response	(301)	
Adjusted financial performance surplus/(deficit)	**-**	**1,861**

Note 3 Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)	**2020/21**	**2019/20**
	£000	**£000**
High cost drugs income from commissioners (excluding pass-through costs)	5,644	7,896
Community services		
Block contract / system envelope income*	53,845	41,975
Income from other sources (e.g. local authorities)	72,166	70,530
All services		
Private patient income	169	159
Additional pension contribution central funding**	4,099	3,790
Other clinical income	5,466	4,689
Total income from activities	**141,389**	**129,039**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**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)

	2020/21	**2019/20**
Income from patient care activities received from:	**£000**	**£000**
NHS England	18,413	14,961
Clinical commissioning groups	45,176	38,700
Department of Health and Social Care	75	1,622
Other NHS providers	20,165	18,488
NHS other	112	1,989
Local authorities	51,813	48,431
Non-NHS: private patients	169	159
Injury cost recovery scheme	2	6
Non NHS: other	5,464	4,683
Total income from activities	**141,389**	**129,039**
Of which:		
Related to continuing operations	141,389	129,039

Note 4 Other operating income

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	25	-	**25**	-	-	**-**
Education and training	2,695	-	**2,695**	244	-	**244**
Provider sustainability fund (2019/20 only)			**-**	1,618		**1,618**
Reimbursement and top up funding	2,660		**2,660**			**-**
Income in respect of employee benefits accounted on a gross basis	29		**29**	50		**50**
Charitable and other contributions to expenditure		986	**986**		22	**22**
Rental revenue from operating leases		4,388	**4,388**		4,408	**4,408**
Other income	830	-	**830**	894	-	**894**
Total other operating income	**6,239**	**5,374**	**11,613**	**2,806**	**4,430**	**7,236**
Of which:						
Related to continuing operations			11,613			7,236
Related to discontinued operations			-			-

Note 5.1 Operating expenses

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,352	3,103
Purchase of healthcare from non-NHS and non-DHSC bodies	4,750	5,599
Staff and executive directors costs	97,841	88,781
Remuneration of non-executive directors	107	74
Supplies and services - clinical (excluding drugs costs)	6,116	1,898
Supplies and services - general	5,825	2,335
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	6,314	8,626
Consultancy costs	160	588
Establishment	4,188	1,820
Premises	12,581	9,419
Transport (including patient travel)	1,093	2,313
Depreciation on property, plant and equipment	3,113	2,843
Amortisation on intangible assets	77	63
Net impairments	-	934
Movement in credit loss allowance: contract receivables / contract assets	(8)	12
Change in provisions discount rate(s)	41	-
Audit fees payable to the external auditor		
audit services- statutory audit	60	51
Internal audit costs	76	65
Clinical negligence	483	384
Education and training	551	509
Rentals under operating leases	4,486	3,694
Other	827	478
Total	**151,033**	**133,589**
Of which:		
Related to continuing operations	151,033	133,589

In respect of statutory audit of the financial statements for the year ended 31 March 2021, the Trust's auditor BDO have been paid £58,000 (excl. VAT)

The Trust is compliant with the Public Contract Regulations 2015

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2019/20: £5 million).

Note 6 Impairment of assets

	2020/21	2019/20
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Other	-	934
Total net impairments charged to operating surplus / deficit	**-**	**934**
Impairments charged to the revaluation reserve	-	8,697
Total net impairments	**-**	**9,631**

Note 7 Employee benefits

	2020/21	2019/20
	Total	Total
	£000	£000
Salaries and wages	72,721	66,143
Social security costs	7,077	6,428
Apprenticeship levy	357	326
Employer's contributions to NHS pensions	13,523	12,467
Termination benefits	22	34
Temporary staff (including agency)	4,141	3,383
Total gross staff costs	**97,841**	**88,781**
Recoveries in respect of seconded staff	-	-
Total staff costs	**97,841**	**88,781**

Note 7.1 Retirements due to ill-health

During 2020/21 there were 2 early retirements from the Trust agreed on the grounds of ill-health (none in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £127k (£0k in 2019/20).

