Cambridgeshire Community Services NHS
NHS Trust

Annual Report

2015/16

Annual Report 2015-16

Our vision:

Provide high quality care through our excellent people.

Our mission:

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

Our values

Honesty
Empathy
Ambition
Respect

Our 2015/16 objectives

1. **Quality:** To be recognised as a provider of safe and effective services that people want to use.
2. **Quality:** To collaborate with organisations to improve the care given to people who use our services.
3. **People:** To ensure that the Trust attracts and retains a quality workforce.
4. **Finance:** To be a financially sound organisation.
5. **Finance:** To achieve a contract model that links activity to payment
6. **Sustainability:** To be recognised as a provider of safe and innovative services that help commissioners achieve their outcomes.

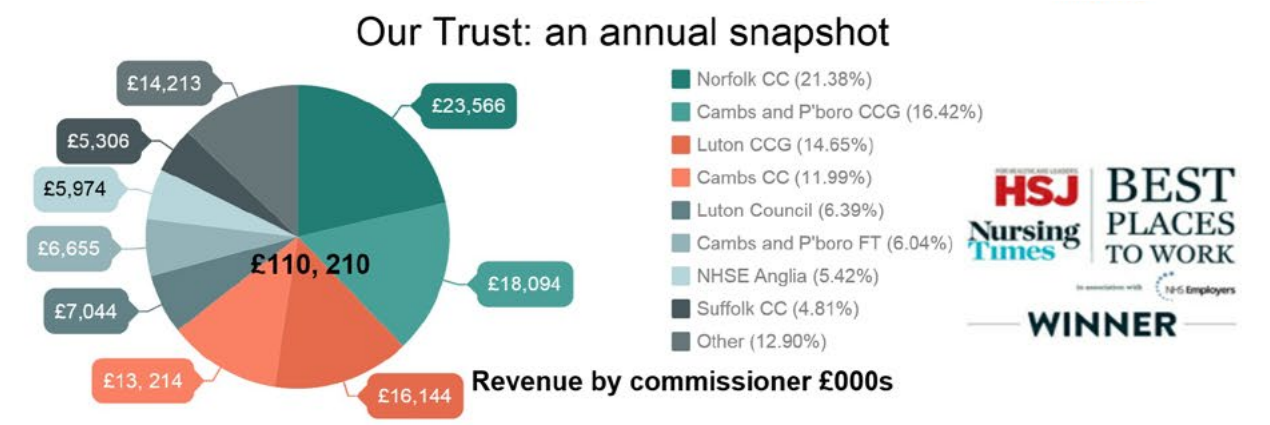
Our Services

Our portfolio of services in 2015/16 were provided from GP surgeries and health centres, community settings such as schools and people's own homes, as well as from the following main sites:

- **Cambridgeshire:** Brookfields Hospital, Cambridge; Doddington Hospital, Doddington; Princess of Wales Hospital, Ely; North Cambs Hospital, Wisbech; Oaktree Centre, Huntingdon; Hinchingbrooke Hospital, Huntingdon
- **Luton:** Clody House, Leagrave Clinic, Respite House, Luton Treatment Centre, Redgrave Children and Young People's Centre.
- **Norfolk:** James Paget Hospital in Great Yarmouth (until 23/4/16), Oak Street Clinic in Norwich, Queen Elizabeth Hospital (until 31/07/15), Vancouver House (as of 01/08/15) in Kings Lynn, Breydon Clinic, Great Yarmouth (as of 24/3/16).
- **Peterborough:** City Care Centre, City Health Clinic, the Healthy Living Centre and Kings Chambers.
- **Suffolk Sexual Health Services:** Ipswich, Lowestoft, Bury, and a range of community based facilities.

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk
Adult services						
District nursing			◆			
Specialist nurses/long term conditions			◆			
Community matrons			◆			
Intermediate care			◆			
Neuro-rehabilitation		◆				
Outpatient clinics		◆				
Specialist palliative care		◆ *(until August 2015)*	◆			
Dietetics					◆	
GP Out of Hours service					◆ *(until 01/04/16)*	
Specialist services						
Community dental services and/or oral surgery		◆			◆	◆
Musculoskeletal services		◆			◆	
Sexual health services	◆ *(from 01/11/16)*	◆	◆ *(until 01/04/2016)*	◆	◆	◆
Drug services			◆			
Children's services				*(from 01/10/15)*		
Inpatient, outpatient, special care baby unit		◆				
Health visiting		◆	◆	◆		
School nursing		◆	◆	◆		
Therapies		◆				
Community nursing		◆	◆			
Audiology		◆	◆			
Community paediatricians		◆	◆			
Family Nursing Partnership		◆	◆	◆		
National Child Measurement Programme				◆		
Healthy schools team				◆		
School immunisation programme (from 01 Sept 2015)		◆		◆	◆	◆

