



Cambridgeshire
Community Services
NHS Trust

Our
story

Our
people



Annual Report
2021/22



Championing equality, diversity and inclusion

In 2022, our Board re-iterated its commitment to embedding equality, diversity and inclusion throughout the Trust.

Our three vibrant staff networks continued to provide safe spaces for discussion and support for our LGBTQIA+ community, our culturally diverse staff and those members of staff with a long term condition or disability. Allies from across the Trust also joined these networks.

Our Trust Board pledged to champion anti-racism in all that we do, encouraging all staff to make their own individual pledges as part of the Trust-wide See Me First campaign, whilst also signing up to the Unison Anti-Racism Charter.

Our commitment to equality, diversity and inclusion

Trust Board pledge:



We will have a persistent focus on diversity and inclusion which ensures that all people who use our services and our staff feel safe, supported and valued. We will be an organisation that champions anti-racism in all that we do.



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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

Honesty

Empathy

Ambition

Respect

Our objectives

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

Our Services

	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	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	
Covid-19 vaccination centres		X		X	X		
Children's services							
Health visiting	X	X	X	X	X (see note)		
School nursing	X	X	X	X			
Therapies	X	X		S<			
Community nursing	X	X	X				
Audiology		X	X				
Community paediatricians	X	X	X				
Family Nursing Partnership	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

Our portfolio of services in 2021/22 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 Hinchingsbrooke Hospital in Huntingdon;

Luton: Luton Treatment Centre, Redgrave Children and Young People's Centre and a range of community based facilities;

Norfolk: Breydon Clinic in Great Yarmouth, Oak Street Clinic in Norwich and Vancouver House in Kings Lynn and a range of community based facilities;

Peterborough: Rivergate (City Care Centre from September 2021), Midgate and Kings Chambers;

Suffolk: Orwell Clinic and Chantry Clinic in Ipswich, Regent Road in Lowestoft, Abbey View and Hillside in Bury St Edmunds, and a range of community based facilities.

Milton Keynes: South Fifth Street



Delivering outstanding care

... with thanks to our large scale Covid-19 vaccination centres

NHS COVID-19 Vaccination Centre
“Very quick and friendly one of the nicest centres we have been to.”
Attleborough Connaught Hall

NHS COVID-19 Vaccination Centre
“I have an illness and they always double check which vaccines I can have. Staff are excellent.”
Cambridge Grafton Centre

NHS COVID-19 Vaccination Centre
“Very efficient and everyone is very friendly.”
Wisbech Horsefair Shopping Centre

NHS COVID-19 Vaccination Centre
“Brilliant service and gentle when completing the vaccination.”
Kings Lynn Shakespeare's Barn

NHS COVID-19 Vaccination Centre
“The staff are really friendly and helpful and were able to calm my nerves.”
Harleston Paddock Road

NHS COVID-19 Vaccination Centre
“Helpful service and everyone is smiling; third time of being at Chesterton, and it's always the same.”
Cambridge Chesterton Indoor Bowls Club

Delivering outstanding care

... with thanks to the Cambridgeshire & Peterborough children and young people's services

NHS

“ Very understanding, listened to me, empathetic, kind and gave me some good advice and ideas. ”

Mental Health Support Team
Cambridgeshire and Peterborough

#CPFeedback

NHS

“ Really listened to me and gave me time to talk. Gave really good tips and strategies. Also took time to check I was ok as a Mum and reassure me. Thank you, I think this is such a great service. ”

School Nursing
Cams City and South Cams

#CPFeedback

NHS

“ I would like to thank you for your help. We got an offer for an apartment. We moved and my daughter has a room. We can go to the playground or to the store. We have no mildew at home! I have no stress at night that something will happen. Thank you with all my heart for your help! ”

Occupational Therapy (Housing team)
Cambridgeshire

#CPFeedback

NHS

“ Excellent service provided by the admin team in providing translated letters in the parents home language, so they can easily understand their child's needs. ”

Community Paediatrics admin team
Cambridgeshire and Peterborough

#CPFeedback

NHS

“ They have been great and I am really pleased with my son's progress. They made it fun and interactive. Thank you so much! ”

Speech and Language Therapy team
Cambridgeshire and Peterborough

#CPFeedback

NHS

“ Treated both me and my daughter with respect. Listened to our needs and took time to talk through the process and results. ”

Audiology
Cambridgeshire and Peterborough

#CPFeedback

Performance Report

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Chair and Chief Executive's

Welcome

2021/22 has been a year of significant achievements and immense challenges. Whilst the Covid-19 pandemic continued to have a considerable impact on the way we delivered services, it is remarkable that our exceptional staff still excelled in providing compassionate, person-centred care to our local residents.

This commitment was reflected in the positive feedback we received from service users throughout the year, as well as in the results from the 2021 staff survey. We achieved the highest scores compared to all NHS provider Trusts across the East of England in eight of the nine NHS People Promise survey areas and were rated highest in two of these areas compared to all community trusts across the country.

Nevertheless, the pandemic and other external pressures on the NHS have been relentless. The health and wellbeing of our workforce is a top priority as without them, we are unable to provide outstanding care. In the last year, we have introduced a range of initiatives and support to our diverse staff groups and introduced ways to help mitigate the cost of living pressures facing us all.

Embracing and celebrating the rich diversity of our workforce is an important part of our inclusive culture and there is no doubt that this culture helps deliver better outcomes for those who use our services. We are grateful to our vibrant staff-led Cultural Diversity, Long Term Conditions and Disability, and LGBTQIA+ Networks for their invaluable contribution and support across the organisation. The networks help us to deliver our diversity and inclusion ambitions and reflect our shared commitment to ensuring our staff, and those who use our services, feel safe, supported and valued.

As the roll out of the national Covid-19 vaccination programme continued to save lives across the UK, we were proud to make a significant contribution to this historic endeavour. From our large-scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney we have delivered 1,357,075 doses of the vaccine since the centres opened. The inspirational staff and volunteers within our centres have played a unique role in the biggest vaccination programme in NHS history and our heartfelt thanks go to them, along with the many other clinical and support staff who were redeployed to support the programme throughout the East of England.

We worked hard during 2021/22 to re-introduce services paused earlier in the pandemic, whilst maintaining the safety of both staff and service users as the levels of community transmission of Covid-19 ebbed and flowed. Implementation of service recovery plans will continue into 2022/23 as we address the increased demand and subsequent waiting lists for people needing our care and support.



From our large-scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney we have delivered

1,357,075
doses of the vaccine since the centres opened.



Our important role in the development of integrated care systems was maintained during 2021/22 and we look forward to the undeniable benefits that collaborative working will deliver, improving outcomes for all. Many service users and local people have worked with us to co-produce initiatives over the last 12 months and we thank them for sharing their experiences and insights so willingly. Ensuring the on-going involvement of service users in co-producing innovative services, that are accessible to all and meet the needs of our diverse communities, will remain critical to the Trust. Throughout this report you will read many examples of co-production with staff, service users and partners, without which the progress we have made would not have been possible.

A key foundation underpinning our achievements in the past twelve months has been the roll out of multiple digital innovations that are improving the accessibility and responsiveness of our services. Our three-year Digital Transformation Strategy sets out our ongoing aspirations in the digital arena and this will have a profound impact on our culture and our ability to deliver excellent patient care in the future.

Mary Elford
Chair

27 September 2022

Matthew Winn
Chief Executive

27 September 2022



We are so very proud of the achievements set out in this report. Our sincere thanks go to our wonderful staff and volunteers, and everyone who has worked with us. Their resilience and commitment during 2021/22 has been truly outstanding and epitomises the very best of public service found within the NHS.



Overview

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

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

The Trust's portfolio predominantly consists of a range of high-quality specialist services. Due to the ongoing Covid-19 pandemic, the actions taken by NHS England continued to reduce the financial uncertainty caused by the pandemic. During 2021/22 the Trust received the majority of its funding through Clinical Commissioning Group (CCG) commissioning sources, NHS England and through its usual contract sources, which totalled £172 million. This income included the funding required to deliver the community large scale vaccination Programme across Cambridgeshire, Peterborough, Norfolk and Waveney. The funding arrangements for 2022/23 revert back to those prior to the pandemic with System and Trust allocations set against recognised contracting values and planning assumptions.

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 and Care providers; working together in integrated models of care for adult and children's services. Where tenders do happen, we will seek to retain and win business within the clearly defined parameters approved by the Trust Board and this approach is 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.



2022/23 is expected to be a challenging year as the Trust continues to deliver and improve its services including recovery plans to address the impact of the pandemic, and delivery of Covid-19 large scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney. 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. 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, commencing page 54.

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

Performance analysis

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

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

A summary of key priorities for 2022/23 is also provided for each of the four objectives.

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 2021/22.

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 2022/23

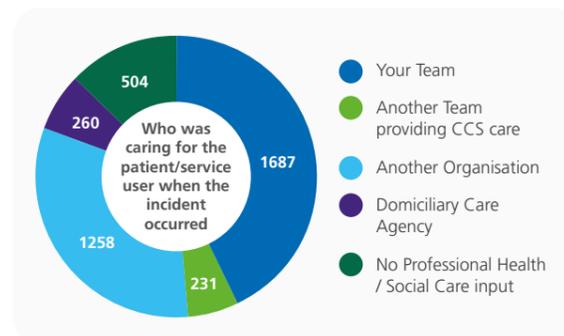
Patient safety

Patient safety incidents

In 2021/22, 3,940 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 114 incidents compared to 2020/21 but the same percentage of total contacts as 2020/21. Importantly, 94% of these incidents resulted in no or low harm, with 5.5% resulting in 'moderate' harm. The remaining 0.5% (one incident) is yet to be defined in relation to a 'category' as the incident investigation is underway.

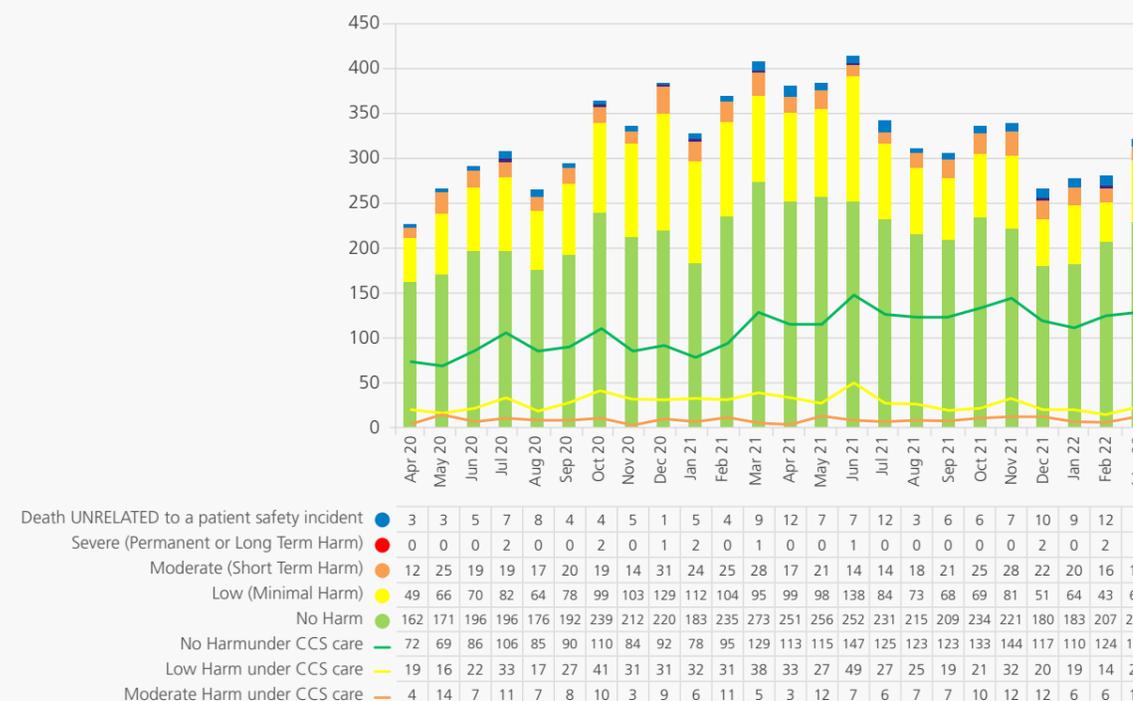
The chart below summarises incidents in each of the following categories:

- those that occur as a direct result of CCS care (49%);
- those which originated whilst the patient was cared for by another organisation (38%);
- those where there has been no professional health/social care input (13%).



The graph below provides a 2-year trend analysis of incidents by degree of harm for the period April 2020 – March 2022 (by financial year), demonstrating consistency across the two periods (albeit that the method of care may have changed e.g. from face to face to virtual during the Covid 19 pandemic).

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



Incident reports are shared with relevant external organisations. 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).

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 seven serious incidents in 2021/22.

There were no common themes across the seven incidents which related to:

- a medication incident within the Trust's children's services
- clinical assessment and treatment of an individual within our iCaSH service
- two incidents in different services linked to record keeping
- three incidents linked to safeguarding practice within two separate children's services and one adult service.

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 continued to be the coronavirus (COVID-19) pandemic with extensive infection prevention and control arrangements put in place to protect both staff and service users.

There were zero cases of Clostridium difficile, MRSA bacteraemia, MSSA bacteraemia or E.Coli bacteraemia across the Trust in 2021/22.

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 combating it and supporting victims. We are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. We continue to 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 2021/22 was approved by our Board and can be found on our website at www.cambscommunityservices.nhs.uk

Safeguarding

Extensive internal and external quality control measures enabled the Trust to achieve a 'Reasonable Level' of assurance of compliance with the NHS England Accountability and Assurance Framework. We continued to work hard to maintain this level of assurance during the ongoing 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. Recommendations included the need for amendments to multi-agency procedures/ professional guidance, leadership and supervision with a focus on escalation where a difference of professional opinion occurred. These have been shared at relevant team meetings across the Trust and are highlighted through safeguarding training and safeguarding supervision.
- **Internal Quality Controls:** A new Trust-wide safeguarding children supervision model was rolled out for mandatory staff supervision and reviewed via a survey and focus groups to gain assurance on its fitness for purpose. Further assurance will be provided via a planned audit and a peer review standard operating procedure will be introduced in Spring 2022.

A training and development group was established managed by the Named Professionals across adult and child safeguarding teams. A strategy to support ongoing work is planned, including a robust mechanism of booking and compliance and competence using IT solutions.

A staffing model across the Cambridgeshire & Peterborough Multi-Agency Safeguarding Hub (MASH) service has been accepted enabling a more resilient and flexible workforce, alongside expanded knowledge and skills and career development opportunities.

In line with Royal College for Paediatrics and Child Health (RCPCH) standards, medical photography training and a Standard Operating Procedure have been developed for Community Paediatricians.

The Prevent agenda is now led by the Named Professional Safeguarding Adults with a work plan defined. A Prevent template has been developed to support clinical frontline staff to record and refer appropriately when concerns emerge. Prevent forums are taking place with governance processes established to ensure transparent reporting of escalation and cascade arrangements.

- **Covid-19 National Vaccination Programme:** Heads of Safeguarding continued to support the roll out of this programme locally, overseeing the induction delivered to staff working in vaccination hubs and introducing Think Family level 3 training to support the safe delivery of vaccination to children.
- **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.

Safeguarding training (children and adults)

	% achieved 2017/18	% achieved 2018/19	% achieved 2019/20	% achieved 2020/21	% achieved 2021/22
Children's safeguarding training					
Level 1 mandatory for all staff	98%	99%	97%	97%	97%
Level 2 mandatory for all clinical and non-clinical staff in regular contact with parents, children and young people	98%	98%	97%	97%	89%**
Level 3 mandatory for all staff predominantly working with children, young people and parents	88%	92%	87%	90%	83%**
Adult safeguarding training	96%	95%	95%	95%	97%

**The reduced percentages achieved during 2021/22 in two of the four categories reflect the ongoing pressures of the Covid-19 pandemic and the re-deployment of a range of clinical and non-clinical staff to support our large-scale vaccination centres. Achieving all targets for safeguarding training will be a priority for 2022/23.

• **Learning from multi-agency reviews:** the Trust participated in:

- Twenty one Child Safeguarding Practice Reviews, 5 Adult Safeguarding Reviews and 3 Domestic Homicide Reviews

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

Serious incident and actions related to all internal and multi-agency reviews in the last three years have been collated into themes and evidence collated to support their implementation, providing assurance and supporting dissemination of learning across the Trust.

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



The Safer Sleep initiative was created by our Norfolk Children’s Service in partnership with Norfolk families and the Norfolk Safeguarding Children Partnership (NSCP).

The initiative, which is part of the Protecting Babies strategy, urged new parents not to take risks with their babies’ sleeping arrangements while offering safer sleep guidance and advice through a wide range of awareness videos and social media messages.

The awareness videos focused on changing routines, overtiredness and alcohol, highlighting the increased risk that parents take when co-sleeping is unplanned and much more.

What’s more the Safer Sleep campaign also offers support and guidance to new parents when it comes to establishing their baby’s sleep patterns, sleeping positions, sleeping space, co-sleeping and much more to ensure that their baby is kept safe at all times.

Materials were shared through social media, newsletters and community blogs. A co-produced online resource (<https://www.justonenorfolk.nhs.uk/safersleep>) helped to further the ongoing support for families.



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

In 2020, Nursery Nurse Professional Lead at Cambridgeshire Community Services NHS Trust (CCS) Michelle McKenzie embarked on a clinical apprenticeship.

“I’d been leading the nursery nurses for about six years when a service change meant I needed to look for a new challenge, so I explored a clinical apprenticeship.

“Nowadays I juggle my day job with university and hospital placements; I do three days a week in my normal job and two days either at Anglia Ruskin University or on placement.

“I recently finished a four-month placement on the Covid and respiratory ward at Addenbrooke’s which was amazing.

Development opportunities for all

“Several people have asked if I wish I’d embarked on my nursing degree earlier, but my answer is always ‘no’. My daughter’s grown up now which means I can fully concentrate on studying and I think it’s worked in my favour having so much community experience.

“It was a shock going back to studying, but the support from Anglia Ruskin and everyone at CCS has been brilliant and made the world of difference.

“In June 2023, I’m looking forward to qualifying with a BSc child nursing degree and the opportunities this will bring, and my advice to anyone thinking of applying for an apprenticeship is to go for it!”

Information Governance

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

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

The Trust achieved 93% compliance (against a target of 95% compliance) with mandatory information governance training in March 2022.

The Data Protection and Security Toolkit is designed to test compliance with the National Data Guardian's 10 data security standards. We submitted our baseline assessment to NHS Digital on 21 February 2022 and anticipate publication by June 2022 of the full assessment showing all standards being met as assessed by the algorithm used.

During 2021/22, two data breach incidents were reported to the Information Commissioner. Both resulted in confirmation from the Commissioner that regulatory action would not be taken.

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. All of this was within the NHS England management process of the Covid-19 pandemic.
- an annual audit of the NHSE EPRR Core Standards Framework resulted in a Trust assessment of 'fully compliant' with all of the standards following last year's substantial compliance approval and implementation of the resultant action plan

- business continuity planning and implementation continued to be delivered during the pandemic and during increases and decreases in the national pandemic levels and subsequent impacts on services
- the Trust Board received and approved our critical and major incident plan, Trust business continuity plan and winter planning assurance 2021-2022 in November 2021, 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 continued to be updated considering learning from the Covid-19 pandemic
- Executive Team members and the Trust's EPRR Lead attended Local Health Resilience Partnerships across all Trust localities at their respective levels of delegated responsibility.

The EPRR focus for the coming year will be recovery planning, continuation of the programme to implement lessons learnt from the Covid-19 pandemic and reinforcing the Trust's suite of EPRR plans.