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

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Note 9 Operating leases

Note 9.1 Cambridgeshire Community Services NHS Trust as a lessor

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

	2020/21 £000	2019/20 £000
Operating lease revenue		
Minimum lease receipts	4,388	4,408
Total	**4,388**	**4,408**

	31 March 2021 £000	31 March 2020 £000
Future minimum lease receipts due:		
- not later than one year;	4,405	4,779
- later than one year and not later than five years;	285	284
- later than five years.	118	136
Total	**4,808**	**5,199**

Note 9.2 Cambridgeshire Community Services NHS Trust as a lessee

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

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.

	2020/21 £000	2019/20 £000
Operating lease expense		
Minimum lease payments	4,486	3,694
Total	**4,486**	**3,694**

	31 March 2021 £000	31 March 2020 £000
Future minimum lease payments due:		
- not later than one year;	2,475	3,587
- later than one year and not later than five years;	5,587	6,543
- later than five years.	3,832	5,078
Total	**11,894**	**15,208**
Future minimum sublease payments to be received	-	-

Note 10.1 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Leasehold Improvements	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**11,761**	**36,768**	**6,452**	**1,892**	**1**	**2,765**	**987**	**60,626**
Additions	-	2,164	298	31	-	2,389	78	**4,960**
Valuation/gross cost at 31 March 2021	**11,761**	**38,932**	**6,750**	**1,923**	**1**	**5,154**	**1,065**	**65,586**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**1,230**	**2,018**	**1,103**	**-**	**1,627**	**364**	**6,342**
Provided during the year	-	1,602	694	129	-	586	102	**3,113**
Accumulated depreciation at 31 March 2021	**-**	**2,832**	**2,712**	**1,232**	**-**	**2,213**	**466**	**9,455**
Net book value at 31 March 2021	**11,761**	**36,100**	**4,038**	**691**	**1**	**2,941**	**599**	**56,131**
Net book value at 1 April 2020	**11,761**	**35,538**	**4,434**	**789**	**1**	**1,138**	**623**	**54,284**

Note 10.2 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Leasehold Improvements	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**11,709**	**43,592**	**5,367**	**1,697**	**1**	**2,425**	**827**	**65,618**
Valuation / gross cost at 1 April 2019 - restated	**11,709**	**43,592**	**5,367**	**1,697**	**1**	**2,425**	**827**	**65,618**
Additions	-	1,838	1,085	195	-	340	160	**3,618**
Impairments	-	(8,697)	-	-	-	-	-	**(8,697)**
Revaluations	52	35	-	-	-	-	-	**87**
Valuation/gross cost at 31 March 2020	**11,761**	**36,768**	**6,452**	**1,892**	**1**	**2,765**	**987**	**60,626**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**8,759**	**1,366**	**985**	**-**	**1,245**	**281**	**12,636**
Accumulated depreciation at 1 April 2019 - restated	**-**	**8,759**	**1,366**	**985**	**-**	**1,245**	**281**	**12,636**
Provided during the year	-	1,608	652	118	-	382	83	**2,843**
Impairments	-	934	-	-	-	-	-	**934**
Revaluations	-	(10,071)	-	-	-	-	-	**(10,071)**
Accumulated depreciation at 31 March 2020	**-**	**1,230**	**2,018**	**1,103**	**-**	**1,627**	**364**	**6,342**
Net book value at 31 March 2020	**11,761**	**35,538**	**4,434**	**789**	**1**	**1,138**	**623**	**54,284**
Net book value at 1 April 2019	**11,709**	**34,833**	**4,001**	**712**	**1**	**1,180**	**546**	**52,982**

Note 10.3 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Leasehold Improvements	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021								
Owned - purchased	11,761	36,100	4,038	691	1	2,941	599	**56,131**
NBV total at 31 March 2021	**11,761**	**36,100**	**4,038**	**691**	**1**	**2,941**	**599**	**56,131**

Note 10.4 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Leasehold Improvements	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	11,761	35,538	4,434	789	1	1,138	623	**54,284**
NBV total at 31 March 2020	**11,761**	**35,538**	**4,434**	**789**	**1**	**1,138**	**623**	**54,284**

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 and the effects of Covid-19 has affected the work carried out by the Trusts valuer in a number of ways, which means that there is material uncertainty in these valuations.