Our Trust: an annual snapshot



Children & Young People's Health Services CAMBRIDGESHIRE

112,640 contacts

Children & Young People's Health Services NORFOLK

140,686 contacts

Dental HealthCare

80,000 Units of Dental Activity

DynamicHealth

197,493 musculoskeletal contacts

iCaSH

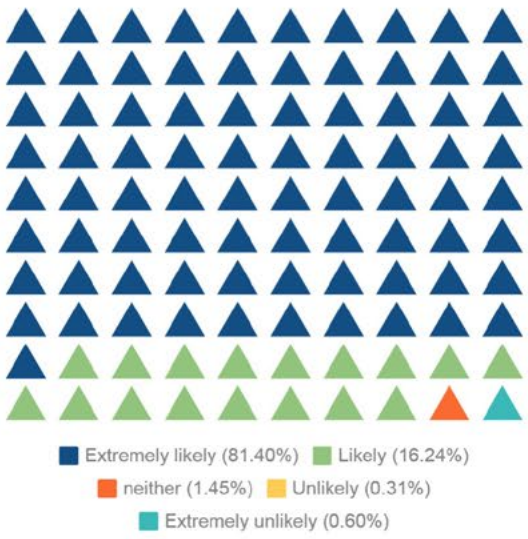
105,899 contraception and sexual health contacts

Luton Children & Adults Community Health Services

312,607 contacts

13,279 outpatient contacts at Ely and Doddington

Would you recommend us if friends or family needed similar care or treatment?



Our 2200 staff serve the following communities

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Performance Report

Chairman and Chief Executive's Welcome

Welcome to the 2015/16 annual report for Cambridgeshire Community Services NHS Trust.

A new year and our new look Trust was launched, with a fundamental shift in the type of specialist services we provide which, as well as providing high quality care for those who are ill include a focus on health promotion and prevention of ill health.

We are incredibly proud to share the exciting news that our Trust was ranked the best community trust in the country to work for in 2015, placing us in the top 10 NHS organisations in England irrespective of the type of care provided. This is a fantastic accolade for our staff who are providing excellent care across the region, with many examples of compassionate and innovative services.

We are also delighted to report that the Trust has achieved the vast majority of its quality, financial and performance ambitions and targets in the last 12 months.

We are proud to provide high quality innovative services that enable people to receive care closer to home and live healthier lives. We hope that the examples in this report demonstrate some of the innovative ways we support people across the East of England to improve their quality of life.

Highlights in 2015/16 included:

- being rated 'outstanding' for 'openness and honesty' in a national league published by the Department of Health in March 2016
- introducing our Grow Your Own programme to develop a flexible and sustainable workforce, with a specific focus on increasing the number of apprentices that we employ, our 'Care Certificate' initiative and Quality Service Improvement and Redesign programme; all of which support the ability of our staff to provide high quality care
- 97% of the 11,000 patients we surveyed stating they were likely to recommend our services to friends and family if they needed similar care or treatment (exceeding the national average)
- gaining the opportunity to provide additional high quality services having won the contracts to provide the Norfolk Healthy Child Programme, the School Immunisation Programme across Norfolk, Suffolk, Cambridgeshire and Peterborough, and vision screening across Cambridgeshire bringing additional resources and security in to the Trust
- playing a vital role in the Luton system enabling significant numbers of patients with increasingly complex needs, to avoid hospital admissions or leave hospital earlier, particularly over the winter period when the local hospital experienced unprecedented pressures
- achieving a modest surplus of £576,000, despite on-going financial constraints and ever-growing demands for our services, all of which will be ploughed back into improving services in the coming year
- staff rating the Trust above average in 22 of the 32 areas assessed in the national staff survey compared to our peers (with four of these ratings achieving the highest scores in the country).

As ever, these achievements are entirely the result of the outstanding commitment of staff and we acknowledge and thank them for their amazing dedication. Our thanks go to colleagues within the Arthur Rank Hospice, Cambridgeshire Lifestyle and Luton Sexual Health Services, who moved to new employers during the year following commissioners' procurement processes. In May 2015, we gave notice to the Cambridgeshire and Peterborough Clinical Commissioning Group, following a strategic review of our service portfolio, in relation to Cambridgeshire Outpatient Services and Peterborough GP Out of Hours Services. These services transferred to new employers on 1 April 2016 or, in the case of outpatient services at the

Princess of Wales and Doddington, will transfer to a new employer in Spring 2017. Despite the challenges presented during periods of change, these groups of staff continued to put patients first and provided high quality care.

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

Our focus for 2016/17 is on achieving our ambitious plans for the future, outlined in the five year business plan we submitted to the Trust Development Authority in March 2016 and aligned to the system-wide priorities identified by our commissioners. Central to this is working collaboratively with commissioners and partner organisations to develop seamless care irrespective of organisational boundaries, including through the Cambridgeshire and Peterborough, and the Luton Sustainability and Transformation Plans.

In line with our five year plan, we will continue to submit bids to win and retain business and develop new models of care within the specialist, high quality services that now make up our portfolio. This will enable other commissioners and populations to benefit from our expertise in providing these specialist services. We are pleased to confirm that the Trust has successfully won the procurement to provide integrated Contraception and Sexual Health Services in Bedfordshire and look forward to welcoming this group of staff to the Trust in November 2016.

Please enjoy reading our annual review and we look forward to another successful year in 2016/17.

Nicola Scrivings
Chairman

2 June 2016

Matthew Winn
Chief Executive

Overview

We became a community NHS Trust in England on 1 April 2010, having previously operated as an arms length trading organisation of the then Cambridgeshire Primary Care Trust.

This move to become a separate NHS Trust was as a result of the Department of Health's 'Transforming Community Services' policy to separate the commissioning and provider functions of organisations. The Trust was established under sections 25(1) and 272(7) of, and paragraph 5 of Schedule 4 to, 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 the NHS Trust Development Authority (TDA) which, together with Monitor, became NHS Improvement on 1 April 2016. In October 2015, the TDA upgraded our organisational rating from 3 to 5 (the best score possible), indicating their confidence in our performance.