Patient Experience and People Participation

One of our highest priorities is to ensure that people who use our services are involved in shared decision-making and co-production. 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

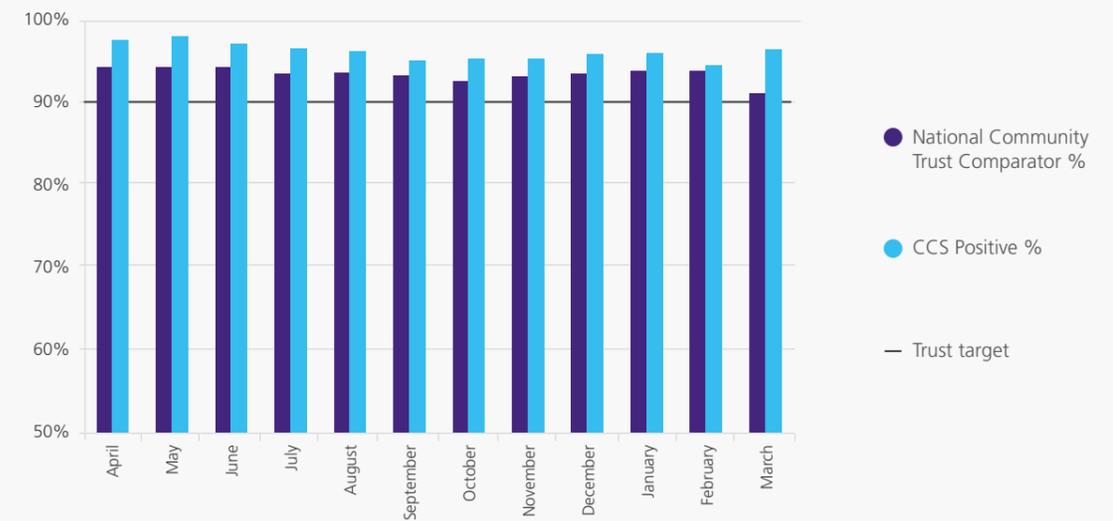
Service users/carers are routinely asked to provide feedback via the Friends and Family Test question which includes an opportunity to:

- rate the quality of our services against nationally determined response categories ranging from very good to very poor
- provide narrative comments on the services delivered

In terms of ratings, service users/carers feedback in 2021/22 was extremely positive with 96.96% of the 28,298 people who answered the Friends and Family Test (FFT) question saying the service provided was very good or good.

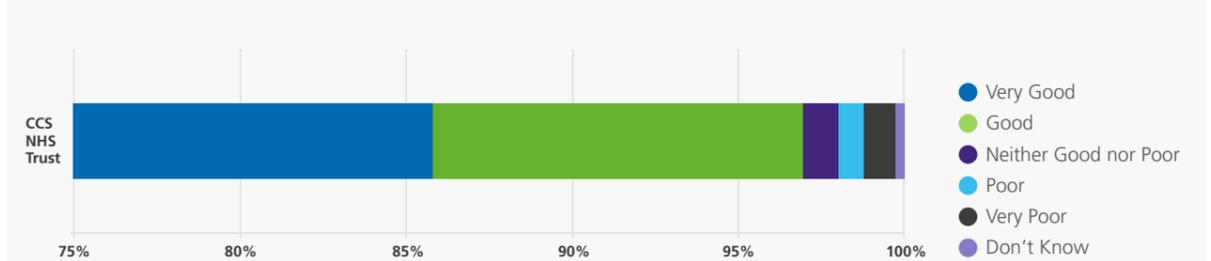
The chart below shows how the Trust compares to the average score for Community Trusts across the country. The table below shows a breakdown of the responses received by response type:

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



The table below shows a breakdown of the responses received by response type:

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



Compliments

We received **28,622** positive comments and compliments about our services during the year, including narrative feedback from people who responded to the Family and Friends Test question.

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

The following are examples of improvements made across a range of our services in response to patient feedback.

You Said...

Parent didn't know how to use the scales at a self-weigh clinics.
Cambs 0-19

Service user commented he didn't know what to expect at the first Audiology appointment
Cambs Children's Audiology

A parent commented that they found it difficult to use the Single Point of Access (SPA) phone number and menus when contacting us because they are hard of hearing.
Cambs Children's SPA

Request from a school for the Trust to seek parental permission to share results from children's vision and hearing screening with the school.
Norfolk 0-19

Norfolk Youth Advisory Board commissioners asked the Trust to support "mystery shopping" on our ChatHealth texting service. One young person fed back that some staff did not seem confident in supporting LGBTQ+ matters.
Norfolk 0-19

We Did...

Instructions are now at all baby weighing stations.

A video has been created explaining what will happen at the appointment to help parents and children prepare. The video is available on our website and a link to the video is in the appointment letter.

Contact was made with the parent; their needs and difficulties were discussed. Email addresses of each team they required were provided, enabling them to email the service asking them to call rather than using the SPA telephone system.

Service sought feedback from several schools. Consent form was changed and is now in use so that parents' permission to share results is recorded. This supports schools in identifying any barriers to a child's learning.

Training need was scoped with staff. Some staff felt they did not fully have the knowledge and understanding to support with LGBTQ+ matters. Local Norfolk LGBTQ+ charity approached, and training arranged.

A video of gender identity training co-produced and delivered to School Nursing teams in Bedfordshire Community Health Services was shared in the Norfolk staff messages for all staff to access.

When I have my treatment the chemotherapy books do not seem to be used by staff Luton Adults Cancer Care

Sound on the video was of very poor quality
Luton Adults Respiratory Service

Parents have feedback that they have to wait for appointments to weigh their baby.
Luton 0-19 Service

Families reported that they wish to access advice on their child's speech and language in a timely way that is accessible for them.
Beds & Luton Speech and Language Therapy

Young people with Special Educational Needs and Disability (SEND) have told us they want to play more of an active role in their healthcare and they also want to help professionals to know how best to communicate with them.
Beds and Luton 0-19

Feedback shows that not everyone wants to return to face to face appointments, some prefer the convenience of video consultations.
Beds Nutrition and Dietetic Service

We have reminded staff to use and write in service users chemotherapy books. Patients are also asked to bring their chemotherapy books along to appointments.

We make sure that service users accessing our videos are aware of the transcript facility. This enables our patients to follow the programme instructors' comments.

In collaboration with Flying Start, we have added in an extra two self-weigh clinics a week, where no appointment is needed.

We set up some speech and language 'early advice sessions', a short 15 minute video or phone call (parental choice) which parents can access by filling in their details on our webpage. After filling in their details, Single Point of Access (SPA) call parents/carers to book an appointment, typically within 2 weeks of their request.

We worked with young people with SEND to co-produce a package of training resources for health care professionals. This is in the form of a written document and video called 'Top Tips for professionals.' The resources have been shared across the service and will continue to be rolled out as a training tool in team meetings.

As we restore services from the changes the pandemic brought, we are gradually increasing the number of face to face clinics we run, whilst maintaining a virtual offer, providing a blended approach to suit service user preference, within the parameters of a safe and effective clinical practice.

Sharing Patient Stories

Our Board meetings held in public always start with a patient story. Every story provides insight into how patients experience our services, identifying excellence but most importantly 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:

- A parent from Norfolk discussed their experience of having a baby diagnosed with a heart condition during the pandemic when virtual support was provided to reduce the Covid-19 transmission risk to staff and patients. Feedback and learning from this family's experience was shared with the service regarding suggested improvements that could be made for supporting families during any future crisis.
- A parent accessing Luton Community Paediatrics service shared their experience of their youngest son receiving a Brief Observation of the Symptoms of Autism (BOSA) assessment. Feedback and learning from this family's experiences were shared with the service.
- A Bedfordshire parent told us about their experience of receiving a range of services during the pandemic for their child who has complex needs and the benefits that could be achieved through more integrated working. A multi-agency SEND working group, including parent/carer representatives, has since co-produced a SEND champions role description and a SEND champion is now in post in each of the Trust's eight 0-19 locality teams across Bedfordshire and Luton. These champions will work with parent/carer representatives to implement actions agreed by the working group including training, pathways, communication and resources.
- A young person who is having speech and language therapy from our Cambridgeshire service talked about how having speech therapy, delivered virtually, supported their communication. An inspiring example of how using patient centred, solution focused techniques can help make functional, real-life change.

- An iCaSH service user told us about iCaSH being inaccessible for deaf people as telephone was the only way to contact the service and there were no options to email or text. This service user – and others – joined three online focus groups where a range of recommendations were made to improve accessibility. The service can now be contacted via email (as well as via telephone and direct messages to our social media accounts) and we are exploring options to introduce video consultations for lip readers, as well as online booking options. Our websites now provide links to the Deaf Health Charity Sign Health and its extensive BSL health video library and we will explore further opportunities to develop BSL videos to explain key points of information, whilst also facilitating BSL interpreters for face-to-face appointments.

People Participation (Patient and Public Engagement)

Our teams, supported by our local co-production leads, regularly seek involvement and participation from those who use our services and people from our local communities to improve service delivery. Below is a summary of some of these activities throughout the last year:

Cambridgeshire Children and Young People's Services

0-19 Service: We have worked with people from Wisbech to co-produce the information we provide about Best Start in Life. The Best Start in Life vision is for every child aged 0-5 to be given the best start in life supported by families, communities, and high-quality integrated services. The ambition is for children to live healthy lives, be safe from harm and be confident, resilient with an aptitude and enthusiasm for learning. It is a partnership of local services and support including councils, Child and Family Centres, the NHS and others. We worked closely with community groups to gather feedback on visuals, wording and layout of our information. Parents can access information in leaflets explaining our services. The literature has phone numbers, QR codes and website links to use for support. Distribution will be via health professionals, Children's Centres, and will be displayed in the community.

0-19 Service: The Getting Ready for Change digital platform has been co-produced with young people, parents and schools. Getting Ready for Change is designed to support children and young people aged 5-19, around key transition points with health advice and information. The goal is to promote the ongoing health of children and offer supportive early intervention, resources and appropriate signposting for those who may have difficulty with transition or identified health needs. Young people were involved in the co-production of the self-care health questions as part of the Year 11 pilot and also provided feedback on the features and use of the digital platform. Feedback was forwarded to the software designers for improvements to be made. For the Year 6 project an electronic, interactive questionnaire was used to gather feedback from parents and carers at important stages in their child's development which correlate to educational milestones.

Bedfordshire and Luton Children's Services

Community Paediatrics: Following feedback from families on the need for more information and support following a neurodiversity diagnosis, the service has worked with parent/carers and stakeholders to co-produce an all-encompassing post diagnosis support pack, available online with 14 different chapters including communication, sleep, medication, mental health and the positives of neurodiversity. The website provides software that enables the pack to be translated into a number of different languages and easy read formats and is available to download and print. Information on support and resources including the Diagnosis Support Pack has been added to all our paperwork including appointment letters.

Feedback received on the project from a local school: *"This is fantastic, thank you very much, this is very important to see the positive approach and detailed information. I have shared with parents and staff, and have had many great responses from parents, as well as staff, who have children with ASD. So please pass our thanks on."*

0-19 Service: Following feedback from families which highlighted an inconsistent experience for families of children with special educational needs and disabilities (SEND) and a need for earlier identification of SEND needs, the service initiated a SEND & 0-19 Working group. The group meets monthly with membership including parent/carer representatives. The group has recruited and introduced SEND champions in every 0-19 team

and is working on a training programme and package of resources for the 0-19 teams, to enable them to better support families.

0-19 Service: The Bedfordshire 0-19 service has co-produced and co-delivered a training package on Gender Identity to school nursing teams across the Trust, in partnership with a Bedfordshire young transgender person aged 18. The training session was a very powerful use of lived experience to further educate school nursing professionals. The outcomes of which is that school nursing teams are now better equipped and confident in supporting young people and their school communities with gender identity issues.



The training has been recorded with permission for wider use. Feedback from the practitioners who attended this training was incredibly meaningful and highlighted the impact of utilising lived experience in professional development. Some excerpts are included below:

'I found (service user's name) amazing and brave, it made for a very powerful training to hear him share his experience.'

'Jay's account was fantastic and thought provoking. A truly brave individual.'

'It was very good training which for me had a voice in the form of Jay, who presented himself very well indeed. He provided the real, human perspective which other, 'drier' trainings with plenty of facts and theory but don't have the lived experience, miss. Today's training has given me the awareness to treat trans children (and any child really) as an individual to be respected, and to find out how they want to be addressed. We know this in the abstract, but meeting Jay makes it 'real.'



Specialist Services: SEND Health Focus Week.

Bedfordshire Children's services partnered with SNAP Parent Carer Forum and Child and Adolescent Mental Health Services (CAMHS) to collaboratively co-produce a week of events for parents and carers of children and young people with SEND.

The aim of this week was to provide a full schedule of SEND specific activity in the form of virtual workshops and webinars hosted online to share knowledge, inform, educate, support and engage with the community.

Across 9 sessions, 326 participants attended. The outcome of SEND Health Focus week is that parents and professionals were able to learn, engage with others, ask questions to services and seek support and guidance, and in turn better support their children and young people with SEND. The majority of the sessions were recorded and will be accessible to watch via our website. Some feedback from participants includes:

The Doctor's presentation was great and referred to lots of useful resources we can start to look into to see whether our five year old with ASD also has ADHD. Thank you!

'Clear and well commentated. Presented a fair balanced discussion around neurodiversity. Opened up people's minds to another perspective and all rounded outlook.'

Specialist Services: SENDCO Working Together Group.

Feedback from families received often highlights the needs for health professionals to be working collaboratively with partners in education.

Parents and carers report receiving conflicting information on services or interventions, which reinforces the need to strengthen partnership working and a joined up approach between the stakeholders.

In response to this, Bedfordshire Children's Services hosted an initial co-production workshop with education colleagues (SENDCOs) and a parent carer forum representative to scope how to develop and strengthen partnership working.

The outcome of the workshop was an agreement that the group would form an ongoing working group meeting regularly (every half term), to work on an action plan created with a number of focus areas including: the referral process into health services, implementing needs led process' in schools, and sharing of knowledge and best practice to enable schools to implement interventions whilst a child is awaiting a diagnosis.

The working together group (parent, health, and school representatives) will strengthen communication and partnership working, thus better supporting families and young people. Additionally, it will also reduce pressure in the system for health services and schools; where knowledge is shared, practitioners across the system will have a greater understanding of evidence based practices, referral processes and interventions.

Norfolk Children and Young People's Health Services

0- 19 Service: Our Just One Norfolk digital platform supports the service in meeting the needs of families. This has been particularly important during the recent period that has been challenging and seen an increased need for digital service offer. In 2021/22 there were over 867,000 page views and 252,000 users on this digital platform. Families, young people, and stakeholders in Norfolk were consulted on the design and content of the Just One Norfolk digital platform.

The information, content and layout of the infant feeding pages has been fully reviewed and co-produced. This project included collaborative work with partner organisations including midwifery, infant feeding specialists, and focus groups with parents.

Day and evening sessions were offered to enable working parents, first time parents, teenage parents, fathers and partners to be involved.

Ambulatory Care

Co-production work focused on engagement with service users in iCaSH during June and August 2021. This work supported the iCaSH Bookings and Access Service Redesign Project, to identify ways in which access to the service can be improved.

- Nine online focus groups ran during June and July which 15 people attended
- An online survey ran during August to capture input from a further 39 people
- Recommendations were made based on the discussions from these groups, the survey data, Friends and Family Test responses, and Complaints' data
- Some of these recommendations included: online booking, online account access, online chat functions
- A summary of the recommendations was sent to the people who took part in the focus groups.
- These people were also invited to be a part of developing and implementing the changes at a time in the future.

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 2021/22 compared to previous years.

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Formal complaints	136	112	82	100	96	49	83
Informal complaints	135	131	190	397	319	245	408*
PALS Enquiries and Signposting	459	573	660	602	645	969	1274*

*Our PALS team provided an important signposting and information service about the Covid-19 vaccination programme and vaccine passports for local residents. This, together with an increased role in responding to service enquiries where service staff were unable to do so having been redeployed to support large scale vaccination centres, explains the increase in overall informal complaints and PALS contacts during 2021/22.

Patient Advice and Liaison Service (PALS)

PALS received and satisfactorily resolved 1274 contacts and enquiries during the year. There was an increase in enquiries to our service, mostly due to contacts regarding Covid Vaccinations and the Large Scale Vaccination Service.

Bedfordshire and Luton Adult Services

Remote Health Monitoring

This project involves patients using wearable technologies and devices to routinely monitor their vital signs. The data is subsequently tracked remotely for analysis by clinical staff.

This reduces the need for clinical face to face encounters at a time when staffing resources have been stretched. The project is run in partnership with Doccla, who provide the devices.

Co-production has featured in the evolution of the project. A focus group with service users was conducted to identify what had worked well and what problems service users experienced with remote health monitoring. Despite praising the functionality of the technologies service users revealed that they sometimes lacked enthusiasm for staying on top of their health. Service users were invited to an online project group meeting where they were actively involved in decision making. User contributions continued at a workshop in which service users considered whether motivational messages, sent through the Doccla devices, could fix apathy. Service users are currently advising project partners on the content of the messages and other characteristics such as timing and frequency.

Informal Complaints

Informal complaints are concerns resolved quickly through local resolution processes, either within the clinical setting or by our Patient Advice and Liaison Service (PALS), often by a telephone call or a meeting with a clinician or service manager. Our services resolved 408 informal complaints this year through successful local resolution.

Formal Complaints

The Trust received 83 formal complaints this year. Patients and/or their representatives who raise a formal complaint receive formal feedback from the Trust on the investigation which includes areas of learning and actions taken by the Trust. In certain circumstances Trust representatives arrange to meet with the complainant or their representatives face to face.

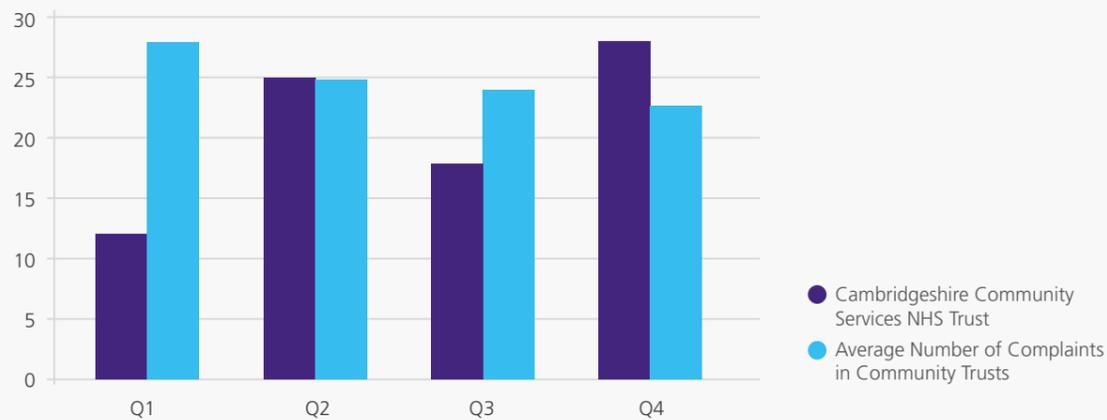
Due to the Covid-19 pandemic and redeployment of staff to Large Scale Vaccinations Services

were working in business continuity so normal complaint responses timescales were extended in February 2021. Response times were suspended in December 2021 so that our corporate clinical staff could support our response to the national Call to Action to increase vaccination compliance. All complainants were informed of these changes and letters of response were sent as soon as possible without impacting negatively on the provision of front line services. All complaints were reviewed for safety incidents, safeguarding concerns and risks.

Number of Complaints Compared to National Comparator

The graph below shows the number of complaints received quarterly by the Trust compared to the average number of complaints received by comparable NHS community trusts.