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

The valuation of each property was on the basis of fair value, subject to the assumption that all property would be sold as part of the continuing enterprise 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 12.1 Receivables

	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables	14,239	12,473
Allowance for impaired contract receivables / assets	(547)	(555)
Prepayments (non-PFI)	2,130	1,666
PDC dividend receivable	142	53
VAT receivable	311	344
Total current receivables	**16,275**	**13,981**
Of which receivable from NHS and DHSC group bodies:		
Current	4,142	4,195
Non-current	-	-

Note 12.2 Allowances for credit losses

	2020/21	2019/20
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	**555**	**543**
New allowances arising	62	71
Reversals of allowances	(70)	(59)
Allowances as at 31 Mar 2021	**547**	**555**

Note 13.1 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.

	2020/21	2019/20
	£000	£000
At 1 April	**12,505**	**11,546**
Net change in year	7,881	959
At 31 March	**20,386**	**12,505**
Broken down into:		
Cash at commercial banks and in hand	4	3
Cash with the Government Banking Service	20,382	12,502
Total cash and cash equivalents as in SoFP	**20,386**	**12,505**

Note 14.1 Trade and other payables

	2021	2020
	£000	£000
Current		
Trade payables	5,851	7,508
Accruals	19,568	5,883
Other taxes payable	667	696
Total current trade and other payables	**26,086**	**14,087**
Non-current		
Other payables	1,045	1,045
Total non-current trade and other payables	**1,045**	**1,045**
Of which payables from NHS and DHSC group bodies:		
Current	5,756	4,927
Non-current	-	-

Note 15.1 Provisions for liabilities and charges analysis

	Other	Total
	£000	£000
At 1 April 2020	**1,886**	**1,886**
Change in the discount rate	41	**41**
Arising during the year	25	**25**
Utilised during the year	(15)	**(15)**
Reversed unused	(59)	**(59)**
At 31 March 2021	**1,878**	**1,878**
Expected timing of cash flows:		
- not later than one year;	**910**	**910**
- later than one year and not later than five years;	**616**	**616**
- later than five years.	**352**	**352**
Total	**1,878**	**1,878**

Other: Dilapidations
The Trust occupies a number of properties on short term leasehold agreements (see note 9.2). There are a number of lease covenants requiring that during and on expiry of the leases, the properties need to be maintained in a good condition and state of repair, which usually requires a level of reinstatement, repair or decoration. As such, it is deemed appropriate to create a provision to ensure that leased properties can be maintained and vacated in correct condition. Sweett (UK) Limited were appointed by the Trust to advise on this.

Note 16.1 Clinical negligence liabilities

At 31 March 2021, £639k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Cambridgeshire Community Services NHS Trust (31 March 2020: £1,712k).

Note 17 Financial instruments

Note 17.1 Financial risk management

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

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

Currency risk

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

Interest rate risk

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

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the 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 2021 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

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

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

Note 17.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	13,657	-	**13,657**
Cash and cash equivalents	20,386	-	**20,386**
Total at 31 March 2021	**34,043**	**-**	**34,043**

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

Note 17.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Total book value
	£000	£000
Trade and other payables excluding non financial liabilities	25,419	**25,419**
Total at 31 March 2021	**25,419**	**25,419**

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

Note 17.4 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. This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

	31 March 2021	31 March 2020 restated*
	£000	£000
In one year or less	25,419	12,436
Total	**25,419**	**12,436**

Note 18 Losses and special payments

	2020/21		2019/20	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Special payments				
Ex-gratia payments	2	10	2	1
Total losses and special payments	**2**	**10**	**2**	**1**
Compensation payments received		-		-

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:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
Cambridgeshire County Council	26	13,120	3	2,618
Bedford Unitary Authority	220	4,649	35	462
Huntingdonshire District Council	1,014	0	249	0
Luton Borough Council	196	5,445	146	1,497
Norfolk County Council	0	21,781	0	2,842
Peterborough City Council	84	1,639	56	459
Suffolk County Council	90	4,831	0	56
HM Revenue and Customs	7,434	0	667	0