The Trust Board undertook a strategic review of its service portfolio during 2015/16 to inform its five year business plan. This resulted in the Trust giving 12 months notice to commissioners in relation to the Cambridgeshire outpatient services provided and the out of Hours GP service provided in Peterborough.

The Trust's portfolio now predominantly consists of a range of high quality specialist services. Our annual budget for 2015/16 started at £76 million and as a result of winning procurements and services transferring out of the Trust (as outlined earlier) will be £110 million for 2016/17.

Many of our services are provided at a regional level and are predominantly focused on preventative care, funded by public health commissioners. The future will be characterised by tenders to retain and win business within the clearly defined parameters set out in our five year plan, including developing new models of care, working proactively with commissioners to secure available contract extensions where we remain best placed to deliver the service.

The Trust Board considered an outline business case in April 2015 focussing on our future organisational form in the context of national policy at that time. Taking into account the best interests of patients as well as staff and commissioner views, the Board concluded that a stand-alone organisation is the best option going forward, continuing to deliver specialist and children's services on a region-wide basis. The latest national steer has indicated that high performing Trusts (i.e. those such as CCS NHST which consistently achieve quality and financial targets) should be able to access additional autonomies in future, rather than only being able to do so following achievement of a particular organisational form. We have refreshed our five year plan as at 1 April 2016 and await final national guidance before determining whether the Trust Board needs to consider our organisational form further. In any case, we anticipate that the process to introduce any new organisational form – should this be the agreed way forward – would take approximately two years to come to fruition, during which time we would continue to operate as an NHS Trust.

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

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

- are locally accessible – provided close to or in people's own homes

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

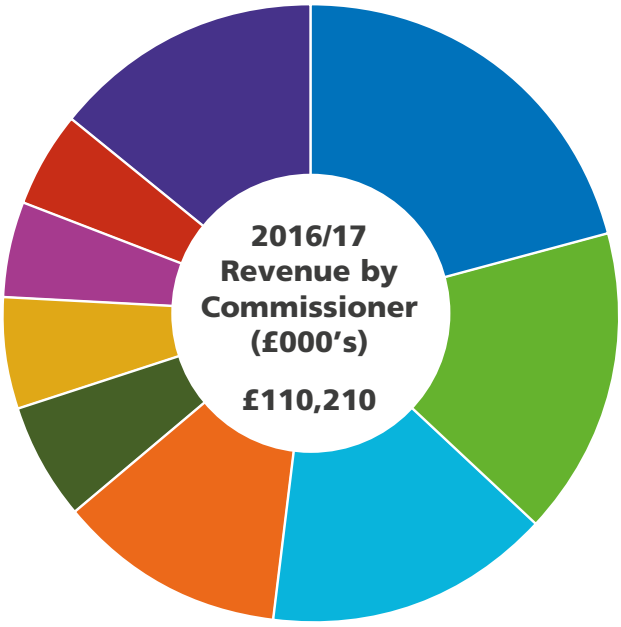
Like all public sector organisations in the current economic climate we have faced significant challenges during 2015/16, which we expect to continue in 2016/17 and beyond, including known reductions in local authority public health budgets. These challenges are replicated nationally and for the Trust, this equates to us needing to make a 3.4% efficiency saving in 2016/17 – the equivalent of £3.8 million. The following diagram shows the Trust's income by percentage by type of commissioner for 2016/17.

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

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

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

Further information on risk management procedures is provided within the annual governance statement (pages 67 – 73).



- **21%** Norfolk County Council (23,566)
- **16%** Cambs & Peterborough CCG (18,094)
- **15%** Luton CCG (16,144)
- **12%** Cambridgeshire County Council (13,214)
- **6%** Luton Borough Council (7,044)
- **6%** Cambs & Peterborough FT (6,655)
- **5%** NHSE Anglia (5,974)
- **5%** Suffolk CC (5,306)
- **14%** Other (14,213)

Performance Analysis

STRATEGIC OBJECTIVE 1

Quality: To be recognised as a provider of safe and effective services that people want to use

The Care Quality Commission (CQC) inspected the Trust's services in May 2014 which resulted in a rating of 'Good'.

A national assessment of Out of Hours GP and 111 service provision was undertaken by the CQC during November 2015, including our Peterborough-based Out of Hours service. The CQC identified a range of concerns that led to an overall 'Inadequate' rating, with the service rated 'Good' in relation to the provision of a 'caring' service. A comprehensive action plan was immediately introduced and was fully implemented by March 2016. Prior to this inspection, the Trust gave notice to commissioners in May 2015 as a result of a strategic review of our service portfolio, and the Out of Hours GP service transferred to a new employer on 1 April 2016.

Patient safety

Harm free care

This national programme aims to help organisations to understand the prevalence of four harm areas that affect patients: pressure ulcers, falls, catheter infections and venous thromboembolus.

In line with national guidance, patients visited by community nurses on a nationally specified day each month were included in data collection.