Number of complaints in each quarter compared to National average



Learning from Complaints

Below are some examples of the improvements made as a result of complaints made.

iCaSH Milton Keynes



Concerns: Confusion and poor communication regarding systems and processes for Intrauterine Device fitting

Improvements included:

- All Intrauterine Contraceptive fitters to review the safety standards and in particular pregnancy testing.
- Clinicians explain to service users that the telephone consultation is part of the pre-fit assessment.
- When consultations take place over the telephone, supplementary written information is provided by post or text message to ensure that all information is provided.
- Ensuring the offer of additional written information by post, email or text is carried out consistently across all iCaSH services.

Bedfordshire Community Paediatrics



Concerns: Delays, lack of follow-up and cancellation of appointments.

Improvements included:

- Introducing extra posts to grow the team and support families, including recruitment to a permanent consultant paediatrician, a specialist speech and language therapist, three new clinical nurse specialists, a CAMHS link worker, and we are in the process of recruiting a further two consultant community paediatricians, a speciality doctor, a specialist nurse for ADHD medication management and a clinical psychologist.
- Adding information to our letters about current average waiting times and community resources for families to access whilst waiting for their appointment.
- Co-production of an infographic with parent/carer forums to inform families of service updates including: how long the waiting times are, the cause of the delay, what is being done to reduce waiting times, and where can families go for help in the meantime.

Luton Adults Integrated District Nursing Service



Concerns: Communication breakdown, damaged equipment.

Improvements included:

- Roles and responsibilities of case holders were reviewed to ensure there is one person responsible for keeping service users and families up to date.
- Staff were reminded to document the plan for follow up and include communication with service users and families in records.
- Single Point of Contact telephone number is shared with families to make contact the service easier.

Parliamentary and Health Services Ombudsman (PHSO)

There have been no referrals accepted by the PHSO or recommendations received from the PHSO in 2021/22.

Volunteering

The Trust acknowledges the value of volunteering – it brings many benefits, not only to the Trust, but also to individual volunteers, to people that use our services, and to our communities. The Trust has appointed a Volunteer Lead with the aim of overseeing and developing our volunteer programme. Our focus over the past year has been to work with our services to adapt volunteer roles where possible, and to prepare for the safe return of volunteers following the pandemic. We have introduced clinical vaccination and administration volunteer roles into our large-scale vaccination programme, and the Royal Voluntary Service has provided volunteer stewards at our vaccination sites. Over the coming year, we plan to establish the use of volunteer management software, enabling us to streamline our recruitment processes, as well as increase our volunteer numbers and offer more volunteering opportunities.

Diversity and Inclusion

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

- eliminate unlawful discrimination, harassment 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, Milton Keynes, Norfolk, Peterborough and Suffolk. Each locality has its own vibrant and diverse community and our service improvement and redesign aspirations reflect the specific needs of each. Equality of service delivery to all communities we serve is promoted throughout the Trust via our induction processes for new staff, our objective setting and review process, leadership development programmes, clinical and leadership fora and by embedding co-production in all service developments.

Our Diversity and Inclusion Objectives

The Trust Board has agreed four diversity and inclusion annual objectives, two workforce related and two focussed on service users, as detailed below:

Objective 1

To support the development of a trust-wide Anti-racism Strategy and Organisational Development Plan

Objective 2

To finalise the roll out of reverse mentoring as part of all in house development programmes

Objective 3

We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve.

Objective 4

We will ensure that the recruitment of our volunteers are from the diverse communities they serve.

Charts showing the demographic profile of our workforce as at 31 March 2022 are included in the Staff Report commencing on page 88 .

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

Patient and service user engagement activities were suspended during the early phases of the pandemic to protect both staff and service users. Examples of how we continued to develop our engagement activities when re-introduced are included in the earlier People Participation (Patient and Public Engagement) section of this annual report.

To meet the two service user objectives above, we provide patient feedback mechanisms to all services. These include links sent to mobile phones via SystemOne, QR codes on appointment letters, and as part of our digital offering our Attend Anywhere appointments end on a feedback page for our patients/ carers to complete. Additionally, our formal and informal complaints, enquiries and feedback are monitored for concerns around access to service.

The Trust welcomes applications for volunteer roles from all sections of the community and this is clearly stated on our website. Volunteer opportunities are publicised on our website and our social media platforms and teams also encourage potential volunteers to apply - often these volunteers are people who use or have used our services. The Trust collects equality monitoring data during the application process.

As you will have read earlier, working in partnership with the Royal Voluntary Service, we welcomed many new volunteers who responded to our call to join our Covid-19 large scale vaccination programme across Cambridge, Peterborough, Norfolk and Waveney – our volunteers have joined us from across our communities and have brought with them a wealth of experience. Alongside this, in 2021-22 the Trust began to re-introduce volunteering opportunities, including in December 2021, two young people with additional needs to support our internal Personal Protective Equipment (PPE) programme, as well as new volunteers to our baby friendly and feeding services.

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:

- expanded our staff diversity networks with three staff-led networks now operational: one for staff from ethnic minorities, one for staff with a disability or long-term condition and one for our LGBTQIA+ community. In addition, we have established regular menopause virtual cafés
- supported BAME staff during the pandemic with specific tailored information on vaccines, disproportionate effects of Covid-19 and risk assessment/adjustments
- 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 and recruited three new Cultural Ambassadors
- reviewed how we involve staff from ethnic minority backgrounds on selection panels where an applicant from ethnic minorities is shortlisted to help address disparity between these applicants being shortlisted and appointed, and also updated our anti discrimination recruitment training .
- published our fourth 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

- continued with our diversity mentoring, including reverse mentoring with plans in place for reverse mentoring within our in-house leadership development programmes
- continued with opportunities for ethnic minority mentors for Board members

Our approach to developing an Anti-racism Strategy

The Trust continued to raise individual and collective awareness of racism and what it means to be anti-racist. A Board Development session was held in October 2021 to explore what we need to do to become a truly anti-racist Trust building on measures which are already in place including:

- the Workforce Race Equality Standard (WRES) indicators
- Staff survey outcomes
- Our staff networks
- BAME representation on interview panels
- Freedom to speak up processes
- Reviewing our policies and recruitment processes to ensure they reflect the needs of our staff.
- Recruiting into an Equality, Diversity and Inclusion Lead for Patient Experience
- Continuing to build community networks that are representative of our diverse demography
- Embedding co-production within our recruitment processes
- Scope and develop opportunities for involving service users/carers in our Trust wide learning and training events.

Measuring Outcomes

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

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

Clinical Effectiveness

Clinical Audit and Effectiveness

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

Eighty-five clinical audits were planned and registered in 2021/22, with 61 completed by year end, reflecting a full audit programme following a reduced programme in 2020/21. 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 2021/22 all service areas took part in the Trust's annual record-keeping audit, retaining the 10 Trust agreed core standards for documentation.

All actions from the 2020/21 record-keeping audit were completed.

Clinical Portfolio and Non-Portfolio Research and Fellowships

In 2021/22 a total of 27 research studies (24 National Institute for Health Research (NIHR) portfolio studies and 3 non-portfolio studies) ran within the Trust.

770 participants were recruited into the portfolio research and 32 into non-portfolio and other studies. The Trust achieved the second highest level of recruitment of all seventeen NHS Community Trusts.

There was a spread of research across different services and geographical locations; with a commercial study now adopted within Dynamic Health MSK Services.

Staff Fellowships, Internships, Awards and Grant Submissions.

In 2021/22, we continued to successfully gain external funding for staff development of research skills (Table 1).

Two Applied Research Collaborative (ARC) Fellows (one from Luton and one from Norfolk Children and Young People's Services) completed their Fellowships, which had been extended to 24 months. Both clinicians are working within areas which are meeting the needs of diverse populations.

In February 2022, a Paediatrician from Bedfordshire successfully gained a place in this year's NIHR Applied Research Collaboration (ARC) Implementation Fellowship scheme. Another paediatrician, from Cambridgeshire, was successful in being offered an NHS Innovation Accelerator (NIA) award. The NIA supports innovation/technology to be adopted into NHS care pathways. This is a collaborative programme with NHS England, NHS Innovation, Academic Health Science Networks (AHSNs) and Academic Health Science Partnership (UCL Partners).

Table 1: Summary Table for Grants, Awards and Fellowships.

NIHR Fellowships	Clinical Area	Numbers	Trend	Highlights & Impacts
Funding stream	Divisions & clinical areas	Total from April 2021-March 2022		
NHS Innovation Accelerator (NIA) award. NHS England, NHS Innovation, Academic Health Science Networks (AHSNs), UCL Partners.	CYPS Cambridge	1	A new award to the Trust. 	Clinician to be supported and mentored by leaders in the field of exploitation of innovation. Objective: to have an innovative product being used within the NHS. 2 days per week, partially funded.
NIHR/HEE ARC Implementation Fellowship Two awarded	CYPS Beds CYPS Cambs	2 applied and 2 were awarded. 1 clinician to do the NHS Innovation Accelerator programme instead.	Awarded March 2022 	12-month Fellowship, commencing May 2022.
NIHR Grant: Research for Patient Benefit (RfPB)	Ambulatory Care Neuro-rehab Bedford	1 submission for stages one and two.	Stages 1 & 2. Outcome summer 2021 -unsuccessful 	Research Fellow from ARU, Research team and Neuro Rehab team. Potential to have a music therapy grant running with the Neuro-rehab team. Looking to apply for other collaborative grant opportunities.
New application. NIHR Masters to PhD Fellowship programmes Part of the Integrated Clinical Academic (ICA) Programme.	Ambulatory Care, MSK Adults.	1 application. Submitted for consideration, March 2022		Outcome will be September 2022. Award to undertake bespoke training and submit fully funded NIHR PhD application.
HEE/NIHR Pre- Masters Internship	Ambulatory Care, MSK Adults.	1 Awarded Jul 2021. To commence Sept 2021.		Health Education East (HEE) Programme to introduce clinicians to research. Applied to defer the place until Sept 2022.
Awarded 2019. NIHR Masters to PhD Fellowship programmes Part of the NIHR Integrated Clinical Academic (ICA) Programme.	CYPS Speech & Language Therapist	1 Award ended March 2022. MRes funded by the award.	Completed February 2022. 	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. Candidate will delay the PhD application for 12 months. MRes passed with merit.

NIHR Fellowships	Clinical Area	Numbers	Trend	Highlights & Impacts
Funding stream	Divisions & clinical areas	Total from April 2021-March 2022		
NIHR ARC Implementation Fellowship Two awarded	CYPS Luton CYPS Norfolk	2 applied and 2 were awarded.	Successfully completed Dec 2021 	Awarded to clinicians working in areas of high health need/or deprivation Extended to give a total of 24 months.

Key to Icons:

- Increased
- no change
- completed
- in set up
- allocated funding/prize

Publications

In the last year nine peer-reviewed publications have resulted from studies carried out in the Trust, helping to improve patient outcomes and experience across the NHS. Four posters were presented at the Royal College of Paediatrics and Child Health (RCPCH) Virtual Conference in May 2021.

Providing outstanding care: Looking forward to 2022/23

Our 2020 - 2023 Quality and Clinical Strategy contains the actions and approach to enable us to provide safe, effective, high-quality care.

The strategy covers the breadth and diversity of services we provide and the needs of our local populations.

The overarching intent is to ensure that safe and effective care is delivered through all our interactions with patients, service users, carers and families. The 2021-2022 strategy roll out continued to be impacted by the Covid-19 pandemic and the need for the Trust to divert resource and energies to maintain a high-level incident response. The 2022-23 strategy will continue to be based on the following three improvement priorities, which reinforce our 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. We will continue to build community networks that are representative of our diverse communities and ensure that all our service projects evidence that co-production is a core element. We encourage volunteers from all sections of our communities and aim to ensure that all have a positive experience of volunteering.

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.

Over 1.3 million life-saving vaccinations administered!

By the end of March 2022, our wonderful staff and volunteers had administered more than 1.3 million Covid-19 vaccines from our large scale vaccination sites across **Cambridgeshire, Peterborough, Norfolk** and **Waveney**; a phenomenal team effort.

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

After being furloughed, airline cabin crew member Tamryn Saby found herself with plenty of time on the ground to reassess her career. In March 2021, Tamryn began working at our Grafton Centre vaccination site and has since embarked on a therapeutic radiography degree after being inspired to pursue a full-time NHS career.



Retired engineer Martyn Jones is a stalwart steward at our Chesterton vaccination site. He said: *"After each shift, I always leave with a smile on my face, it's very rewarding and there's a real team spirit. Ironically, I do more hours volunteering than I did when I finished up working but I love it and have no intention of stopping!"*

Thank you to each and every member of staff or volunteer in our vaccination teams or those who worked behind the scenes, who have contributed to the success of our large scale vaccination centres; you truly are incredible.

Former primary school teacher Rachel Smith has been vaccinating at our Norfolk sites since February 2021. She said: *"I feel a great sense of pride working for the NHS; it's interesting the number of people who when I tell them I'm working for the vaccination programme say, 'That's amazing, what a great thing to be doing!'"*



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 culture, vision and values aligned to our strategic objectives.

2020 national staff survey

Results from the 2020 staff survey were very positive and an action plan was implemented to address areas highlighted by staff as requiring further focus. The table below shows the actions taken.

Area for Improvement from 2020 Survey	Actions Taken
Staff satisfaction with the quality of care they give which fell slightly from the 2019 survey.	<ul style="list-style-type: none"> Short survey of clinical staff undertaken and feedback shared with staff identifying two key issues: <ul style="list-style-type: none"> Not having enough staff to do the work; Impact of changing from face to face to digital consultation The Quality Team continues to work with services to implement actions
Staff experiencing work related stress.	<ul style="list-style-type: none"> Reviewed suitable e-learning packages available for managers Living our values built into the Trust's Civility and Respect organisational development plan Communication plan implemented to remind staff of the support available to them and to promote the My Employment Passport On-going manager development and case studies included in Amazing Managers Training Ongoing review of Workplace Stress policy and tool kit to ensure it is proactive and user friendly.
Staff experiencing MSK problems	<ul style="list-style-type: none"> Publicising the staff MSK Rapid Access Service Updated Remote Working Policy and guidance with advice/input from MSK service Worked with staff networks to generate ideas to support staff Article in Autumn 2021 Live Life Well newsletter on back care Funding allocated for additional staffing in the staff Rapid Access Service
Other	<ul style="list-style-type: none"> Zero Tolerance to violence, aggression and abuse posters reviewed and shared across public facing sites Widening of the scope of the My Employment Passport to incorporate all events that have an impact on staff, not just those with long term conditions. Staff-led Cultural Diversity, Long Term Condition and Disability and LGBTQ+ Networks help to create a safe and inclusive working environment.

2021 national staff survey

In October and November 2021, we undertook the national survey for the second time during the pandemic. Questionnaires were sent to 2,653 eligible staff including those working in Large Scale Covid-19 vaccination centres with a response rate of 53.4%.

The survey themes were changed nationally to reflect the 7 elements of the national people promise, namely

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

Plus 2 additional themes:

- Staff Engagement
- Morale

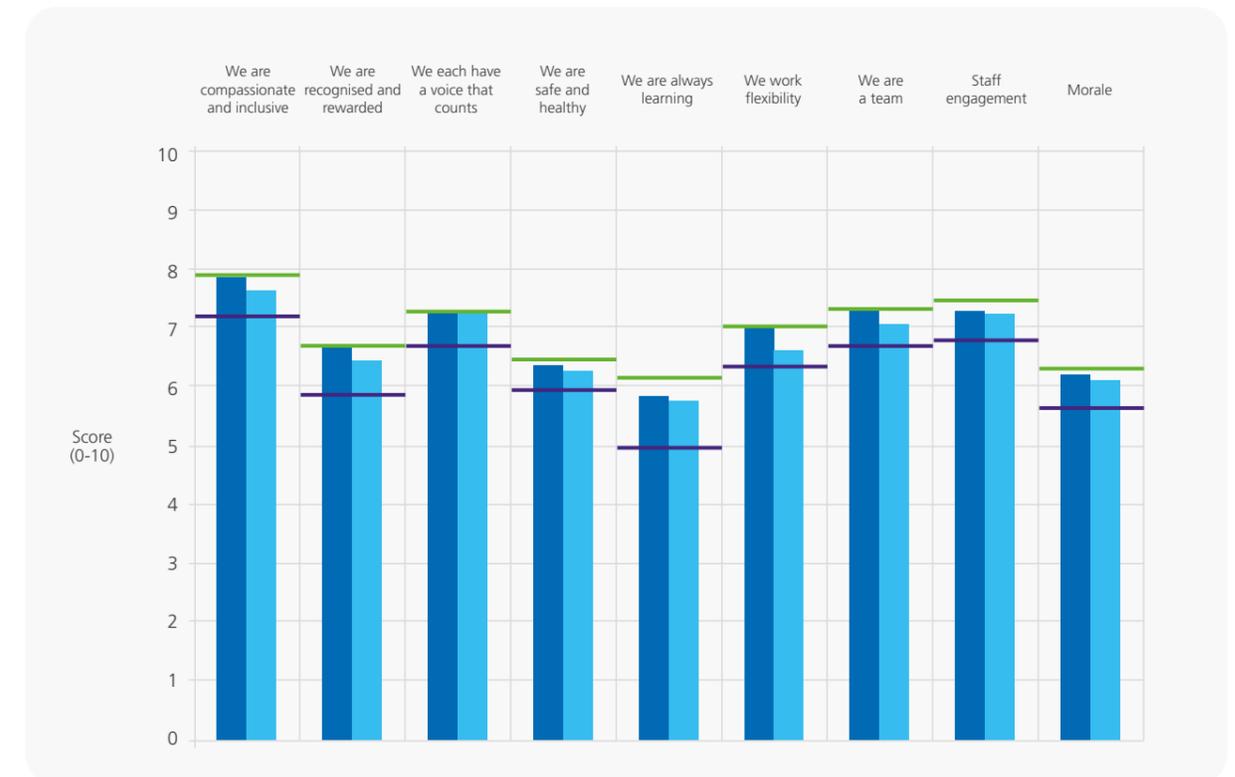
Feedback from staff was again largely very positive with the trust rated as top community trust in the following themes:

- We each have a voice that counts
- We work flexibly

In all other areas (except 'we are always learning – where the Trust was rated average), staff rated working at the Trust as no more than 0.1 below the top scoring community trust.

The Trust achieved top marks when compared to all NHS Trusts across the East of England in eight of the nine NHS People Promise areas.

The table below reflects comparative scores for community trusts across the country.



Best	7.9	6.7	7.3	6.4	6.2	7.0	7.3	7.4	6.3
Your org	7.8	6.6	7.3	6.3	5.8	7.0	7.2	7.3	6.2
Average	7.6	6.4	7.2	6.2	5.8	6.6	7.0	7.2	6.1
Worst	7.1	5.8	6.7	5.9	4.9	6.3	6.6	6.7	5.6
Responses	1,416	1,410	1,410	1,413	1,377	1,405	1,411	1,417	1,417

Next steps

We are proud that our staff responses, for several consecutive years, reflect the positive culture we have built together; particularly given the cumulative impact of the Covid-19 pandemic over the last two years.

However, there is always room for improvement. Our Staff Survey Improvement Group will develop an action plan in partnership with the Trust's staff side representatives and our staff networks to identify actions we can take to further improve our working lives in response to our survey results. The action plan will include initiatives to respond to our overall survey results relating to Workforce Race Equality Standards and Workforce Disability Equality Standards results set out in this section.

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 sets out our commitment to an open and honest culture in which staff feel safe and supported to raise concerns and gives guidance and advice on raising a concern. The Freedom to Speak Up Guardian, who 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 19 Freedom to Speak Up Champions; all were appointed through an open invitation for expressions of interest from staff. All staff who expressed an interest in becoming champions were appointed and all received training delivered by the Assistant Director of Corporate Governance and Assistant Director of Workforce.