DHSC Related Parties:

NHS Bedfordshire CCG
NHS Cambridgeshire and Peterborough CCG
NHS Luton CCG
NHS Milton Keynes CCG
NHS England - Core
NHS England - East of England Specialised Commissioning Hub
East of England Regional Office
Health Education England
DHSC
Bedford Hospital NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Cambridgeshire and Peterborough NHS Foundation Trust
East London NHS Foundation Trust
Essex Partnership University NHS Foundtion Trust
Moorfields Eye Hospital NHS Foundation Trust
Norfolk and Norwich University Hospitals NHS Foundation Trust
North West Anglia NHS Foundation Trust
The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
NHS Resolution
Care Quality Commission
NHS Property Services
NHS Pension Scheme

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

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

There have been transactions in the ordinary course of the Trust's business with an organisation with which Directors of the Trust are connected. The Chief Executive is also National Director of Community Health at NHS England and NHS Improvement. The Chair was also Vice Chair of East London NHS Foundation Trust to October 2020.

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

The Trust is corporate Trustee for the children's charity Dreamdrops and the Community Services. These have not been consolidated within the Trust's accounts on the grounds of materiality, with the unaudited results for 2020/21 being £51k and £157k respectively of income generation and resources expended of £30k and £94k respectively and a closing fund balance of £585k and £1,173k respectively.

Note 20 Better Payment Practice code

	2020/21 Number	2020/21 £000	2019/20 Number	2019/20 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	13,236	61,266	15,810	54,280
Total non-NHS trade invoices paid within target	11,347	55,721	13,862	50,725
Percentage of non-NHS trade invoices paid within target	85.7%	90.9%	87.7%	93.5%
NHS Payables				
Total NHS trade invoices paid in the year	707	5,366	896	9,980
Total NHS trade invoices paid within target	501	4,098	692	8,133
Percentage of NHS trade invoices paid within target	70.9%	76.4%	77.2%	81.5%

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 24 External financing limit

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

	2020/21 £000	2019/20 £000
Cash flow financing	(7,692)	(959)
Finance leases taken out in year		
Other capital receipts		
External financing requirement	**(7,692)**	**(959)**
External financing limit (EFL)	1,524	(4)
Under / (over) spend against EFL	**9,216**	**955**

Note 21 Capital Resource Limit

	2020/21 £000	2019/20 £000
Gross capital expenditure	5,069	3,868
Less: Disposals	-	-
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**5,069**	**3,868**
Capital Resource Limit	5,319	4,000
Under / (over) spend against CRL	**250**	**132**

Note 22 Breakeven duty financial performance

	2020/21 £000
Adjusted financial performance surplus / (deficit) (control total basis)	-
Remove impairments scoring to Departmental Expenditure Limit	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	**-**

Note 23 Breakeven duty rolling assessment

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	-	513	681	1,632	777	766
Breakeven duty cumulative position	-	513	1,194	2,826	3,603	4,369
Operating income	-	102,793	158,331	161,921	157,589	160,501
Cumulative breakeven position as a percentage of operating income	0.0%	0.5%	0.8%	1.7%	2.3%	2.7%

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	576	2,098	3,189	3,855	1,861	-
Breakeven duty cumulative position	4,945	7,043	10,232	14,087	15,948	15,948
Operating income	110,365	116,570	116,540	136,645	136,275	153,002
Cumulative breakeven position as a percentage of operating income	4.5%	6.0%	8.8%	10.3%	11.7%	10.4%

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.

If you require this information in a different format such as in large print or on audio tape, or in a different language, please contact the Trust's communications team on 01480 308222 or email ccs.communications@nhs.net

AccessAble

To find out how we use what we know about you (Privacy Notice) or how to access our buildings (AccessAble), please visit www.cambscommunityservices.nhs.uk and follow the links or please contact us.

Produced by Cambridgeshire Community Services NHS Trust
www.cambscommunityservices.nhs.uk

Designed by Touch Design www.touchdesign.co.uk