March 2016 Performance	%
2015/16 target for provision of harm free care	95%
Harm free care provided solely by CCS NHS Trust services (March 2016)	95%

Incidents

During the previous 12 calendar months, approximately 3300 incidents and near miss incidents were reported using our web-based (Datix) incident reporting system. This is approximately 50% fewer than 2014/15. This is due to the changed nature of services in the Trust's portfolio, following a number of services both leaving and joining the Trust throughout 2015/16. Of the 3300 incidents reported:

- approximately 50% of these incident and near miss reports related to patient safety and occurred under our care. These were reported to the national Reporting and Learning Service
- of the remaining incidents, approximately 50% were incidents that were identified as originating in another organisation (i.e. acute trust or domiciliary care agency)
- approximately 100 incidents were reported where there was no professional involvement prior to the incident
- 90% of these incidents resulted in 'no harm' or 'low harm'.

Serious incidents (SIs)

The Trust undertakes full root cause analysis investigations on all incidents that meet the criteria for reporting externally under NHS England guidance as 'Serious Incidents'. These investigations are undertaken to identify learning that can be shared across relevant services to reduce the risk of similar incidents occurring.

There were a total of 27 incidents initially reported as Serious Incidents (SIs) during 2015/16, of which seven were downgraded following investigation. The 20 remaining Serious Incidents comprised:

- seven information governance incidents relating to breach of confidentiality
- seven pressure ulcers grade 3 or 4 deemed avoidable to the Trust following investigation
- six incidents related to a variety of issues including screening services, unexpected deaths and delay in diagnosis amongst others.

Infection Prevention and Control

The Trust continued to roll out an extensive infection prevention and control work programme. The table below summarises our 2015/16 targets and performance.

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

He gave me back my life!

Tayfun Tasci led an active lifestyle, whether it was out walking, cycling or swimming. Then his life changed.

Two days after his 50th birthday, Tayfun woke up with pain in his legs and as this was unusual, he visited his GP. He suffered months of pain, waiting and tests before he was referred to the Trust's DynamicHealth musculoskeletal team in Peterborough. He said: "I was so down, my walking abilities had near enough gone to zero, I was immobile, my legs completely seized up."

Tests identified that Tayfun had muscle and nerve damage in his lower back, so the first thing the Trust physiotherapist did was realign his spine. The physiotherapist then referred Tayfun to the team's rehabilitation instructor, Matt Velamail. Matt said:

> ***"I have the perfect role, there's not one similar really in the NHS. It bridges the gap between the physio service and the community, with a fitness aspect too."***

Exercises were an essential part of Tayfun's road to recovery. In the regular short sessions the pair had together. Tayfun said: "I thought, if there is one in a million possibility I can help myself get better, then I wanted to take it the best that I can. Matt has put me right, he gave me my life back, and he passed on so much knowledge. I'd like to thank him and the whole team."

Tayfun not only returned to his job as a prison officer at HMP Peterborough, he took on more responsibility and is performing better than before. He is also able to enjoy hiking and canoeing with his wife and four children.

Safeguarding achievements 2015/16

- The Care Quality Commission safeguarding and looked after children review for Cambridgeshire was positive, with only two recommendations to be fully completed.
- Commitment to excellent care for looked after children remains a priority – significant progress was made in meeting the statutory 20 day health assessment target.
- Reporting of safeguarding training compliance remained below the 90% target in some areas and a remedial action plan was instigated, which we continue to closely monitor.
- Neglect and cultural competency continued to be areas of focus with an updated training package reflecting more detailed aspects pertaining to neglect in particular.
- Trust participation in a tri-partite Local Safeguarding Children's Board initiative to explore perceptions of safeguarding within some ethnic minorities, led to a training package to support practitioners understand cultural issues and how these influence safeguarding of children.
- The transition of Norfolk staff to the Trust raised issues about how training at level 1, 2 and 3 is mandated, which has negatively impacted on compliance statistics. Work is underway to ensure there is greater consistency across the Trust.
- The Safeguarding Supervision Policy was revised to ensure a Trust-wide policy.

Area-specific standard operating procedures, including for our integrated Contraception and Sexual Health (iCaSH) services, are being developed to reflect local arrangements for delivery.

Key activities for 2016/17

- Activities will be aligned to the Local Safeguarding Children's Boards (LSCB) priorities. For example, in Cambridgeshire and Peterborough these are: transitions of children who need care in the longer term into adult services; a continued focus on neglect and in particular where it has a possible link with Child Sexual Exploitation; and the needs of looked after children moving out of care.
- Developing closer working relationships between adult and children's safeguarding teams, which will support transitions between services.
- Continuing to ensure agreed themes from the Norfolk locality are incorporated in to the Trust-wide training programme.
- Implementing updated models of supervision (incorporating Care Quality Commission feedback) to meet service requirements.
- Revising the following policies to ensure a safeguarding focus is paramount: Chaperone, DNA/Non compliance, Safeguarding, Mental Capacity Assessment/ Deprivation of Liberty.
- The newly appointed head of safeguarding will continue to ensure a commitment to the safeguarding agenda at the corporate and strategic level.
- Robust safeguarding audits and a co-ordinated audit calendar will enable improvement and learning, as well as support our commitment to multi-agency working.
- Learning from local and national serious case reviews and serious incidents will be embedded into everyday practice where appropriate.
- Work will commence to develop the safeguarding component of the intranet, extranet and making better use of staff communications cascade mechanisms.
- We will review the structure, capacity, and succession planning for the safeguarding teams across CCS NHST.
- Continue the harmonisation of children and adult safeguarding templates on SystmOne (our electronic clinical recording system) in Norfolk, Cambridge and Luton. This will improve reporting and monitoring capabilities. SystmOne will also be developed to produce a chronology of significant events that can be used during supervision, serious case review report writing and police/social care enquiries.