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

The National Guardian's Office has brought together four questions from the NHS Staff Survey into 'Freedom to Speak Up Index'. Our Trust has achieved the highest index result for three consecutive years – 2019, 2020 and 2021 compared to all organisations in the NHS.

Workforce Race Equality Standards (WRES) results

The results from the 2021 staff survey linked to the WRES overall dipped slightly, although were still above the benchmarked average for positive responses compared to other community trusts.

Areas which the Trust will focus on to ensure improved scores include staff from ethnic minority backgrounds reporting that they have suffered from bullying and harassment from staff and discrimination from a team lead/manager, and abuse from members of the public.

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

The Trust will work with our Cultural Diversity network to agree objectives and an action plan to address areas for improvement.

Workforce Disability Equality Standards (WDES) results

There has been a reduction in the overall feedback from staff with a long term condition about their experiences and we will work with our Long Term Conditions and Disability Network to agree objectives and an action plan to address areas for improvement.

Staff networks

The trust supported the establishment of three staff networks during 2021 and 2022, which have given a new voice for our culturally diverse workforce. These networks are for staff and allies living with a long term condition or disability, the LGBTQIA+ community, and our Cultural Diversity network. The aim of the networks is to provide an environment where staff from these communities have a voice and peer support and to provide a rich source of feedback to inform the Trust's action plans.

Gender Pay Gap

In 2021, the Trust published its third annual gender pay gap report for 2020. At the time of writing this annual report, the 2021 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 2020 was 26.68% (compared to 27.07% in 2019) 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 2021 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 2021 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 2021/22 staff again 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
- regular virtual sessions with our Executive Team across all of our services and geographies
- trained and launched a network of Wellbeing Guardians
- continued to support 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, and continued to implement action plans based on staff feedback
- reviewed Trust-wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver 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 times
- continued to provide an appraisal career and personal development planning process
- offered flexible working and family friendly arrangements and a carers' and special leave policy
- continued to support the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to discuss our response to the pandemic, exchange information, harmonise human resources policies and processes following the transfer 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 and a zero tolerance approach to violence in the workplace
- supported staff to take breaks and have a flexible approach to allow annual leave to be carried over where staff could not take leave in exceptional circumstances.

Mandatory training

The Trust continued to:

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

- ran virtual trust induction programmes during the pandemic. Our Chief Executive and/or our Deputy Chief Executive attended all sessions to welcome new employees into the Trust
- maintained a high level of training compliance 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 was completed and is being used by managers to track their teams training compliance
- the roll out of OLM to record all training including 'essential to role' training
- linking our unconscious bias training programme to ESR so updating of staff training records does not have to be undertaken manually
- using OLM as one tool to support the large scale vaccination centre workforce with their training.

National recognition and awards

- A team of clinicians and service leads met virtually with Matthew Gould, Chief Executive of NHSX to share the digital innovation we have introduced and support understanding of the challenges facing community providers and how NHSX can support our work.
- Our Luton children and young people's Rapid Response Team, which enables NHS 111 to book children directly into the service, was highlighted by NHS England/Improvement as an example of best practice in a series of case studies for its success in reducing the pressure on hospital emergency departments while strengthening urgent care in the community.
- Julia Hallam-Seagrave, Head of Dental Service attended the National Service of Thanksgiving at St Paul's Cathedral for leading the introduction of new urgent dental centres across Cambridgeshire and Peterborough at the outset of the pandemic ensuring vulnerable

patients could continue to access urgent care. Austin Chinakidzwa, Chair of our Diversity Network and Specialist Heart Failure Practitioner received two tickets for Wimbledon for the inspirational leadership he has shown as the Trust's first Diversity Network chair.

- Our dental services and DynamicHealth services showcased innovative ways of working which had been introduced throughout the pandemic at an NHS England/Improvement community learning event.
- Dr Sarah Edwards, iCaSH, submitted a poster presentation for the British HIV Association & the British Association for Sexual Health and HIV conference on 'Outcome of GU referrals following Covid guidance'.
- Gail Stephens, DynamicHealth service created a poster about 'recovery from chronic cough or Covid-19' which was disseminated through NHS England to GP surgeries, featured in the Pelvic Obstetrics and Gynaecology Physiotherapy (POGP) Journal and was part of the poster presentations at the POGP Conference in October 2021.
- Our DynamicHealth Team won the Outstanding Achievement Award at the national BAME Health and Care Awards last week for the rehabilitation group they introduced for south Asian women, with an article published in Frontline – the professional body journal - showcasing the initiative.
- the Luton and Bedfordshire children's rapid response nursing team was the regional finalist in the Parliamentary Awards urgent and emergency care category and joined all the regional finalists at the NHS Parliamentary Awards national celebration event
- The Trust's communication team was shortlisted in the NHS Communicate Awards in the Health and Wellbeing category, which recognises the contribution that communications makes to the successful implementation and delivery of health and wellbeing initiatives for staff.
- A number of Trust nurses were awarded Queen's Nursing status by the Queens Nursing Institute; recognising their contribution to good practice within the sector.
- Case studies of vaccination centre volunteers who have gone on to secure paid roles within the NHS were used by NHS England for promotional purposes.

- Prime Minister Boris Johnson visited our Queensgate Vaccination Centre Peterborough in early 2022 to thank staff and volunteers for the fantastic work they are doing
- Two case studies of staff in large scale vaccination centres taking up permanent roles within the NHS were used in the national "We Are the NHS" recruitment campaign, to be broadcast on national and regional radio. One case study has also been published in Closer magazine.
- The Trust's videographer, Terry Whyman, worked with colleagues from the Trust, Cambridgeshire and Peterborough NHS Foundation Trust and acute hospital colleagues to film modules for the Cambridgeshire and Peterborough Long Covid Programme; the content of which is to be used as the basis for a national programme.
- An article on the Neurodiversity Diagnosis Support Pack produced by our Bedfordshire and Luton children's services was published in the British Medical Journal. NHS England has expressed interest in sharing this resource as best practice nationally.

Attracting and retaining a quality workforce: Looking forward to 2022/23

We will:

- Undertake a full Training Needs Analysis (TNA) of all skills development needs, including clinical and non-clinical skills.
- develop the skills of our clinical staff in quality, service improvement and redesign tools and techniques, providing bespoke programmes of leadership development, for services undergoing significant service redesign.
- continue to work with partners across Integrated Care Systems to work collaboratively on all workforce retention matters including implement the nursing associate role, reservist models, workforce planning and recruitment and retention
- continue to expand the opportunities for apprenticeships across our workforce, following implementation of the Apprenticeship Levy and further higher apprenticeships becoming available for our clinical and non-clinical workforce; linking with the Health Education East of England (HEE) Grow Your Own initiative;

- continue to roll out the preceptorship training to all our preceptors;
- continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes to support team development;
- continue to offer places on the local Mary Seacole Leadership Development Programme and to support expansion of this across all our ICSs;
- 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 others

Collaboration has been a central theme throughout much of the Trust's activities during 2022/23, including full participation in integrated care system developments across Cambridgeshire and Peterborough and Bedfordshire, Luton and Milton Keynes (BLMK), as well as being represented on Norfolk's Children Board and Norfolk Alliance.

Examples of collaborative initiatives that our services played a key role in, and which are improving outcomes for local people include the following.

Bedfordshire, Luton and Milton Keynes

- A multi-agency discharge events (MADE's) initiative identified and improved hospital discharge processes and, through effective community-based alternatives, achieved significant reductions in the numbers of people who were in hospital but did not clinically need to be there.

- The introduction of remote monitoring for respiratory and heart failure, and more recently diabetic, patients is supporting people remain independent in their own homes and avoid hospital admission. The Trust successfully secured funding awards from NHSX to widen the reach of this across the Bedfordshire, Luton and Milton Keynes area.
- Additional funding (from April 2022) will enable our Bedfordshire acquired brain injury service for stroke patients in the community to expand, providing additional early supported discharge pathways.
- Partnership work with the East of England Ambulance Services NHS Trust and Luton & Dunstable hospital emergency department to strengthen urgent community response (UCR) pathways has included the introduction of a dedicated phone line, enabling referrers to speak directly with a UCR clinician about the most appropriate pathway for the patient. Future plans include developing UCR pathways with care homes, social care and 111.
- Community paediatric teams continued to work with parents and professionals from health, social care and education to create and deliver a neurodevelopmental disorder pathway for early intervention and support for those children who might have developmental problems
- Our Children's Rapid Response Team continued to receive direct referrals from NHS 111 and other health and care professionals for children under five to reduce hospital emergency attendance seven days a week.
- Luton 0-19 services, with partners, supported the system-wide response to the arrival of Luton Afghan Refugees. The service facilitated health screening for 95 family units including 326 children in the quarantine and bridging hotels.
- A new collaboration with One YMCA and the Bedfordshire 0-19 services is supporting the development of an integrated service offer in the community for children and young people and their families. This includes new ways of utilising children services and expanding our joint universal service offers.

Norfolk and Waveney

- Detailed work is underway with partners to design a system-wide 'integrated front door' to physical and emotional/early mental health support utilising the existing 'Just One Norfolk' gateway.
- Our Healthy Child Programme worked with PROVIDE (Child Health provider) and the three local acute hospitals to implement a digital transfer process for A&E notifications for children and young people with all attendances (and follow up where required) now automatically uploaded onto children's records via the Just One Norfolk digital platform.
- Our Just One Norfolk team working with commissioners, GPs and acute hospitals to plan a series of webinars aimed at providing access to advice and information for families in regard to self-management of children's minor illnesses over winter - aiming to relieve pressures on Just One Norfolk, &Es and GPs
- As part of the Norfolk Local Safeguarding Children's Partnership 'Protecting Babies' strategy, partners worked together to promote safer sleeping to highlight the risks and potential consequence in a series of short films linked to digital resources and information on Just One Norfolk.
- A system-wide campaign 'Safe and Loved' helped parents and carers to understand the things that help children feel safe and loved including new resources and an animation co-produced with children, families and professionals.

Cambridgeshire and Peterborough

- Our DynamicHealth physiotherapy services participated in the Shared Care Record project, the aim of which is to enable providers to have access to each other's patient records to enable delivery of high quality, holistic care for service users. The service also engaged with the Department for Work and Pensions, Cambridgeshire County Council and Peterborough City Council to gain service user views on barriers to employment whilst living with Musculo-skeletal challenges.
- 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. The Best Start Programme has developed a range of local pilot schemes which bring 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 delivered a Partnership Agreement that brings together mental and emotional health services for children and young people in Cambridgeshire and Peterborough. The Trust continues to develop Mental Health Support Teams in Schools, and in total now has six teams operating across Cambridgeshire and Peterborough and we will continue to increase the number of these teams.
- The redevelopment programme at the North Cambridgeshire Hospital site was re-launched following a temporary pause during the pandemic, supporting care delivered by all healthcare partners on site.
- 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 was successful and the Trust now awaits a response from the Department of Health to the subsequent Expression of Interest for capital funding.

Suffolk

- Our dental services in Suffolk are working with partners to develop processes that enable Looked After Children to have direct access into the service.

iCaSH Services

- We continue to work in partnership with the Terrence Higgins Trust – the UK's leading HIV and sexual health charity – to support people living with HIV and help people using our services across Bedfordshire, Norfolk, Suffolk and Milton Keynes to achieve good sexual health.

System-wide response to the Covid-19 Pandemic

- We continued to successfully provide large scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney and played a key role in the delivery of the largest vaccination programme in NHS history. By the end of March 2022, our vaccination centres had delivered 1,357,075 doses of the vaccine giving people hope for a brighter future.
- Staff were redeployed, internally and to partner organisations, to support system-wide responses to the pandemic including mutual aid to the vaccination programme being delivered by large scale vaccination centres in Bedfordshire Luton and Milton Keynes. Dynamic Health staff were redeployed in the Cambridgeshire and Peterborough system to support discharge pathways from acute hospitals.

4

Strategic Objective 4 – Be a sustainable organisation

Sustainable Development

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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 2022.

Business Development

The Trust's direction over the next few years will be shaped largely by the creation of Integrated Care Boards, as successors to Clinical Commissioning Groups, and in 2021-22 the Trust has contributed to much groundwork in anticipation of this. The Trust's commitments to these plans are set out in our Strategy 2020-23 and in our Operating Plan 2022-23. In addition, the Trust will participate in tenders to retain and win business within the parameters set out in our Strategy 2020-23 whilst cognisant of the Government's intent to supersede the 'presumption' of tendering in respect of commissioned health services with a new Provider Selection Regime. The Provider Selection Regime is expected to significantly reduce competitions for services and strengthens the likelihood of retaining current business, but working in new collaborative arrangements with other providers.

As a consequence of new services and services transferring out of the Trust, we will commence 2022-23 with a planned turnover of £139 million.

The Trust remains a key partner in the Bedfordshire Care Alliance which over time will become a formal Collaborative within the Bedfordshire, Luton, Milton Keynes Integrated Care System. During 2020-21 the Alliance produced a prospectus that describes its ambition to deliver services and improve outcomes for patients, involving the delegation of NHS resources, functions and responsibilities from the Bedfordshire, Luton, Milton Keynes Integrated Care Board to the Alliance.

In Cambridgeshire and Peterborough, the Trust has accepted an invitation from the Clinical Commissioning Group to be the 'Lead Provider' in a planned Children and Maternity Collaborative. This will be developed within the overall structure of the Integrated Care Board. Meanwhile, the Trust has assumed leadership of the existing Collaborative Board which is a voluntary coalition of commissioner and providers focused on improving outcomes for children, young people and families.

In Norfolk, the Trust is a quorate member of the Children and Young People's Strategic Alliance. The Alliance Board's core purpose is to act as the leadership vehicle for children and young people's mental and physical health in Norfolk and Waveney and will deliver its strategy 'Flourishing in Norfolk' 2021-25.

The Trust has secured the following contract extensions from commissioners:

1. Norfolk County Council has extended the contract for integrated sexual health services to 29 February 2024.
2. Luton Clinical Commissioning Group has extended our contract for community health services to March 2024.
3. Agreement was reached with Bedfordshire Borough Council for the Integrated Sexual Health Service for a one-year extension 1st November 21 – 31st October 2022 and, thereafter, verbal commitment for a further year.
4. Agreement was reached with Suffolk County Council for the Integrated Sexual Health Service for a further 2-year extension starting on the 1 May 2022 to 30 April 2024.
5. First Contact Practitioner contracts for the provision of musculoskeletal services to Primary Care Networks in Cambridgeshire and Peterborough will be extended to March 2023. These cover 11 Primary Care Networks (with potentially 2 more to be added) and provide 18 whole time equivalent First Contact Practitioners to support primary care
6. NHS England have extended the Dental Access Centre contract for our Dental Services until June 2022

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

1. Preventx was awarded the organisation's Digital Pathology contract starting 1st November 2021 – 31st October 2024.
2. Chess digital was awarded the organisations Just One Norfolk digital web platform 1st January 2021 – 10th January 2023
3. Heales Medical has been awarded the Trust's occupational service contract. Heales will take over occupational health for all CCS and LSV staff from April 2022
4. Our property services providers OCS (Soft FM) and CBRE (Hard FM) have been awarded a year's extension on their contract taking the current end date to March 2026. Our performance-based extension allows a further four more to 2030.
5. Our logistics provider, GSG, has been awarded a three-year contract, with the provision to extend for two further years. The start date of this contract was October 2021.

Financial assessment

Despite 2021/22 continuing to be another challenging year across the whole of the Health sector, the Trust achieved a breakeven position in delivery of its ongoing commissioned operational services. However, due to an actuarial reassessment of the cessation obligation for a defined pension scheme, which the Trust ceased to be an employer in the fund during 2016, the Trust has had to recognise a historical change in the obligation of £1.9m. This moved the Trust's final position to one of a deficit of £1.8m. 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 Covid-19 large scale 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 18 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.



Three month baby review launched

Families across Bedfordshire are now invited to a face to face meeting with the health visiting team when their baby is three months old.

The review, delivered in various locations around the county, checks the baby's development and growth with conversations covering topics including introducing solids foods, feeding, safe sleep, socialising and playing, how to comfort baby, and immunisations. Parent/carer mental health is also reviewed with information and signposting to support available if and when needed.



Feedback has been very positive including:

"I found the 3 month review really useful, it reassured me of any concerns that I had and gave me the opportunity to ask questions and iron out any worries at an early time in my child's development."

"I really appreciated the conversation cards on the table, they served as reminders for discussion. Also, our nurse heard our concerns and has highlighted them with our health visitor. We are very grateful for this."

"Good overall 3 month old summary topics and plenty of opportunity to ask questions/ discuss worries."



Better Payment Practice Code (30 day target)	2021/22	
	Number	£'000
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	17,628	73,695
Total Non-NHS Trade Invoices Paid Within Target	14,515	59,874
Percentage of Non-NHS Trade Invoices Paid Within Target	82.3%	81.2%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	633	5,821
Total NHS Trade Invoices Paid Within Target	400	4,062
Percentage of NHS Trade Invoices Paid Within Target	63.2%	69.8%

- The Trust's 2021/22 accounts have been externally audited by BDO UK LLP. External audit fees for 2021/22 were agreed as £60,900 excluding VAT (2020/21 fees with BDO UK LLP £66,500 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 from page 78 shows the salary and pension entitlements of the directors of the Trust.
- There have been no accounting policy changes during 2021/22. Critical accounting judgements and key sources of estimation of uncertainty are shown in note 1.17 and 1.18 of the accounts.
- The Trust has spent £8.5 million in 2021/22 (2020/21 £7.82 million) on items that come within the NHS management costs definition. This represents 4.93% (2020/21 5.11%) 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 2022/23 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

Our strategic objectives for 2022/23 are to:

- provide outstanding care;
- collaborate with others;
- 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.

A key priority for 2022/23 is to undertake a Leadership and Governance Well-led Self-Assessment to provide assurance and identify development areas.

Underpinning strategies

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

- quality and clinical strategy;
- people strategy;
- digital transformation;
- 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, Milton Keynes, Norfolk, Peterborough and Suffolk set out ambitious objectives and targets for the coming year. We have every expectation of achieving these, ensuring that local people are able to access services that promote healthier lives closer to home.

Financial outlook

2022/23 sees a return to the NHS Financial Framework rules in place prior to the COVID 19 pandemic, with an emphasis on supporting recovery of service delivery back to pre-pandemic levels over the next few years.

The Trust's service portfolio for 2022/23 has not changed materially and the overall expenditure budget is planned to be £139 million for this year. In addition the Trust will also continue to be the Lead Provider for Large Scale Vaccination service across both the Cambridgeshire and Peterborough and Norfolk and Waveney systems.

The Trust has a capital plan of £5.5 million for 2022/23, which includes the continued development of the North Cambridgeshire Hospital in Wisbech and the Princess of Wales Hospital in Ely, the refurbishment of a new site for the Suffolk Dental service and backlog maintenance on other sites.



Matthew Winn
Chief Executive

27 September 2022

Case Study

Emotional Health and Wellbeing Service goes above and beyond to support local families.

Our amazing Cambridgeshire and Peterborough Mental Health Support Teams (MHST) are part of a national initiative that works within education settings delivering individual and group, evidence-based interventions with young people and families with mild to moderate mental health needs. This includes anxiety, behavioural issues, and low mood.

Here's just one example of how the MHST made a difference this year and went above and beyond to provide support.

A child was experiencing anxiety symptoms caused by change and new experiences. Their symptoms started 3 to 4 years ago but escalated in the past 12 months. The MHST team offered a parent-led anxiety intervention to support the child's anxiety symptoms using S.M.A.R.T. goals which provided the parent with a better understanding of anxiety and the development and maintenance factors. Getting a better understanding of the

child's anxiety contributed to breaking the maintenance cycle of anxiety and started to work on the child's anxious thoughts and expectations.

A month after the review was complete the child was able to go on a school trip which involved sleeping over for 3 nights and they were able to manage their anxious thoughts during the trip. The child is now feeling much more confident and in control of the anxiety and is looking forward to being able to do more things in the future.

Diagnosis Support Pack

celebrates neurodiversity

Receiving a neurodiversity diagnosis for your child e.g. **Autism** or **ADHD** can be a time of mixed emotions. Families told us there was a real need for a one stop shop to provide information and help them understand **“what next?”**



A collaboration with parents, young people, local Parent Carer Forums and key partners saw the launch of an accessible and interactive Diagnosis Support Pack in September 2021 incorporating videos, infographics, and animations covering topics from sleep to medication and much more.



Tab Mirbassam, Co-Production Lead for Luton during the creation of the pack, said: **“As well as making the pack informative and useful, it was really important to us that the pack uplifts people and celebrates neurodiversity. We know many families find receiving a diagnosis a challenging time but empowering messages and having positive role models are so important to help parents/carers and young people on their journey.”**

As 10 year old Ayla, one of the young people we engaged with said about being diagnosed with Autism: **“You need to learn to embrace it, learn to feel positive about it, learn to love it. Autism will help you – it’s not a negative, it’s a super power!”**



Accountability Report

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Corporate Governance Report

Directors' Report 2021/22

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 on page 74, together with information on membership of the Trust's Board and its sub-committees.

Information on personal data related incidents where these have been formally reported to the information commissioner's office are incorporated in the Performance Report on page 20.

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.



Matthew Winn
Chief Executive

27 September 2022

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

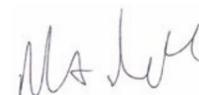
Signed:



Matthew Winn
Chief Executive

27 September 2022

Signed:



Mark Robbins
Director of Finance and Resources

27 September 2022



Out dental teams face challenges with a *can-do attitude*

It has been an intense year for our dental service but despite the immense pressure, our teams have faced every challenge with compassion and a can-do attitude.

We have supported each other as we continued to care for patients throughout even the most severe restrictions put into place due to the pandemic. This often meant changing how we worked at short notice to ensure that our staff and our patients were as safe as possible while delivering/ receiving assessment or treatment.



Over the last financial year, we have:

- maintained our minor oral surgery, special care dentistry and urgent care services seeing 21,766 patients face to face by the whole dental service and 6,754 patients receiving support by phone triage
- helped a number of schools and early years settings to receive accreditation in our in-house My Smile programme
- set up joint working arrangements across Cambridgeshire and Suffolk services; ensuring patients from the Cambridgeshire area can now access care under general anaesthetic at the West Suffolk Hospital, and cross trained administrative staff can cover telephone lines for other areas and services to meet patient demand
- continued to offer placements for foundation dentists in both Cambridgeshire and Suffolk
- ensured that every patient in Suffolk who had care delayed due to the pandemic has now had access to a dental check-up.



Thank you to our fabulous teams and all our patients for all their support in 2021/22.



Governance Statement

Scope of responsibility

As Accountable Officer, and Chief Executive of the Trust, I have responsibility for maintaining a sound system of risk management and internal control, which supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me.

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

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

As the Accountable Officer, I ensure the organisation works effectively, in collaboration with NHS England and NHS Improvement, Integrated Care Systems, 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.

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 2022 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 achievements 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 year strategy reflects the key challenges and pressures health and care organisations are facing, whilst describing a set of clear priorities to support the NHS to continue to deliver high quality care at a cost the nation can afford. The strategy is built around five supporting foundations:

- 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 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 Directors), the Chief Executive and five Executive Directors.

Our Board Members Register of Interests for 2021/22 is available on the Trust's public website (www.cambscommunityservices.nhs.uk)

During 2021/22 the Trust Board regularly discussed the assurance processes in place during pandemic and moved to virtual meetings throughout the year. The Trust Board met virtually six times in public and invited questions from the public via our website and social media channels. All Board meetings in 2021/22 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 74) 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 Service Redesign and the Company Secretary, who together act as principal advisers on all aspects of corporate governance within the Trust. The governance and assurance processes for the Board and Sub Committees were reviewed regularly throughout the year to reflect the pressures of the pandemic on Trust staff but also maintain robust assurance reporting throughout the year.

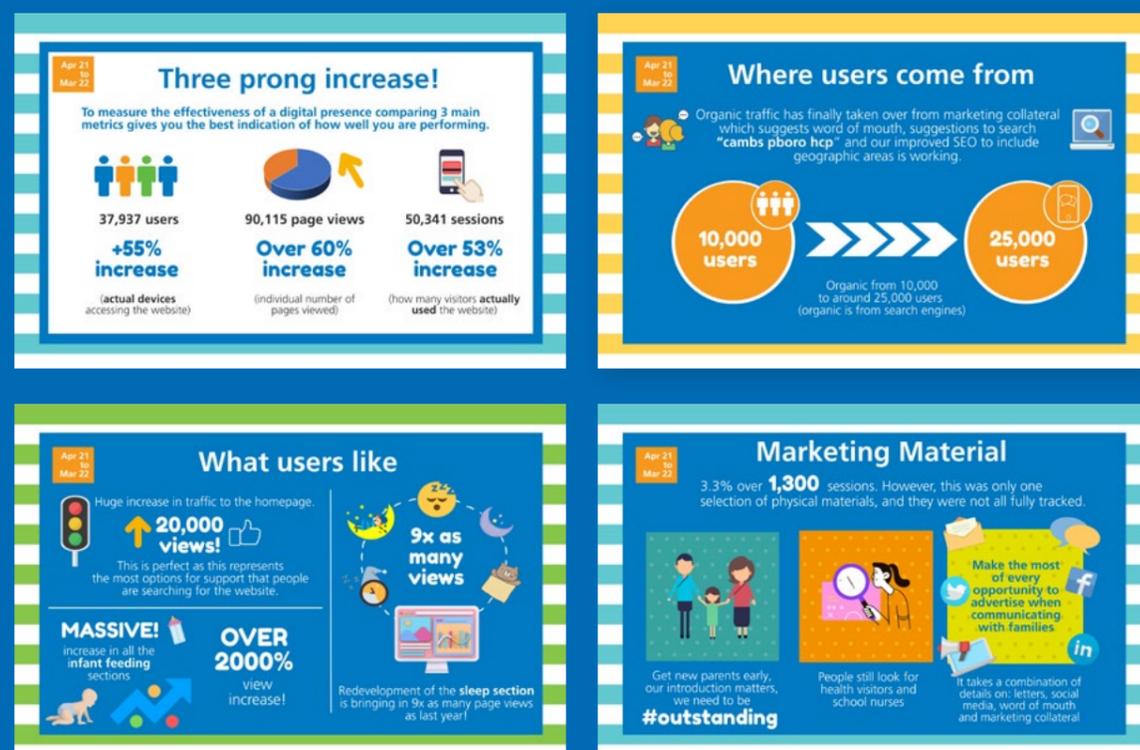
The Board continued to be focussed on delivering the Trust's four strategic objectives throughout the year.

Board Development Programme

The Board Development Programme for 2021/22 covered the following areas:

Theme	Areas of focus
Patient experience and engagement	<ul style="list-style-type: none"> Integrated Care System Digital Transformation Strategy Reflections and lessons learnt from the pandemic.
Staff experience and engagement	<ul style="list-style-type: none"> Feedback from our BAME staff Anti-racism discussion with our Cultural Diversity Network Chair Equality, Diversity & Inclusion – discussion with our Cultural Diversity Network chair
Strategic issues	<ul style="list-style-type: none"> Anti-racism Strategy Whitepaper integration and innovation working together to improve health and social care for all White paper and implications for the Trust Collaboration: <ul style="list-style-type: none"> Cambridgeshire & Peterborough Children and Maternity Collaborative BLMK Bedfordshire Care Alliance arrangements Norfolk Children and Young People Strategic Alliance Waveney Green Plan Team Development session Large Scale Vaccination Impact of Covid-19 Pandemic on Strategy Integrated Governance Assurance Framework Governance Structures and future ways of working Safeguarding – Board Responsibilities Digital Transformation Strategy ICS Development – BLMK Cambridgeshire & Peterborough Well Led Improvement Priorities Review of Strategic Risks Cumulative Risk review

Cambridgeshire and Peterborough digital resources improve access to advice and information for families



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

The committees highlight for the Board's attention, 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 Large Scale Vaccination Centre Clinical Operational Board in March 2021. The revised governance arrangements were approved by the Board in March 2021 and was immediately implemented.

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

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 2021/22 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 2021/22, the committee met four times. In addition to the above, the committee reviewed all reports from completed internal audit assignments for the 2021/22 work plan, which had been agreed by the committee at the start of the year.

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

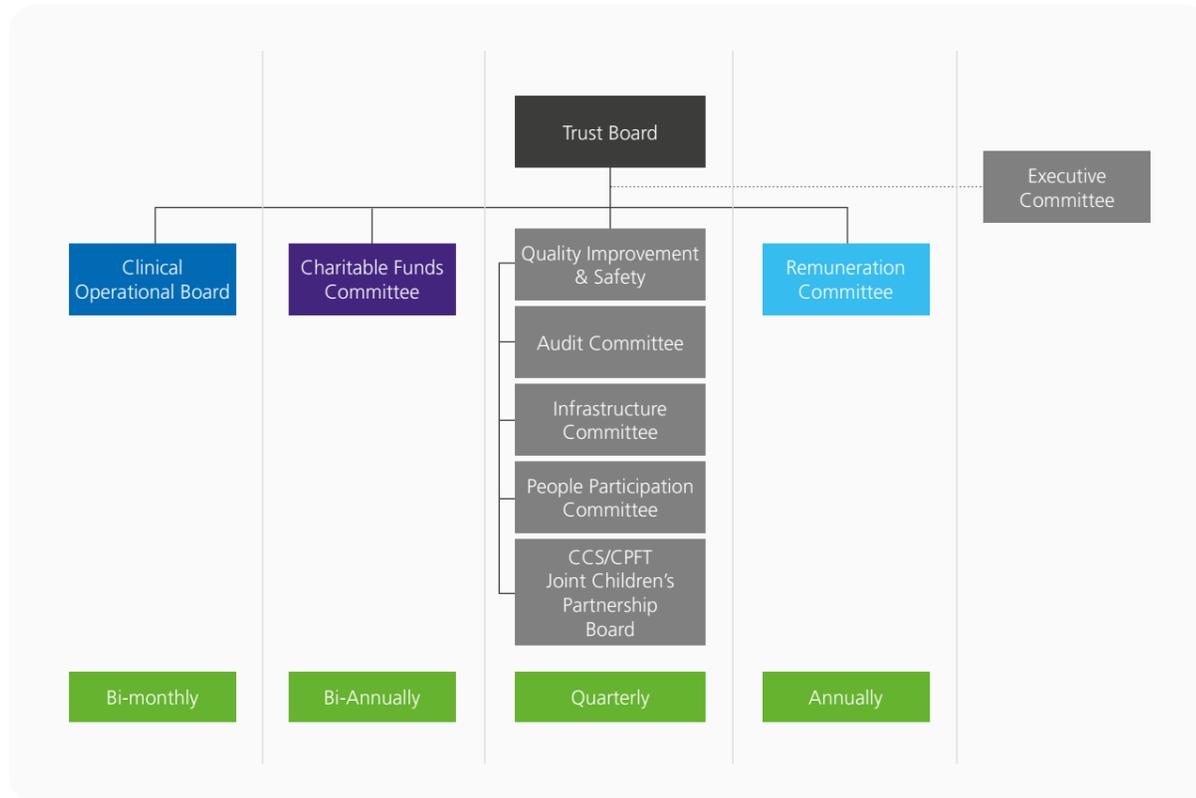
Head of internal audit opinion 2021/22

For the 12 months ended 31 March 2022, 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, over work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

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



- Reasonable assurance internal audit on the Trust Divisional Governance review. The audit confirmed that the Trust has in place a well-designed and robust governance arrangements in place.

The Trust has a risk management policy which is available to all staff. The policy describes the Trust's overall risk management approach and 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. risk at each level of the organisation. The Trust's risk management policy describes the process for standardised assessment of risk, including assessment of likelihood and consequence.

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

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

The Board has described the risks to the achievement of the Trust's objectives. The nominated lead for each risk has identified existing controls and sources of assurance that these controls operate effectively. Any gaps in controls have been detailed and action plans put in place to strengthen controls. The outcome of this process is articulated in the strategic risk register 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.

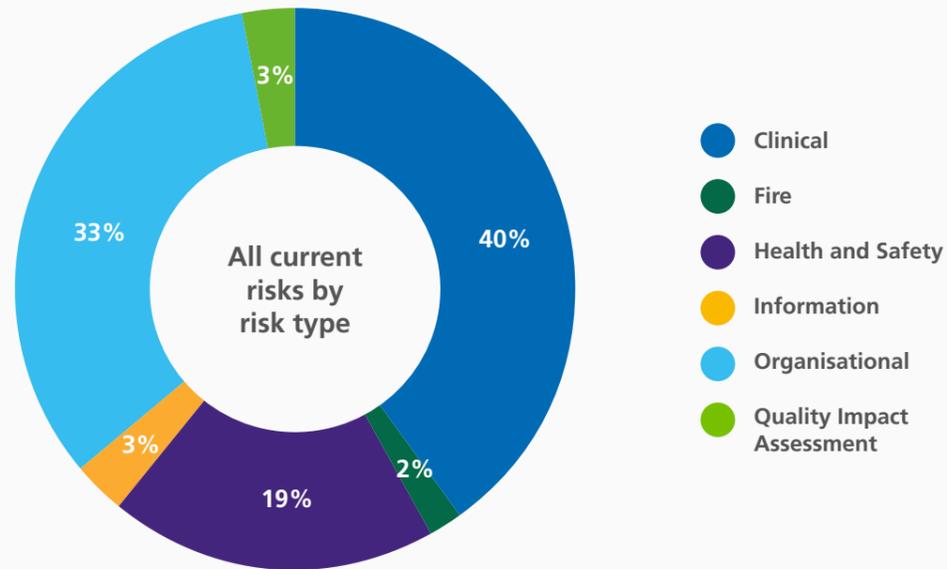
The Trust has in place a strategic risk register, which sets out the principal risks to delivery of the Trust's strategic objectives. Executive directors review the risk register and enter strategic risks onto the corporate risk register. In addition, other corporate risks scoring 15 or above that have 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.

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 2021/22 are shown in the table on the next page.

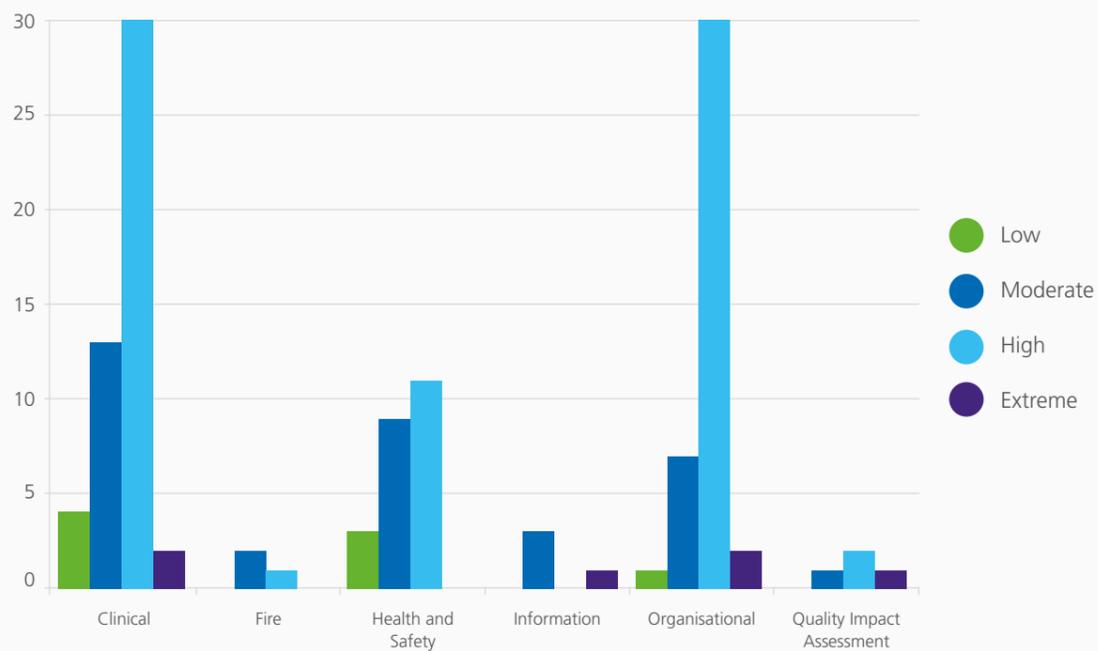
Risk ID	Strategic Risk Description	Risk Score (As at 31st March 2022)
3163	There is a risk that the delivery of high-quality care will be adversely affected if levels of staff morale reduce.	20 (increased from 16 in December 2021)
3164	There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges	20 (increased from 16 in December 2021)
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
3426	If there is a surge in Service demands over the months Nov- March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery**.	12 (closed on 31st March 2022)
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 (closed on 19th October 2021)
3300	Delivery of the large scale 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.	8
3323	Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the large scale vaccination programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity and political profile of the programme**.	12 (closed on 28th March 2022)
3436	There is a risk that if a number (or %) of patient facing staff do not wish to have the Covid-19 vaccination then they may leave the organisation leading to; a reduction in service offering/patient contact and a reduction in skilled workforce**.	8 (closed on 1st March 2022)

** Highlights risks was closed during the year.

As of 31 March 2022, the Trust had 123 open risks. The charts below present 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 2021/22 staff again 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
- regular virtual sessions with our Executive Team across all of our services and geographies
- trained and launched a network of Wellbeing Guardians
- continued to support 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, and continued to implement action plans based on staff feedback
- reviewed Trust-wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver 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 times
- continued to provide an appraisal career and personal development planning process
- offered flexible working and family friendly arrangements and a carers' and special leave policy

- continued to support the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to discuss our response to the pandemic, exchange information, harmonise human resources policies and processes following the transfer 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 and a zero tolerance approach to violence in the workplace
- supported staff to take breaks and have a flexible approach to allow annual leave to be carried over where staff could not take leave in exceptional circumstances.

Mandatory training

The Trust continued to:

- improve access to e-learning for mandatory training subjects, including a staff telephone/teams call helpdesk
- review and amend our Trust induction based on staff feedback and Trust requirements and completed the roll out of unconscious bias training as part of e-learning to all staff
- ran virtual trust induction programmes during the pandemic
- 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 was completed and is being used by managers to track their teams training compliance
- the roll out of OLM to record all training including 'essential to role' training
- linking our unconscious bias training programme to ESR so updating of staff training records does not have to be undertaken manually

- using OLM as one tool to support the large scale vaccination centre workforce with their training.

Attracting and retaining a quality workforce: Looking forward to 2022/23

We will:

- Undertake a full Training Needs Analysis (TNA) of all skills development needs, including clinical and non clinical skills.
- develop the skills of our clinical staff in quality, service improvement and redesign tools and techniques, providing bespoke programmes of leadership development, for services undergoing significant service redesign.
- continue to work with partners across Integrated Care Systems to work collaboratively on all workforce retention matters including implement the nursing associate role, reservist models, workforce planning and recruitment and retention
- continue to expand the opportunities for apprenticeships across our workforce, following implementation of the Apprenticeship Levy and further higher apprenticeships becoming available for our clinical and non-clinical workforce; linking with the Health Education East of England (HEE) Grow Your Own initiative;
- Continue to roll out the preceptorship training to all our preceptors;
- continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes to support team development;
- continue to offer places on the local Mary Seacole Leadership Development Programme and to support expansion of this across all our ICSs.
- 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 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.