Safeguarding training (children and adults)

Children's safeguarding training	% achieved 2014/15	% achieved 2015/16
Level 1 mandatory for all staff	91%	92%
Level 2 mandatory for all clinical and non-clinical staff in regular contact with parents, children and young people	96%	90%
Level 3 mandatory for all staff predominantly working with children, young people and parents	91%	84%
Adult safeguarding training	93%	94%

The table above demonstrates that we achieved our contractual target of 90% of staff attending the appropriate level of children's and adults safeguarding training in all but level 3 training.

During 2016/17, in the context of taking on services across a wider geography, we have begun a process to harmonise how training information is captured and recorded to ensure consistency across the Trust. At the time of writing this report, data capture for staff transferring in to the Trust during the latter part of the calendar year is not complete and our safeguarding and ESR/OLM teams are working together, to collect this and deliver additional training sessions or signpost staff to external training where required.

During 2016/17, the safeguarding team is undertaking a comprehensive training needs analysis and revision of the competency matrix, which will inform a subsequent action plan and help strengthen compliance and consistency of safeguarding training across the Trust.

Information Governance

The Trust achieved a score of 77% in the information governance toolkit self-assessment for 2015/16. For the 39 standards involved, there were four ratings possible (0, 1, 2, or 3, with 3 being the most positive outcome). The Trust achieved level 2 for 26 standards and level 3 for 12 standards. One standard was considered not relevant to the Trust's portfolio. Internal Audit awarded the Trust a rating of 'substantial assurance' in relation to its information governance arrangements.

This assessment provides assurance to the Board that the Trust is meeting its obligations in relation to information governance. Action plans for improvement were monitored by the Trust's internal Information Governance Steering Group, with progress reports presented to the Quality Improvement and Safety Committee quarterly. These processes will continue to further improve our score in 2016/17. The Trust achieved the 95% compliance rate for the information governance training.

During 2015/16 there were nineteen information governance incidents, seven of which were externally reportable Information Governance Serious Incidents; all were subject to full root cause analysis, reported to the appropriate commissioning organisation and closed. None of these incidents resulted in harm to any patient.

Five incidents were reported to the Information Commissioner's Office (ICO) which acknowledged the actions taken by the Trust to prevent reoccurrence and requested no further action by the Trust for three of these incidents. The fourth incident, relating to the loss of a diary, resulted in the Trust signing an undertaking to improve the overall staff training compliance. The Trust has achieved this requirement and the ICO acknowledged this after a follow-up audit and closed their investigation as a result. The fifth incident which relates to inappropriate disclosure of information was under investigation at the time of writing this report.

Over 70 years of volunteering celebrated with a tea party

Volunteers from the Princess of Wales Hospital, Ely, celebrated over 70 years of service at a tea party held in their honour. Kathy (Kath) Flack, Mary Cornwall and Norman Lee, who are all in their 80's, received gifts and flowers from Matthew Winn, Chief Executive of the Trust, at a celebration with family, friends, and colleagues (past and present).

Kathy and Mary both started volunteering at the hospital back in the 1990's, with Norman joining them a few years later. Between them they have worked in the medical records department, the Art Project, and manage The Thrift Charity Shop were they raise around £1200 per year for the hospital.

Mary, 87, said:

> ***"I been here for 23 years, so it's been a lot of years, but I've enjoyed every minute of it, and it's kept me going"***

Mary Johnson, Mavis Matthews, Sue Starling and Felly D'Souza, also received recognition for their work and dedication as volunteers.

The celebration tea party, which was organised by Gillian Leeper, Estates Site Manager at the hospital, said: "We are immensely grateful for all the support our volunteers give the hospital – they are a very special group of people."

Emergency Planning, Resilience and Response

The Trust continued to support two Local Health Resilience Partnerships (LHRPs) and meet its statutory duties and obligations, for delivering an effective response to disruptions and emergencies. On peer review, the Trust was assessed as compliant across all the national NHS England Core Standards for Emergency Planning, Resilience and Response. The Trust is also compliant with the NHS Commissioning Board Emergency Preparedness Framework 2013 and associated guidance.

Clinical Effectiveness

Participation in clinical audits and national confidential enquiries

From April 2015 to March 2016, the Trust participated in the four national clinical audits applicable to our services:

- National UK Parkinson's audit for Luton services only (Parkinson's UK)
- National Neonatal audit (Royal College of Paediatrics and Child Health)
- National Paediatric Diabetes audit (Royal College of Paediatrics and Child Health)
- National Paediatric Asthma audit (British Thoracic Society)

We undertook an extensive programme of clinical audits with outcomes reported through the Trust's governance structures, to offer assurance to the Board and via the Trust's staff intranet to allow shared learning and improved practice. Examples of outcomes include:

- our integrated Contraception and Sexual Health services continued to perform above national standards
- dental services and the management of medicines and pharmacy services also continued to provide a high level of assurance
- children's inpatient service (Holly Ward) achieved results above 90% in weekly audits of nursing documentation, displaying results on public noticeboards
- Luton district nursing services undertook a diary audit following a serious incident, resulting in a move to electronic devices and improved security for patient information
- the Cambridgeshire MSK physiotherapy service established a patient information group, focussing on the importance of undertaking exercise and using joints, after an audit identified NICE guidance for the management of osteoarthritis was not being met (in particular about verbal and written communication provided to patients)
- the Cambridgeshire 0-19 children's service identified that the training they had undertaken around a new ante-natal contact programme was embedded and had resulted in a better patient experience
- Luton Drug Service confirmed that 100% of their patients were prescribed appropriate medication as directed by NICE guidance around alcohol dependence and harmful alcohol use
- Luton children's services evidenced that learning from Serious Case Reviews, training and advice had been embedded by achieving 94% (target 95%) in an audit of formal 3-4 month contact for babies receiving a universal plus and partnership plus pathway and ensuring the 'voice of the child' was heard in the clinical record.