Greener NHS Programme

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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 2022.

The Trust Board discussed the development to the Green plan in December for adoption in 2022/23.

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

Despite 2021/22 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 large scale vaccination 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.

Information Governance

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

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

The Trust achieved 93% compliance with mandatory information governance training in March 2022.

The Data Protection and Security Toolkit is designed to test compliance with the National Data Guardian's 10 data security standards. We submitted our baseline assessment to NHS Digital on 21 February 2022 and anticipate publication by June 2022 of the full assessment showing all standards being met as assessed by the algorithm used by NHS Digital.

During 2021/22, two data breach incidents were reported to the Information Commissioner. Both resulted in confirmation from the Commissioner that regulatory action would not be taken.

Data Quality and Governance

The Trust's Data Quality Group reviews the accuracy of data and reports to the Trust Board.

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

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

Review of the effectiveness of risk management and internal control

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

The Board's role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed. Trust objectives for 2021/22 were 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 2021/22

Conclusion

There has been no evidence presented to myself or the Board to suggest that at any time during 2021/22, 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

27 September 2022

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 2021/22. 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)			1*	2(2)	1(1)			1*	1*	3(3)
Dr Anne McConville (Non Executive Director)	6(6)			4(4)	2(2)				6(6)	6(6)	
Geoffrey Lambert (Non Executive Director)	6(6)		3(3)		2(2)			4(6)			
Oliver Judges (Non Executive Director)	5(6)		3(3)				3(3)		5(6)		
Anna Gill (Non Executive Director)	5(6)	3(3)		3(4)					6(6)		3(3)
Gary Tubb (Non Executive Director)	6(6)			4(4)		1(1)	3(3)	6(6)			
Fazilet Hadi (Non Executive Director)	6(6)		2(3)					6(6)		5(6)	3(3)
Matthew Winn (Chief Executive)	6(6)				2(2)**						
Anita Pisani (Deputy Chief Executive and Director of Workforce)	5(6)	3(3)		3(4)	1(2)**	1(1)			4(6)		3(3)
Dr David Vickers (Medical Director)	6(6)	3(3)		4(4)				6(6)		5(6)	
Mark Robbins (Director of Finance and Resources)	6(6)					1(1)	3(3)	6(6)			
Kate Howard (Chief Nurse)	6(6)	3(3)		3(4)					6(6)	5(6)	3(3)
Rachel Hawkins (Director of Governance & Service Redesign)	5(6)		3(3)				3(3)			1(1)	

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

* denotes attendance at sub-committee meetings where Chair is not a formal member to provide assurance of the effectiveness of these committees.

** denotes attendance at sub-committee meetings for relevant discussions only.

Names	Title	Sub Committee Members (* Indicates Chairs of that committee)
Mary Elford (Chair)	Chair	Charitable Funds Committee; Remuneration Committee; People Participation Committee
Dr Anne McConville	Non-Executive Director	Children & Young People's Clinical Operational Board; Quality Improvement & Safety Committee*; Remuneration Committee, Large Scale Vaccination Programme Clinical Operational Board*
Geoffrey Lambert	Non-Executive Director	Audit Committee*; Adults Clinical Operational Board; Remuneration Committee*
Oliver Judges	Non-Executive Director	Infrastructure*; Children & Young People's Clinical Operational Board; Audit Committee
Gary Tubb	Non-Executive Director	Charitable Funds Committee*; Infrastructure; Adults Clinical Operational Board*; Quality Improvement & Safety Committee
Fazilet Hadi	Non-Executive Director	Adults Clinical Operational Board; Audit Committee; People Participation Committee*; Large Scale Vaccination Clinical Operational Board
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*
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; Large Scale Vaccination Programme Clinical Operational Board
Mark Robbins	Director of Finance and Resources	Charitable Funds Committee; Infrastructure; Adults Clinical Operational Board; Audit Committee
Kate Howard	Chief Nurse	Children & Young People's Clinical Operational Board; Quality Improvement & Safety Committee; CCS/CPFT Joint Children's Partnership Board; People Participation Committee; Large Scale Vaccination Programme Clinical Operational Board.
Rachel Hawkins	Director of Governance and Service Redesign	Audit Committee; Infrastructure Committee, Large Scale Vaccination Programme Clinical Operational Board



First Contact Physiotherapists

Since implementing our First Contact Physio (FCP) programme, we have gone from strength to strength. We believe we are the largest provider of FCPs in the east of England and have recruited to the role for almost all primary care networks in Cambridgeshire and Peterborough.

FCPs are now 13% of our workforce and they are integrated with our primary care colleagues such as GPs, advance practice nurses, health and wellbeing coaches and others, but are still well supported in our practice roadmaps by the advanced practice physiotherapists within our DynamicHealth physiotherapy service. Alex Theobald is an FCP in Ely. He said:

"It's great being a first contact physiotherapist. The role is challenging, requires a lot of learning but is very rewarding. Everyday you really feel you help support patients and make a difference to people's lives."

"We are well placed to assess, give advice, help self-manage, and refer when appropriate. We have just under a thousand pieces of patient feedback since the FCP service started, and 96% report the service is good or very good. Every single week the themes of "professional", "knowledgeable", "kind", "listened" and "explained" runs through our feedback from multiple patients."

"I feel the FCP service is a huge success for patients, primary care and physiotherapy services alike. A huge credit to Cambridgeshire Community Services for rolling out the service so quickly and comprehensively while providing excellent support to the FCPs themselves."

Remuneration and Staff Report 2021/22

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Remuneration and Staff Report 2021/22

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
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 2022. No payments were made to co-opted members and no payments were made for golden hellos.

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 NHS England 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 and Social Care. 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 regular one-to-one meetings. The Chief Executive agrees objectives with the Trust's executive directors and holds monthly one-to-ones to manage their performance. The Trust's Chair meets with executive directors on a bi-monthly basis.

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 2022 are given in the tables on the following two pages.

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

Remuneration 2021/22 (subject to audit)

Name	Position	2021/22				
		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	35-40	0	0	0	35-40
Anne McConville	Non Executive Director	10-15	0	0	0	10-15
Geoffrey Lambert	Non Executive Director	10-15	0	0	0	10-15
Oliver Judges	Non Executive Director	10-15	0	0	0	10-15
Gary Tubb	Non Executive Director	10-15	0	0	0	10-15
Anna Gill	Non Executive Director	10-15	0	0	0	10-15
Fazilet Hadi	Non Executive Director	10-15	0	0	0	10-15
Matthew Winn	Chief Executive *	90-95	0	0-5	77.5-80	175-180
David Vickers	Medical Director **	140-145	0	0	0	140-145
Mark Robbins	Director of Finance and Resources	110-115	0	0	45-47.5	160-165
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	125-130	0	0	52.5-55	180-185
Kate Howard	Chief Nurse	110-115	0	0	77.5-80	190-195
Rachel Hawkins	Director of Governance and Service Redesign	90-95	0	0	47.5-50	135-140
2020/21 (Restated)						
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 **	0	0	0	0	0
Matthew Winn	Chief Executive	70-75	0	0-5	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 (to 19th October 2020)	50-55	0	0	0	50-55
Rachel Hawkins	Director of Governance and Service Redesign (to 7th Jan 21)	65-70	0	0	17.5-20	80-85
Rachel Hawkins	Deputy Chief Executive & Director of Governance and Service Redesign (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

* Matthew Winn is seconded 2 days per week to NHSE from 1st April 2021 to 31st March 2022. His salary represents the hours worked with the Trust during this period. His salary and bonus for 20/21 have been corrected and restated in the remuneration table.

** David Vickers is employed as both a paediatric consultant and medical director at the Trust. His "salary" includes his role as a paediatric consultant (£140,000 - £145,000).

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

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

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

The banded remuneration of the highest paid director in Trust in the financial year 2021-22 was £157,500 for salary and allowance and £162,500

including bonuses (2020-21, £157,500 for both salary and allowance and including bonuses). This represents a 0% increase on salary and allowances and a 3.2% increase including bonuses. The average salary of the employees of the entity for 2021-22 was £31,806 (2020-21 £33,495). This represents a 5% decrease in average salary. The average salary has been diluted due to the high number of staff recruited to support the mass vaccinations programme which is predominantly staffed at lower bands and this is reflected in the lower median remuneration in 2021-22 of £25,655 (2020-21 £30,615). The relationship to the remuneration of the organisation's workforce is disclosed in the below table. Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the organisation's workforce.

Year	25th percentile total remuneration ratio	25th percentile salary ratio	Medium total remuneration ratio	Medium salary ratio	75th percentile total remuneration ratio	75th percentile salary ratio
2021-22	1.00 to 7.21 (1 being the mid point of highest paid director £162,500 divided by the 25th percentile of employee remuneration £22,549)	1.00 to 6.98 (1 being the mid point of highest paid director £157,500 divided by the 25th percentile of employee remuneration £22,549)	1.00 to 6.33 (1 being the mid point of highest paid director £162,500 divided by the 50th percentile of employee remuneration £25,655)	1.00 to 6.14 (1 being the mid point of highest paid director £157,500 divided by the 50th percentile of employee remuneration £25,655)	1.00 to 4.16 (1 being the mid point of highest paid director £162,500 divided by the 75th percentile of employee remuneration £39,027)	1.00 to 4.04 (1 being the mid point of highest paid director £157,500 divided by the 75th percentile of employee remuneration £39,027)
2020-21	1.00 to 7.19 (1 being the mid point of highest paid director £157,500 divided by the 25th percentile of employee remuneration £21,892)	1.00 to 7.19 (1 being the mid point of highest paid director £157,500 divided by the 25th percentile of employee remuneration £21,892)	1.00 to 5.14 (1 being the mid point of highest paid director £157,500 divided by the 50th percentile of employee remuneration £30,615)	1.00 to 5.14 (1 being the mid point of highest paid director £157,500 divided by the 50th percentile of employee remuneration £30,615)	1.00 to 4.16 (1 being the mid point of highest paid director £157,500 divided by the 75th percentile of employee remuneration £37,890)	1.00 to 4.16 (1 being the mid point of highest paid director £157,500 divided by the 75th percentile of employee remuneration £37,890)

New Children's
Community Health
HUB responds to

**4454 calls
every month!**

Since the Bedfordshire and Luton Children's Community Health HUB opened on 1 June 2021 with the aim of making contacting our services easier and more convenient via one telephone number and email address, the team has responded to an average of 4454 calls and 3047 emails every month through to March 2022.



Receiving calls and emails for our Health Visiting and School Nursing teams, Children in Care service and Community Paediatrics service, the Health HUB is the first point of contact for families and professionals for advice and support from School Nurses and Health Visitors, appointments, help with accessing services and signposting to other agencies.

Over time, the HUB will become the first point of contact for all of our children's services across Luton and Bedfordshire.

Feedback for the HUB service has been positive, with two recent examples commending the team for being:

- ***"Always helpful and polite, and I get a call back and valuable advice."***
- ***"The lady was very friendly, helpful and personable, which was very much appreciated."***

Remote health monitoring puts patients in charge of their condition

In Luton we have implemented remote health monitoring to support patients with respiratory or heart conditions remain independent in their own home, reducing avoidable hospital admissions and identifying early signs of deterioration of their underlying long-term condition.

Using devices and wearable technologies, patients take their own vital sign readings for blood pressure, weight and heartbeat before submitting the information through a dedicated phone. These readings are then analysed by a clinician and care plans adapted as necessary.

The equipment is provided by Doccla, a technology company and our project partner.

We use verbal and survey-based feedback sought regularly from patients to improve the use of this technology including, for example, modifying patient information to allay patients concerns about using the technology, and using patient stories to understand better the challenges patients face.

Use of remote health monitoring technology in our respiratory and heart condition services has achieved:

- an 11.5% reduction in hospital admissions
- a 7.2% reduction of the chance a patient using remote monitoring technology will have an A&E attendance
- a 5.1% reduction in GP contacts
- a reduction in the average length of stay in hospital by 37.8%
- 93% of patients feel in control of their long-term condition and 100% would recommend the technology to others

We will be expanding the project to incorporate our adult diabetic and rapid response services in 2022/23, as well as working with partners to expand remote monitoring across a wider range of community services.



Delivering outstanding care

... with thanks for our Bedfordshire and Luton children and young people's services

NHS
Luton Children & Adults Community Health Services

“ I was very pleased and calmed during the health visits. As a first time mum, I needed to be told I am doing as good a job as I can. I had all my questions answered appropriately and effectively. ”

Luton Health Visiting Team

NHS
Bedfordshire Community Health Services

“ Friendly approachable health visitor who spent time chatting and wasn't pushing us. Home visits are excellent too with a newborn. ”

Beds Health Visiting Team

NHS
Bedfordshire Community Health Services

“ The staff were really good at reassuring my son who is normally really anxious about unknown situations so a really big positive. He thought the session was just a fun time and wondered when he would be tested. ”

Children's Audiology

NHS
Luton Children & Adults Community Health Services

“ I am aware that there is a long wait, but I know that's out of your control and think the fact that my daughter's appointment was so early shows the consultants are going above and beyond to help this over-subscribed service. ”

Community Paediatrics

NHS
Bedfordshire Community Health Services

“ Very welcoming staff and waiting room, particularly for children with the TV and toys. The professional staff we have seen are always very friendly and great with my son. ”

Children's Eye Service

NHS
Luton Children & Adults Community Health Services

“ Seen by different nurses but I am very happy, In fact pleasantly surprised as not really had dealings with NHS before. The staff are awesome! I can really rely on them, so helpful. My son looks at them like they are family ”

Children's Community Nursing

The 25th percentile and 75th percentile ratios have remained consistent between the 2 comparative years and reflect the same pay band and pay point for both years, however the median pay show a significant reduction from the prior year to 2021-22. This is due to the high number of staff recruited for the mass vaccinations programme in bands 3 and 4 which has moved the median from the top pay point of band 5 in 2020-21 to the bottom pay point of band 5 in 2021-22, and this is not reflective of the Trusts normal pay composition.

In 2021/22, 2 employees (2020/21 comparator 2 employees) received remuneration in excess of the highest paid director. Remuneration ranged from £17,044 to £162,500 (2020/21 £7,263 to £157,500).

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

The increase in the pay comparator ratio's between 20/21 and 21/22 is due to the increase in remuneration of the Trust's highest paid Director which reflects the growth of the Trust and is consistent with pay and reward policies and approved by the Remuneration Committee.

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 2022, for more than £245 per day and that last longer than six months:

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

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

For all new off-payroll engagements or those that reached six months in duration, between 1 April 2021 and 31 March 2022, 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 2021 and 31 March 2022	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)	1
No. subject to off-payroll legislation and determined as out of scope of IR35(2)	0
No. of engagements where the status was disputed under provisions in the off-payroll legislation	0
Of which: no. of engagements that saw a change to IR35 status following review	0

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

The Trust has had nil exit packages in 2021/22 (subject to audit) (2020/21 comparator 1 exit package).

Pension Benefits – 2021/22 (subject to audit)

Name	Position	2021/22							
		Real Increase in pensionable at age (bands of £2,500) £'000	Real Increase in lump sum at pensionable age (bands of £2,500) £'000	Total accrued pension at pensionable age 31 March 2022 (bands of £5,000) £'000	Lump sum at pensionable age related to accrued pension at 31 March 2022 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2022 £'000	Cash Equivalent Transfer Value at 1 April 2021 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	2.5-5	2.5-5	45-50	85-90	854	759	67	N/A
David Vickers	Medical Director	0	0	0	0	0	0	0	N/A
Anita Pisani	Director of Workforce and Transformation	2.5-5	2.5-5	50-55	100-105	956	878	55	N/A
Kate Howard	Chief Nurse	2.5-5	5-7.5	30-35	60-65	543	467	38	N/A
Mark Robbins	Director of Finance	2.5-5	0-2.5	40-45	90-95	844	776	47	N/A
Rachel Hawkins	Director of Governance and Service Redesign	2.5-5	2.5-5	40-45	85-90	786	718	52	N/A

Notes:

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

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

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

Factors determining the variation in the values recorded between individuals include, but 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.

Delivering outstanding care

... with thanks to our Norfolk and Waveney children and young people's services



Staff Report (subject to audit)

This Staff Report is based on the average number of staff in post throughout 2021/22 i.e. 2207 whole time equivalents, including staff employed within large scale Covid-19 vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney.

The Trust's 12 month rolling turnover figure was 15.07%.

The following table shows an analysis of the average whole time equivalent staff split between staff groups and permanently employed and other for 2021/22 and 2020/21 for the prior year.

Average Staff Numbers	Total Current Year	Permanently Employed	Other	Total Prior Year	Permanently Employed	Other
Medical and dental	84	71	13	78	67	11
Ambulance staff	0	0	0	0	0	0
Administration and estates	571	501	70	555	517	38
Healthcare assistants and other support staff	505	435	70	442	429	13
Nursing, midwifery and health visiting staff	697	656	41	755	746	9
Nursing, midwifery and health visiting learners	19	4	15	27	4	23
Scientific, therapeutic and technical staff	327	314	13	242	241	1
Healthcare science staff	4	4	0	4	4	0
Bank staff	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total average numbers	2,207	1,985	222	2,103	2,008	95
Staff engaged on capital projects (included above)	0	0	0	0	0	0

Staff Report (subject to audit)

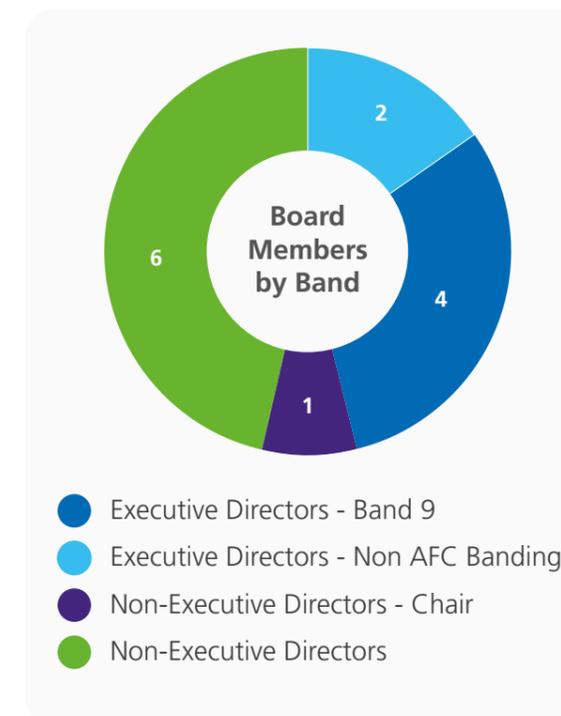
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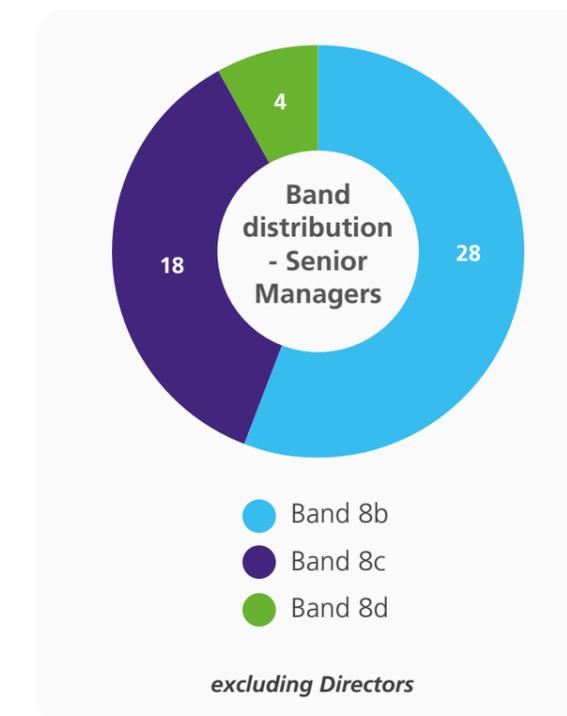
The following table shows an analysis of the average whole time equivalent staff split between staff groups and permanently employed and other for 2021/22 and 2020/21 for the prior year.

Employee Benefits Current Year - Gross Expenditure	2021/22		
	Total £000s	Permanently Employed £000s	Other £000s
Salaries and wages	93,966	87,492	6,474
Social security costs	8,286	8,286	0
Apprenticeship levy	420	420	0
Employer Contributions to NHS BSA - Pensions Division	15,485	15,485	0
Other pension costs	0	0	0
Termination benefits	0	0	0
Total employee benefits	118,157	111,683	6,474

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

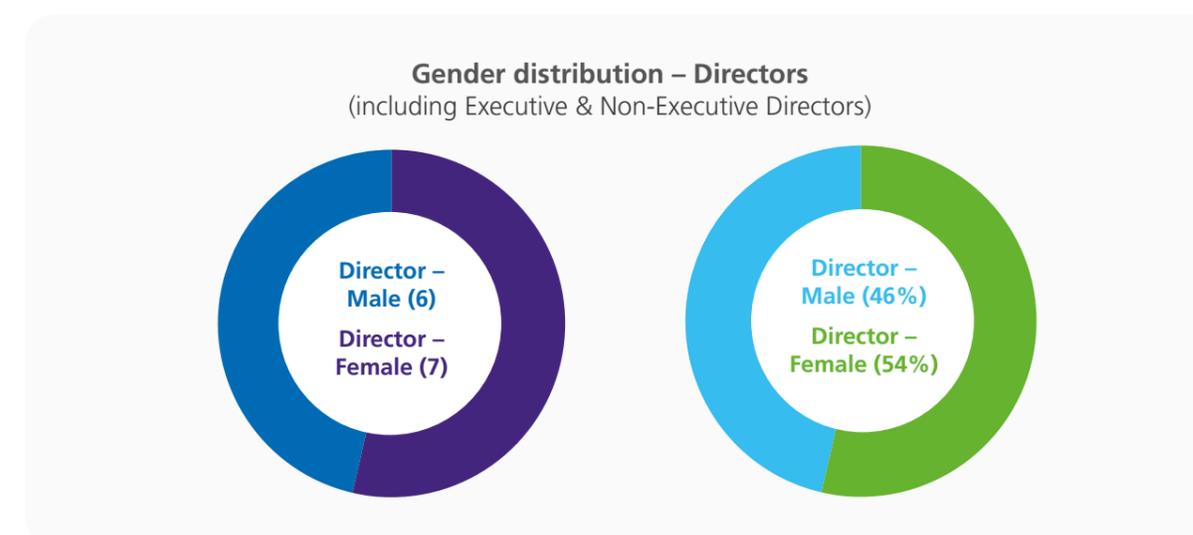


The following chart provides an analysis of the number of senior managers within the Trust, by band.



Analysis of gender distribution within our workforce

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



Delivering outstanding care

... with thanks to our regional ambulatory services

Dental HealthCare **NHS**

Great with my child. Explained everything really well and our options and put us at ease

Dental Healthcare Services

DynamicHealth **NHS**

From making appointment and receiving physio treatment a faultless experience, caring and professional.

Dynamic Health

iCaSH **NHS**

The nurses I saw were amazing! I'm a worrier and they put my mind at ease and made me feel so comfortable. They reassured me and explained everything clearly

iCaSH

Dental HealthCare **NHS**

They were very kind and reassuring, made sure I was okay throughout the procedure. Did an excellent job and delivered person centred care to an exceptional standard

Dental Healthcare Services

DynamicHealth **NHS**

Nothing was too much trouble and everything explained in great detail. Definitely 10 out of 10 all round

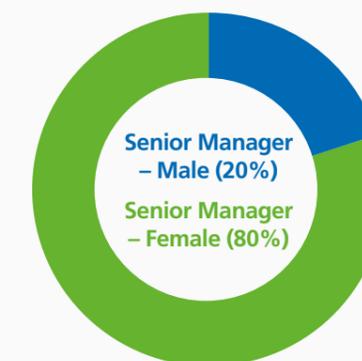
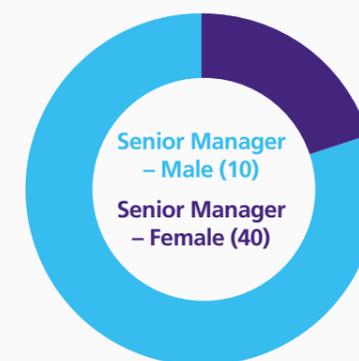
Dynamic Health

iCaSH **NHS**

The staff were simply excellent. Reassuring, kind, light of heart. They put me at ease in a truly terrifying situation. I couldn't rate them higher. Great care."

iCaSH

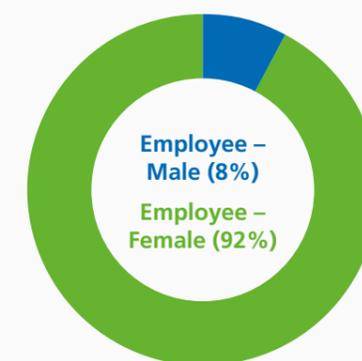
Gender distribution – Senior Managers
(excluding Directors)



Gender distribution – Employees

Headcount

Percentage of Total Headcount



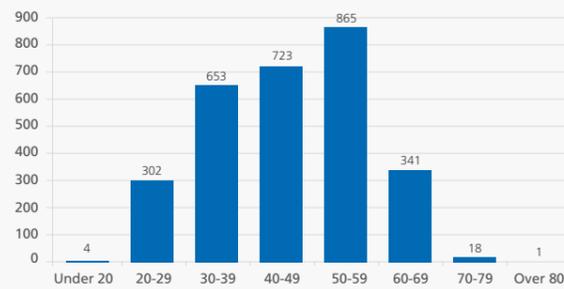
As part of the Trust's commitment to promoting and ensuring inclusion and diversity across our workforce, we analyse workforce data against eight of the nine protected characteristics set out in the Equality Act 2010. The gender distribution charts/tables set out above and below relating to age, marriage 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 2022/23.

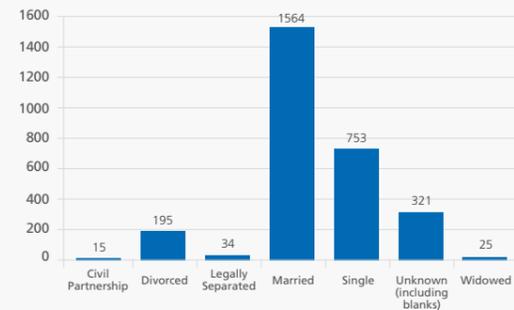
Delivering outstanding care

... with thanks to our Bedfordshire and Luton adult services

Age of staff

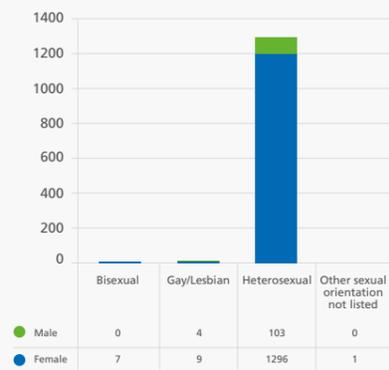


Marriage & Civil Partnership



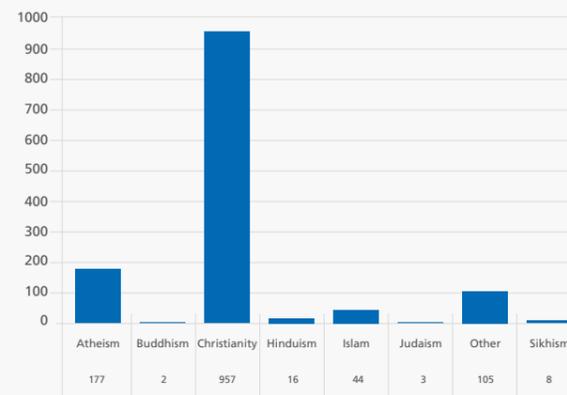
Sexual Orientation/ LGBT by Gender

Does not include staff who did not wish to disclose

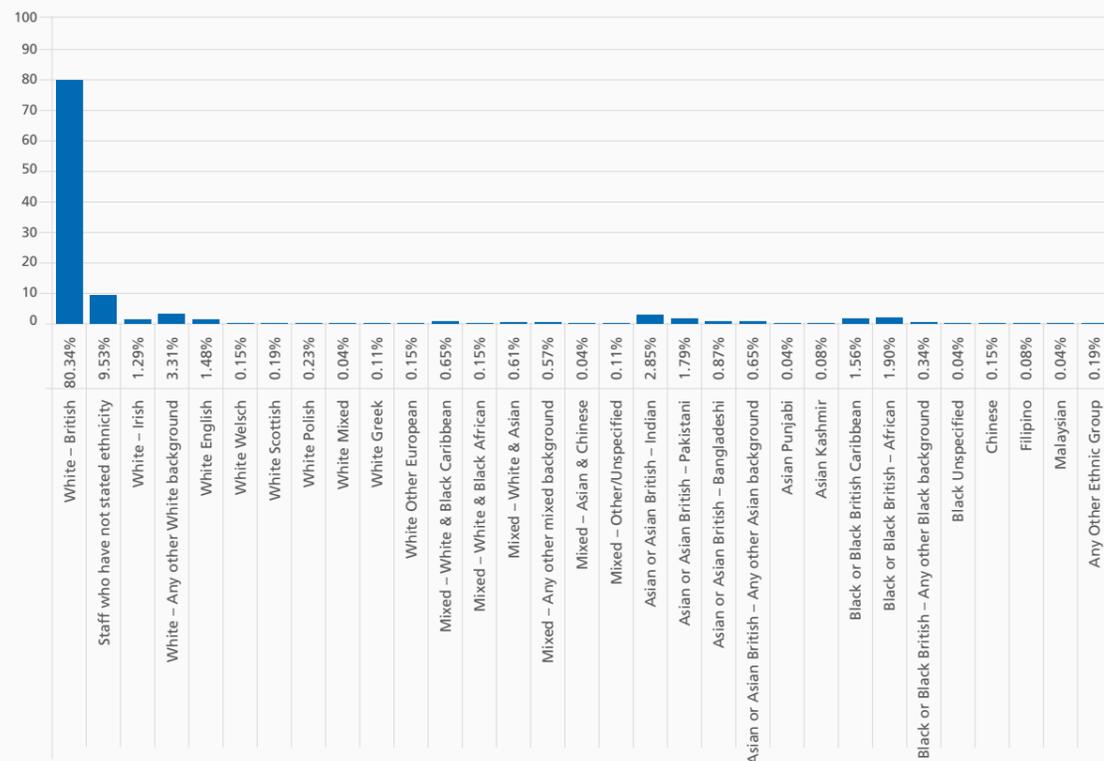


Religion and Belief by Gender

Does not include staff who did not wish to disclose



Ethnicity % of staff



Luton Children & Adults Community Health Services NHS

“Very happy with this service so far. Mum is receiving good support and everything that was expected from this service was explained very well.”

Community Matrons

Bedfordshire Community Health Services NHS

“I would like to thank your assistant who has helped me with my rehab and given me the confidence to go out for walks again following my stroke.”

Beds Neurorehabilitation

Luton Children & Adults Community Health Services NHS

“Excellent, professional service – felt very safe in her hands. Very thorough treatment and assessment. Very caring team.”

Tissue Viability

Luton Children & Adults Community Health Services NHS

“Personal interaction is great, they explained everything, they kept me informed and the nurses are outstanding.”

Heart Failure

Luton Children & Adults Community Health Services NHS

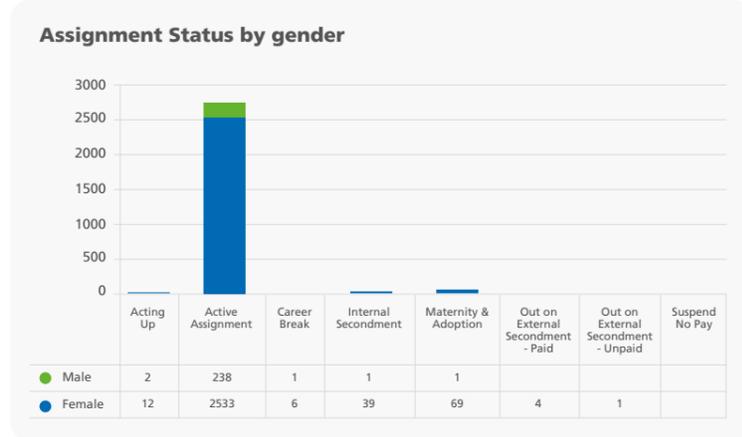
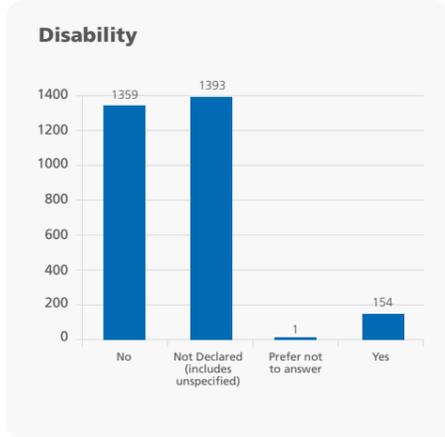
“The staff that attend for appointments are great and knowledgeable. Empathetic in difficult situations”

Dementia Care

Luton Children & Adults Community Health Services NHS

“This team’s care and services have been an invaluable part of my recovery. During treatment to this day, I am so thankful to them all”

Cancer Care



Health and wellbeing and sickness absence reduction

Live Life Well

The Trust's comprehensive local health and wellbeing programme, called "Live Life Well" 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	2017/18	2018/19	2019/20	2020/21	2021/22
Average WTE*	1713.34	1970.27	2016.86	2066.44	2197.5
Average monthly sickness rate	4.45%	5.21%	4.96%	4.33%	5.31%
WTE days lost	20794.69	37430	36538.96	32746.13	42638.68
WTE days available	466,911.36	719,565.55	736,041.20	756,331.74	802,924.80
Cumulative sickness rate - based on yearly totals	4.59%	5.20%	4.51%	4.34%	5.42%

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

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

During 2021/22, the Trust continued to receive accreditation to use the Disability Confident Symbol for employers who meet a range of commitments towards disabled people and as a Mindful Employer, which increases awareness of mental health in the workplace.

Developing Workforce Safeguards

Our Luton adult services continue to focus on ensuring safer staffing as per the 'Developing Workforce Safeguards (NHS Improvements Guidance on Supporting Providers to Deliver High Quality Care through Safe and effective Staffing and Safer Staffing Guidance for District Nursing Services 2018).

During 2021/22, we actively participated as a pilot site for the NHS England Community Nursing Safer Staffing Tool (CNSST). This tool will enable community nursing teams to assess staffing capacity and quality against their caseloads. Additionally we are implementing an electronic health roster mapped to staff competence.

We will maintain this focus in 2022/23.

Consultancy expenditure

Consultancy Service expenditure for 2021/22 was £32,000

Off payroll arrangements

The Trust had one off payroll engagement during 2021/22.

Exit packages

The Trust made nil exit packages in 2021/22 (subject to audit).

Signed

Matthew Winn
Chief Executive

27 September 2022

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 2022, 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 2021-22 Government Financial Reporting Manual as contained in the Department of Health and Social Care's Group Accounting Manual 2021-22.

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 2022 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 2021-22; 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 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 the Department of Health and Social Care's Group Accounting Manual 2021-22.

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

The Remuneration Report does not include the required pension benefit disclosure for one senior manager who was a member of the NHS pension scheme during 2020-21. The senior manager was a short term temporary cover employee for whom the Trust did not request pensions information from NHS Pensions, the administrator of the scheme, in 2020-21. The Trust had subsequently asked for this information but was unable to obtain the required information in respect of this individual from NHS Pensions, the administrator of the scheme, and was unable to obtain this information from other sources. This matter results in the information included in the All Pension related benefits column in the Remuneration table for 2020-21 being incomplete for the senior manager 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 2022.

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 December 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2022.

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.

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(2A)(c) of the Local Audit and Accountability Act 2014 as amended by the Health and Care Act 2022 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 issued by the National Audit Office, having regard to the guidance issued by the Comptroller and Auditor General in December 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, classification expenditure as COVID-19 and 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 and in-house legal counsel 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 2022 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

Aphrodite Lefevre

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

7 October 2022

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

Just One Norfolk provides single portal for families

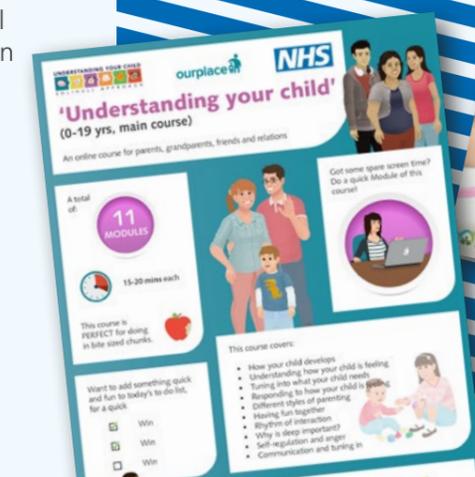
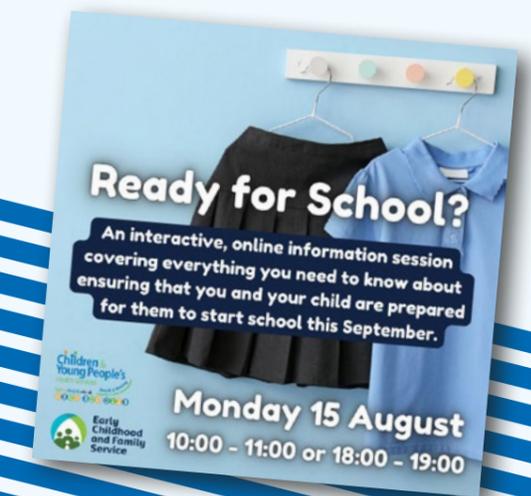


Just One Norfolk.nhs.uk has been adopted and recognised by the Norfolk and Waveney system as the single portal for families' self-care resources, advice and information across multiple sectors.

Multi-agency partners now include Local Maternity and Neonatal system (LMNS), mental health, speech and language services, GPs, specialist health services, social care and education, Norfolk's Safeguarding Children Partnership, occupational therapy services, pharmacies, paediatrics, dentistry and importantly service users.

Co-production is integral to the success of the site; content is created based on quantitative data and research and understanding the local needs but also listening to what parents and carers are telling us, and being reactive to this.

This approach has provided a blue-print for digital development within a local system, but it has been equally important that the system has committed to Just One Norfolk and has demonstrated courage to take and manage risks associated with such system-wide integration, seeking opportunities but at the same time ensuring that the best outcomes for families remain firmly at the core of our work.