National Confidential Inquiries

There were three National Confidential Inquiries in 2015/16; the Trust did not participate in these audits as they were not relevant to our services.

Participation in clinical research

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

In 2015/16 a total of 24 research studies were running within the Trust, with a total of 129 participants recruited. The Trust hosts the public involvement in research group, INsPIRE, members of which reviewed 12 grant applications and became active co-applicants in some instances.

In the last year 15 publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications principally related to neuro-rehabilitation.

Impact of National Institute for Health Research (NIHR) within the Trust

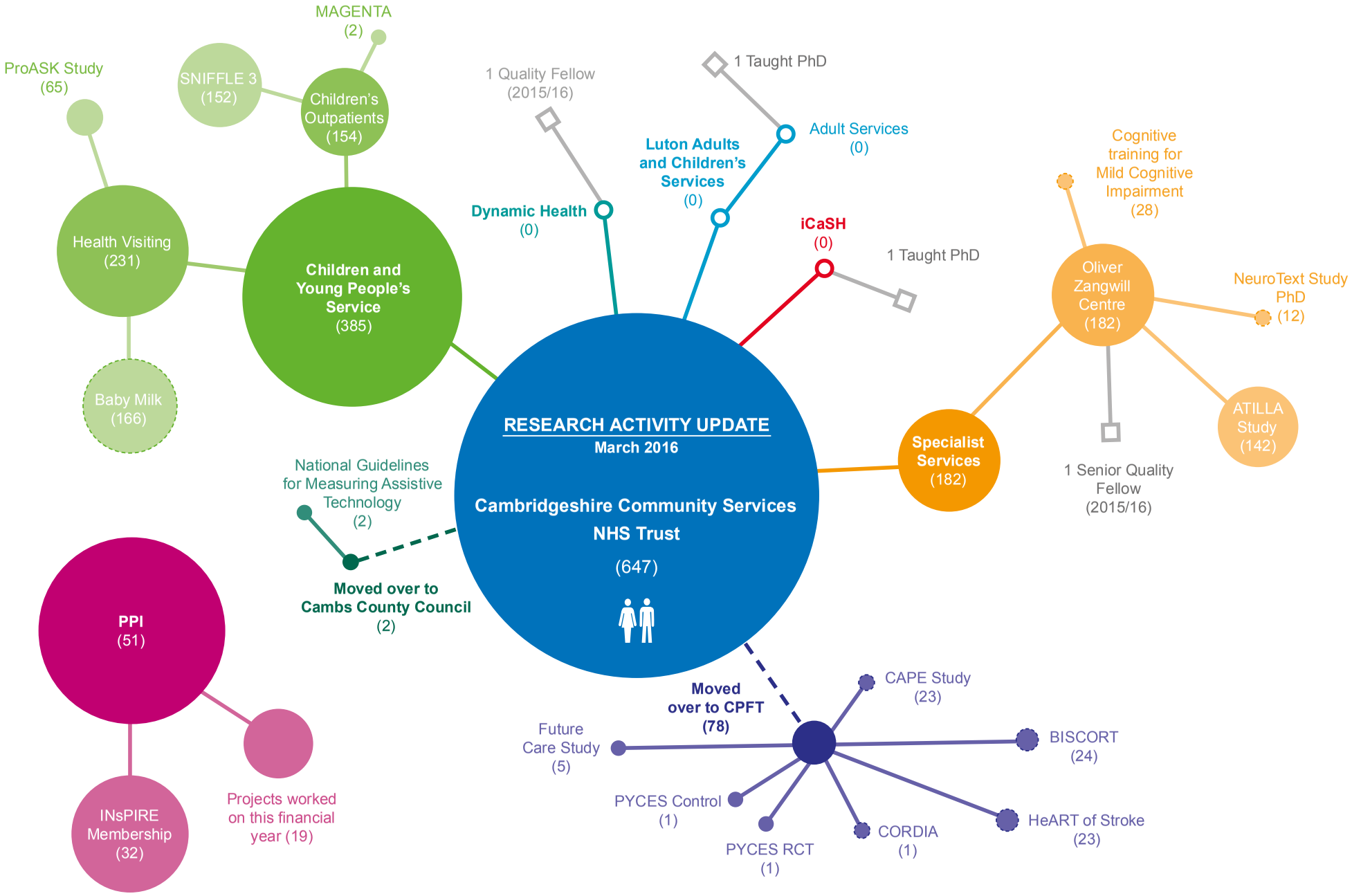
Study	Benefits of Participating in Research
Attila	High recruitment levels of patients with dementia and carers resulted from employing a dedicated, experienced clinical researcher. Patients and carers appreciated regular contact with researchers and participating in a study that may be of benefit to future service users. Researchers were able to: signpost patients and carers to services where appropriate; due to close working with the Assistive Technology (AT) service were able to review patients' AT needs and provided research principles presentations to a number of clinical teams.
HeART of Stroke	This was a collaborative two site study with the University of Bournemouth, funded by a Research for Patient Benefit grant looking at the impact of 'Arts for Health' groups for people up to one year after their stroke. Participants found the groups very beneficial as demonstrated from outcome measures. There are two dissemination events planned within Cambridgeshire. An allocated Research Assistant locally facilitated the smooth running of the project. The positive results generated have meant that the lead researchers will write a further NIHR grant for a larger study.
MAGENTA	This randomised control trial commenced in January 2016 and is being carried out in two other UK centres. This study is looking at Graded Exercise Therapy versus Activity Management and the feasibility and acceptability of conducting a trial, including the intervention efficacy and cost effectiveness for paediatric Chronic Fatigue Syndrome or Myalgic Encephalomyelitis (CFS/ME). CCS NHST runs specialist consultant led clinics throughout Cambridgeshire, with the involvement of the Medical Director and specialist occupational therapists. Recruitment has commenced and the active intervention will follow.
ProASK	This study is the Proactive Assessment of Overweight Risk during Infancy and is being adopted within a health visitor service in those families participating in the study. This project is based around questions, presented via a computer based tool, which may determine how likely a baby is to develop a weight problem later in life. Health visitors can then use the results to tailor advice to parents and explore ways to help parents keep their babies at a healthy weight.
Evaluation of NeuroText as a memory aid for people with multiple sclerosis	This project was funded by the MS Society. This study looked at the impact of sending people with MS NeuroText memory text messages on every day life, compared with those who were just sent social text messages. Those sent memory text messages had an increased attainment of personally identified target behaviours. This in turn impacted positively on their mood and quality of life. It is envisaged that the next stage could be to adapt a person's own mobile phone to send out relevant text reminders.

The Trust is a partner of the Cambridgeshire and Peterborough Collaboration for Leadership in Applied Health Research & Care (CLAHRC), contributing to the research themes of patient and public involvement in research, by collaborating on a successful CLAHRC funded submission.

The Trust continues to work closely with the NIHR Clinical Research Network (CRN) Eastern.

The Trust is fully engaged in NIHR activity, including:

- recruitment to NIHR portfolio studies
- developing NIHR grant applications
- working closely with the NIHR Grant Development Team
- close links with the NIHR Grant Development Team with the CCS NHST hosted patient and public involvement group (INsPIRE).


RESEARCH ACTIVITY UPDATE
March 2016
Cambridgeshire Community Services NHS Trust
(647)
Children and Young People's Service (385)
Children's Outpatients (154)
MAGENTA (2)
SNIFFLE 3 (152)
ProASK Study (65)
Health Visiting (231)
Baby Milk (166)
Dynamic Health (0)
1 Quality Fellow (2015/16)
Luton Adults and Children's Services (0)
Adult Services (0)
1 Taught PhD
iCaSH (0)
1 Taught PhD
Specialist Services (182)
Oliver Zangwill Centre (182)
Cognitive training for Mild Cognitive Impairment (28)
NeuroText Study PhD (12)
ATILLA Study (142)
1 Senior Quality Fellow (2015/16)
National Guidelines for Measuring Assistive Technology (2)
Moved over to Cambs County Council (2)
PPI (51)
INsPIRE Membership (32)
Projects worked on this financial year (19)
Moved over to CPFT (78)
Future Care Study (5)
CAPE Study (23)
BISCORT (24)
HeART of Stroke (23)
CORDIA (1)
PYCES RCT (1)
PYCES Control (1)

Patient Experience

Engaging the public and service users in developing and providing feedback on our services helps us monitor the quality of, and make improvements to these services. The following summarises some of the initiatives and actions undertaken during 2015/16.

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

The table below summarises the total number of complaints, concerns and PALS enquiries received in 2015/16.

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

Formal complaints

An ongoing reduction in formal complaints was recorded, which is the result of a change in our service portfolio, as explained earlier, as well as the continued promotion of staff and mangers addressing and solving patient concerns and suggestions before they become a complaint.

Compliments

Over 10,000 positive comments and compliments were received by services during the year.

Parliamentary and Health Services Ombudsman (PHSO): The PHSO reviewed three complaints relating to the Trust in 2015/16, two of which were resolved satisfactorily and one which was still under review at the time of writing this report.

We have incorporated the main themes from the Parliamentary and Health Service Ombudsman (PHSO) document 'principles of remedy' into our complaints policy, to ensure we meet complainants' expectations as quickly as possible.

Surveys

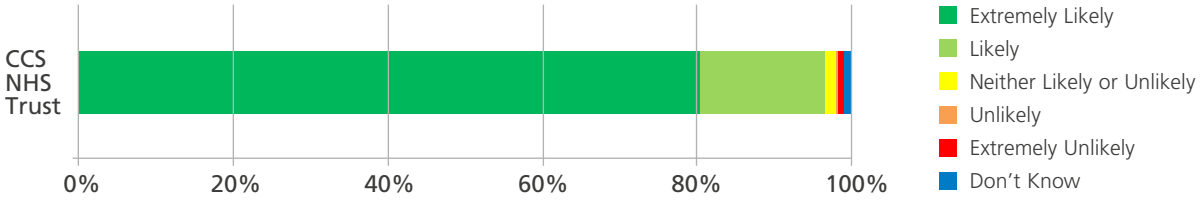
More than 11,000 service users responded to our surveys online, via hard copy, and via smart phone quick read (QR) codes.