Annual Accounts 2021/22

Cambridgeshire Community Services NHS Trust

Annual accounts for the year ended 31 March 2022

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Statement of Comprehensive Income

		2021/22	2020/21
	Note	£000	£000
Operating income from patient care activities	3	163,505	141,389
Other operating income	4	8,941	11,613
Operating expenses	5	<u>(170,710)</u>	<u>(151,033)</u>
Operating surplus from continuing operations		<u>1,736</u>	<u>1,969</u>
PDC dividends payable		(1,580)	(1,668)
Other gains / (losses)		(63)	-
Overall movement in pensions cessation		<u>(1,906)</u>	<u>-</u>
Surplus / (Deficit) for the year		<u>(1,813)</u>	<u>301</u>
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Revaluations	11	1,920	-
Other reserve movements		<u>(215)</u>	<u>-</u>
Total comprehensive income / (expense) for the period		<u>(108)</u>	<u>301</u>
Adjusted financial performance (control total basis):			
Surplus / (Deficit) for the period		(1,813)	301
Remove net impairments not scoring to the Departmental expenditure limit		(89)	-
Remove net impact of inventories received from DHSC group bodies for COVID response		<u>269</u>	<u>(301)</u>
Adjusted financial performance deficit		<u>(1,633)</u>	<u>-</u>

The notes on pages 9 to 41 form part of these accounts.

Statement of Financial Position

		31 March 2022	31 March 2021
	Note	£000	£000
Non-current assets			
Intangible assets		257	336
Property, plant and equipment	10	58,115	56,131
Total non-current assets		58,372	56,467
Current assets			
Inventories		73	342
Receivables	12	15,780	16,275
Cash and cash equivalents	13	18,319	20,386
Total current assets		34,172	37,003
Current liabilities			
Trade and other payables	14	(25,651)	(26,086)
Provisions	15	(950)	(910)
Other liabilities		(381)	(125)
Total current liabilities		(26,982)	(27,121)
Total assets less current liabilities		65,562	66,349
Non-current liabilities			
Trade and other payables	14	-	(1,045)
Provisions	15	(976)	(968)
Total non-current liabilities		(976)	(2,013)
Total assets employed		64,586	64,336
Financed by			
Public dividend capital		2,792	2,434
Revaluation reserve		21,951	19,299
Other reserves		(1,653)	(1,653)
Income and expenditure reserve		41,496	44,256
Total taxpayers' equity		64,586	64,336

The notes on pages 9 to 41 form part of these accounts.



Name
Position
Date

Matthew Winn
Chief Executive
27th September 2022

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

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

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

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 - brought forward	2,245	19,299	(1,653)	43,955	63,846
At start of period for new FTs	-	-	-	-	-
Surplus 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

The notes on pages 9 to 41 form part of these accounts.

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Other reserves

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

Income and expenditure reserve

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

Statement of Cash Flows

	2021/22	2020/21
Note	£000	£000
Cash flows from operating activities		
Operating surplus	1,736	1,969
Non-cash income and expense:		
Depreciation and amortisation	10 3,468	3,190
Net impairments	6 (89)	-
decrease / (Increase) in receivables and other assets	12 441	(2,205)
decrease / (increase) in inventories	269	(301)
(decrease) / increase in payables and other liabilities	14 (3,345)	11,873
Increase / (decrease) in provisions	15 48	(8)
Net cash flows from operating activities	<u>2,528</u>	<u>14,518</u>
Cash flows from investing activities		
Purchase of intangible assets	-	(109)
Purchase of PPE and investment property	(3,427)	(4,960)
Net cash flows (used in) investing activities	<u>(3,427)</u>	<u>(5,069)</u>
Cash flows from financing activities		
Public dividend capital received	358	189
PDC dividend (paid)	(1,526)	(1,757)
Net cash flows (used in) financing activities	<u>(1,168)</u>	<u>(1,568)</u>
(decrease) / increase in cash and cash equivalents	<u>(2,067)</u>	<u>7,881</u>
Cash and cash equivalents at 1 April - brought forward	<u>20,386</u>	<u>12,505</u>
Cash and cash equivalents at 31 March	<u>13 18,319</u>	<u>20,386</u>

The notes on pages 9 to 41 form part of these accounts.

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

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

Note 1.3 Revenue from contracts with customers

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

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Integrated Care System/Sustainability and Transformation Partnership level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Note 1.4 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

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

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

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

Land and buildings are professionally valued through a full on site valuation exercise every 5 years and a desktop valuation is carried out in the other years.

In accordance with the requirements of the Group Accounting Manual a full site valuation of the Trust's freehold land and buildings was carried out in 2019/20 by external valuers Boshier & company, Chartered Surveyors, in accordance with the requirements of the RICS Valuation Standards and International Accounting Standards and appropriate accounting adjustments to the valuation of the assets made.

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

The depreciated replacement cost method of valuation was used as due to 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.

In 2021/22 a desktop valuation was undertaken by the District Valuer Service in accordance with International Financial Reporting Standards (IFRS) as interpreted and applied by the HMT Treasury FReM compliant Department of Health Group Manual for Accounts (DoH GAM). They are also prepared in accordance with the professional standards of the Royal Institution of Chartered Surveyors: RICS Valuation – Global Standards and RICS UK National Supplement, commonly known together as the Red Book, in so far as these are consistent with IFRS and the above-mentioned guidance; RICS UK VPGA 5 refers.

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.

In 2021/22 a desktop exercise was carried out by the District Valuer Services in accordance with International Financial Freehold land, assets under construction or development, and assets held for sale are not depreciated/amortised.

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

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

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
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, bank and overdraft balances are recorded at current values.

Note 1.9 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

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

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

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

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

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

Derecognition

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

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

Note 1.10 Leases

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

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 15.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

Note 1.12 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

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

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

Note 1.13 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.14 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.15 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.16 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 without restatement and 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. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments.

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 does not have documented leases for properties leased from NHS Property Services. The Trust expects to occupy these properties for three years and has used this time period to calculate the right of use asset. The Trust is currently negotiating an extension for a number of leases for premises it currently occupies. An expected period of extension has been used to calculate the right of use asset.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	34,967
Additional lease obligations recognised for existing operating leases	(34,967)
Net impact on net assets on 1 April 2022	<u><u>-</u></u>
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(3,932)
Additional finance costs on lease liabilities	(295)
Lease rentals no longer charged to operating expenditure	4,164
Estimated impact on surplus / deficit in 2022/23	<u><u>(63)</u></u>

Note 1.17 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.

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

Note 1.18 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 2021/22 where cash or its equivalent hasn't been paid and no invoice received.

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

Asset valuation, Asset lives, impairment and depreciation methodology

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

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

Note 2 Operating Segments

IFRS 8 requires income and expenditure to be broken down into the operating segments reported to the Chief Operating Decision Maker. The Trust considers the Board to be the Chief Operating Decision Maker because it is responsible for approving its budget and hence responsible for allocating resources to operating segments and assessing their performance. For 2021-22 the Trust has six Divisions which are Ambulatory Care Services, providing a diverse range of primary care services including sexual health, musculoskeletal services, Dental and outpatients, Bedfordshire Community Unit providing Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Bedfordshire), Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Cambridgeshire), Luton Community Unit, providing a range of community nursing, therapy and hospital based services for both Adults and Children throughout Luton, Mass Vaccination Service representing the large scale vaccination centres provided by the Trust and Other Services which includes Corporate Costs, Contracted income and other indirect costs. The Trust's operating segments reflect the services that it provides across Bedfordshire, Cambridgeshire, Luton, Suffolk and Norfolk. Expenditure is reported to the Board on a regular basis by Division.

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

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

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

	2021-22	2020-21
	£000	£000
Revenue from patient care activities	163,505	141,389
Other operating revenue	8,941	11,613
Operating expenses	(170,710)	(151,033)
Operating surplus	1,736	1,969
Public dividend capital dividends payable	(1,580)	(1,668)
Other gains / (losses)	(63)	-
Overall movement in pensions cessation	(1,906)	-
Retained Surplus/(Deficit) for the financial year	(1,813)	301
Remove net impairments not scoring to the Departmental Expenditure Limit	(89)	-
Remove net impact of inventories received from DHSC group bodies for COVID response	269	(301)
Adjusted financial performance deficit	(1,633)	-

Note 3 Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)	2021/22	2020/21
	£000	£000
High cost drugs income from commissioners (excluding pass-through costs)	6,323	5,644
Community services		
Block contract / system envelope income	72,225	53,845
Income from other sources (e.g. local authorities)	73,366	72,166
All services		
Private patient income	5	169
Additional pension contribution central funding*	4,701	4,099
Other clinical income	6,885	5,466
Total income from activities	163,505	141,389

*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)

	2021/22	2020/21
Income from patient care activities received from:	£000	£000
NHS England	36,056	18,413
Clinical commissioning groups	47,193	45,176
Department of Health and Social Care	69	75
Other NHS providers	20,795	20,165
NHS other	80	112
Local authorities	52,422	51,813
Non-NHS: private patients	5	169
Injury cost recovery scheme	1	2
Non NHS: other	6,884	5,464
Total income from activities	163,505	141,389
Of which:		
Related to continuing operations	163,505	141,389
Related to discontinued operations	-	-

Note 4 Other operating income

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	6	-	6	25	-	25
Education and training	3,416	-	3,416	2,695	-	2,695
Reimbursement and top up funding	-	-	-	2,660	-	2,660
Income in respect of employee benefits accounted on a gross basis	160	-	160	29	-	29
Charitable and other contributions to expenditure	-	145	145	-	986	986
Rental revenue from operating leases	-	4,346	4,346	-	4,388	4,388
Other income	868	-	868	830	-	830
Total other operating income	4,450	4,491	8,941	6,239	5,374	11,613
Of which:						
Related to continuing operations			8,941			11,613

Note 5.1 Operating expenses

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,901	2,352
Purchase of healthcare from non-NHS and non-DHSC bodies	5,053	4,750
Staff and executive directors costs	118,157	97,841
Remuneration of non-executive directors	111	107
Supplies and services - clinical (excluding drugs costs)	2,624	6,116
Supplies and services - general	3,806	5,825
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	7,669	6,314
Consultancy costs	32	160
Establishment	2,278	4,188
Premises	15,365	12,581
Transport (including patient travel)	1,318	1,093
Depreciation on property, plant and equipment	3,389	3,113
Amortisation on intangible assets	79	77
Net impairments	(89)	-
Movement in credit loss allowance: contract receivables / contract assets	188	(8)
Change in provisions discount rate(s)	(25)	41
Fees payable to the external auditor		
audit services- statutory audit*	79	60
Internal audit costs	50	76
Clinical negligence	535	483
Education and training	779	551
Rentals under operating leases	5,273	4,486
Losses, ex gratia & special payments	80	-
Other	1,058	827
Total	<u>170,710</u>	<u>151,033</u>
Of which:		
Related to continuing operations	170,710	151,033

*21/22 audit fee includes £8.5k that relates to prior year for use of resources audit.

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2020/21: £1 million).

Note 6 Impairment of assets

	2021/22	2020/21
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Other	(89)	-
Total net impairments charged to operating surplus / deficit	(89)	-
Impairments charged to the revaluation reserve	-	-
Total net impairments	(89)	-

Note 7 Employee benefits

	2021/22	2020/21
	Total	Total
	£000	£000
Salaries and wages	87,492	72,721
Social security costs	8,286	7,077
Apprenticeship levy	420	357
Employer's contributions to NHS pensions	15,485	13,523
Termination benefits	-	22
Temporary staff (including agency)	6,474	4,141
Total gross staff costs	118,157	97,841
Recoveries in respect of seconded staff	-	-
Total staff costs	118,157	97,841

Note 7.1 Retirements due to ill-health

During 2021/22 there were no early retirements from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is 0k (£127k in 2020/21).

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 2022, is based on valuation data as at 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

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

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. There was initially 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.

HMT published valuation directions dated 7 October 2021 (see [Amending Directions 2021](#)) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

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.

	2021/22 £000	2020/21 £000
Operating lease revenue		
Minimum lease receipts	4,346	4,388
Total	4,346	4,388
	31 March 2022 £000	31 March 2021 £000
Future minimum lease receipts due:		
- not later than one year;	4,346	4,405
- later than one year and not later than five years;	183	285
- later than five years.	47	118
Total	4,576	4,808

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.

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	5,273	4,486
Total	5,273	4,486
	31 March 2022 £000	31 March 2021 £000
Future minimum lease payments due:		
- not later than one year;	1,954	2,475
- later than one year and not later than five years;	5,669	5,587
- later than five years.	3,920	3,832
Total	11,543	11,894
Future minimum sublease payments to be received	-	-

Note 10.1 Property, plant and equipment - 2021/22

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

Note 10.2 Property, plant and equipment - 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Leasehold Improvements £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2020	11,761	36,768	-	6,452	1,892	1	2,765	987	60,626
Additions	-	2,154	10	298	31	-	2,389	78	4,960
Reclassifications	-	(871)	-	-	-	-	-	-	(871)
Valuation/gross cost at 31 March 2021	11,761	38,051	10	6,750	1,923	1	5,154	1,065	64,715
Accumulated depreciation at 1 April 2020	-	1,230	-	2,018	1,103	-	1,627	364	6,342
Provided during the year	-	1,602	-	694	129	-	586	102	3,113
Reclassifications	-	(871)	-	-	-	-	-	-	(871)
Accumulated depreciation at 31 March 2021	-	1,961	-	2,712	1,232	-	2,213	466	8,584
Net book value at 31 March 2021	11,761	36,090	10	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 10.3 Property, plant and equipment financing - 2021/22

	Land £000	Buildings £000	Assets under construction £000	Leasehold Improvements £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2022									
Owned - purchased	12,445	35,931	2,025	3,560	523	1	3,076	554	58,115
NBV total at 31 March 2022	12,445	35,931	2,025	3,560	523	1	3,076	554	58,115

Note 10.4 Property, plant and equipment financing - 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Leasehold Improvements £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2021									
Owned - purchased	11,761	36,090	10	4,038	691	1	2,941	599	56,131
NBV total at 31 March 2021	11,761	36,090	10	4,038	691	1	2,941	599	56,131

Note 11 Revaluations of property, plant and equipment

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

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

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

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

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

Note 12.1 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	14,104	14,239
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(735)	(547)
Prepayments (non-PFI)	1,377	2,130
PDC dividend receivable	88	142
VAT receivable	946	311
Total current receivables	<u>15,780</u>	<u>16,275</u>
Of which receivable from NHS and DHSC group bodies:		
Current	7,047	4,142
Non-current	-	-

Note 12.2 Allowances for credit losses

	2021/22	2020/21
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	547	555
New allowances arising	-	62
Changes in existing allowances	227	-
Reversals of allowances	(39)	(70)
Allowances as at 31 Mar 2022	<u>735</u>	<u>547</u>

Note 13 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.

	2021/22	2020/21
	£000	£000
At 1 April	20,386	12,505
Net change in year	(2,067)	7,881
At 31 March	18,319	20,386
Broken down into:		
Cash at commercial banks and in hand	4	4
Cash with the Government Banking Service	18,315	20,382
Total cash and cash equivalents as in SoFP	18,319	20,386

Note 14 Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables	5,335	5,851
Accruals	15,664	18,933
Social security costs	751	635
Other taxes payable	950	667
Other payables	2,951	-
Total current trade and other payables	<u>25,651</u>	<u>26,086</u>
Non-current		
Other payables	-	1,045
Total non-current trade and other payables	<u>-</u>	<u>1,045</u>
Of which payables from NHS and DHSC group bodies:		
Current	2,250	5,756
Non-current	-	-

Other payables

Previous employees of the Trust were members of the Local Government Pension Scheme, which is a defined benefit pension scheme. The Trust ceased to be an employer in the fund on 21 February 2016. On this cessation date, the Trust has an employer contribution obligation. The value of this obligation has been revalued by an Actuarial from a historic value of £1,045k in 2016 to £2,951k. This obligation was previously reported as a non-current payable and is now classified as current due to the expected settlement within the next financial year.

Note 15.1 Provisions for liabilities and charges analysis

	Other	Total
	£000	£000
At 1 April 2021	1,878	1,878
Change in the discount rate	(25)	(25)
Arising during the year	88	88
Reversed unused	(15)	(15)
At 31 March 2022	1,926	1,926
Expected timing of cash flows:		
- not later than one year;	950	950
- later than one year and not later than five years;	482	482
- later than five years.	494	494
Total	1,926	1,926

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 15.2 Clinical negligence liabilities

At 31 March 2022, £901k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Cambridgeshire Community Services NHS Trust (31 March 2021: £639k).

Note 16 Financial instruments

Note 16.1 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 2022 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 16.2 Carrying values of financial assets

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2022		
Trade and other receivables excluding non financial assets	13,367	13,367
Cash and cash equivalents	18,319	18,319
Total at 31 March 2022	31,686	31,686

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2021		
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

Note 16.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2022		
Trade and other payables excluding non financial liabilities	20,999	20,999
Total at 31 March 2022	20,999	20,999

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

Note 16.4 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.

	31 March 2022 £000	31 March 2021 £000
In one year or less	<u>20,296</u>	<u>25,419</u>
Total	<u>20,296</u>	<u>25,419</u>

Note 17 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	22	14,946	1	3,653
Bedford Unitary Authority	190	4,601	4	240
Huntingdonshire District Council	1,108	0	1	0
Luton Borough Council	137	3,797	44	748
Norfolk County Council	0	23,959	1	3
Suffolk County Council	96	4,620	0	60
HM Revenue and Customs	8,706	0	1,701	0

DHSC Related Parties:

NHS Bedfordshire, Luton and Milton Keynes CCG	0	26,562	0	322
NHS Cambridgeshire and Peterborough CCG	0	20,611	0	815
NHS England - Core				
NHS England - East of England Specialised Commissioning				
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				
Hertfordshire Community NHS Trust				
North West Anglia NHS Foundation Trust				
The Queen Elizabeth Hospital King's Lynn NHS Foundation				
NHS Resolution				
Care Quality Commission				
NHS Property Services				
NHS Pension Scheme				

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.

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 2021/22 being £38k and £0k respectively of income generation and resources expended of £33k and £93k respectively and a closing fund balance of £582k and £1,081k respectively.

Note 18 Better Payment Practice code

	2021/22	2021/22	2020/21	2020/21
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	17,628	73,695	13,236	61,266
Total non-NHS trade invoices paid within target	<u>14,515</u>	<u>59,874</u>	<u>11,347</u>	<u>55,721</u>
Percentage of non-NHS trade invoices paid within target	<u>82.3%</u>	<u>81.2%</u>	<u>85.7%</u>	<u>90.9%</u>
NHS Payables				
Total NHS trade invoices paid in the year	633	5,821	707	5,366
Total NHS trade invoices paid within target	<u>400</u>	<u>4,062</u>	<u>501</u>	<u>4,098</u>
Percentage of NHS trade invoices paid within target	<u>63.2%</u>	<u>69.8%</u>	<u>70.9%</u>	<u>76.4%</u>

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 19 External financing limit

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

	2021/22	2020/21
	£000	£000
Cash flow financing	2,425	(7,692)
External financing requirement	<u>2,425</u>	<u>(7,692)</u>
External financing limit (EFL)	2,425	1,524
Under / (over) spend against EFL	<u>-</u>	<u>9,216</u>

Note 20 Capital Resource Limit

	2021/22	2020/21
	£000	£000
Gross capital expenditure	3,427	5,069
Less: Disposals	(63)	-
Charge against Capital Resource Limit	<u>3,364</u>	<u>5,069</u>
Capital Resource Limit	3,367	5,319
Under / (over) spend against CRL	<u>3</u>	<u>250</u>

Note 21 Breakeven duty financial performance

	2021/22
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	(1,633)
Breakeven duty financial performance surplus / (deficit)	<u>(1,633)</u>

Note 22 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
	£000	£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	2021/22
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	576	2,098	3,189	3,855	1,861	-	(1,633)
Breakeven duty cumulative position	4,945	7,043	10,232	14,087	15,948	15,948	14,315
Operating income	110,365	116,570	116,540	136,645	136,275	153,002	172,446
Cumulative breakeven position as a percentage of operating income	4.5%	6.0%	8.8%	10.3%	11.7%	10.4%	8.3%

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.



**Cambridgeshire
Community Services**
NHS Trust