The Trust used the national friends and family test in all surveys during 2015/16, asking patients "How likely is it that you would recommend this service to friends and family if they needed similar care or treatment?" Our target is that 90% of patients respond positively that they would recommend our services. The Trust has exceeded this target every month.

	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015
FFT % Recommended	98.0%	97.8%	98.1%	97.6%	97.3%	96.7%

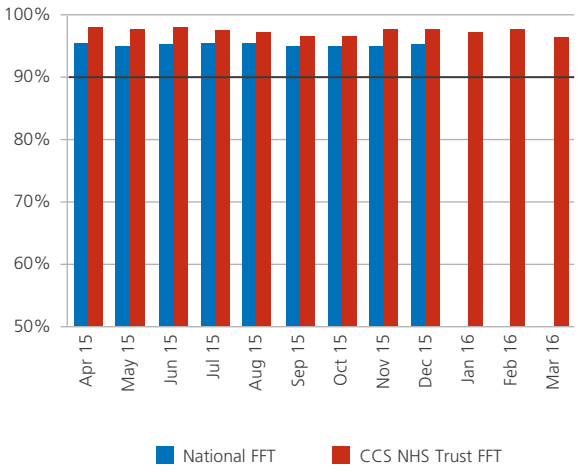
	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016
FFT % Recommended	96.7%	97.7%	97.9%	97.1%	97.9%	96.5%

Percentage of each response given to the FFT question in 2015-2016 for CCS NHS Trust

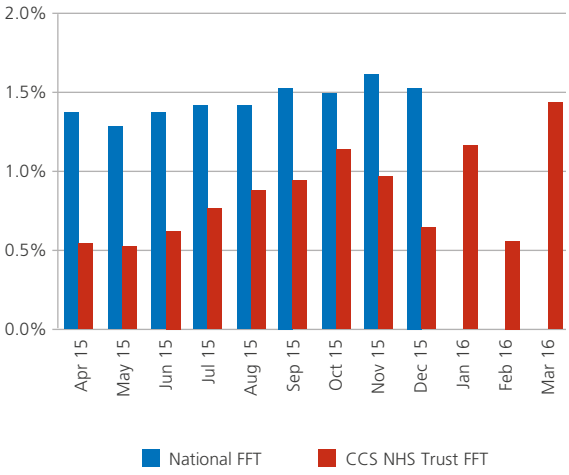


National friends and family test scores for community services have been published throughout 2015/16. Below is a comparison of these with the Trust scores.

A greater % of CCS NHS Trust patients would recommend the Trust than the national average



Fewer CCS NHS Trust patients would not recommend the Trust than the national average



Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) received and satisfactorily resolved 459 contacts during the year as summarised below:

Enquiry/signposting	446
Comments and suggestions	7
Patient and public engagement	6

Improving services using patient feedback: You Said, We Did

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

- a process was implemented so staff can evidence their triage competency
- a Customer Care – First Impressions session has been developed and offered to staff
- improved signage was introduced at new integrated contraception and sexual health (iCaSH) clinics
- changes were made in iCaSH clinic waiting areas, including screens, revised chair placement and playing local radio to increase privacy
- a review of medication templates and processes used by district nurses was undertaken and changes made to remove unnecessary bureaucracy from the system
- a template was introduced on SystmOne to record and monitor Continuing Healthcare process applications and reviews, including an automatic reminder system.

Patient Stories

Patient and staff stories have been presented at Trust Board meetings during 2015/16. Some patients and staff members attended in person, others provided written reports or were filmed. Each story provided a unique insight into the patient experience, articulating how staff had improved the quality of people's lives and in some case how the service did not meet expectations. Where improvements were identified, the service involved agreed actions and implemented changes in order to improve the patient experience.

Patient and Public Engagement

Each service has developed a Patient Engagement Strategy including an assessment of their level of engagement against the trajectory of minimal to optimal engagement. Progress is reported to the Trust's Clinical Operational Boards.

Active recruitment of a patient and/or public Non-Executive Director is currently in progress.

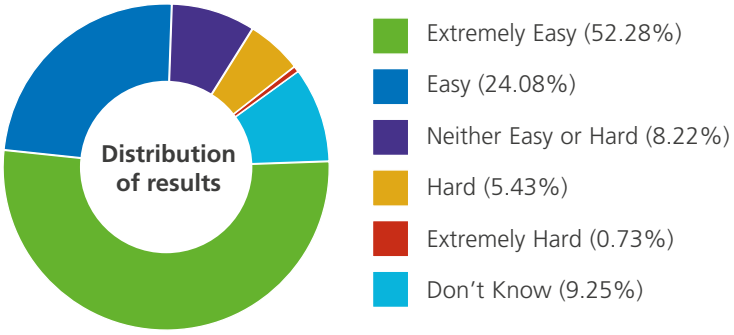
Engagement with local Healthwatch groups continues and has been extended to encompass Norfolk and Suffolk.


2
I.o.E. R.C.
Crewsaver

Equality and Diversity

We are committed to providing personal, fair and diverse services to our communities in line with the Equality Act 2010 and our duty to promote equality and eliminate discrimination.

Progress against four objectives (developed with patients/public representatives and built in to our quality and workforce strategies) is outlined below.

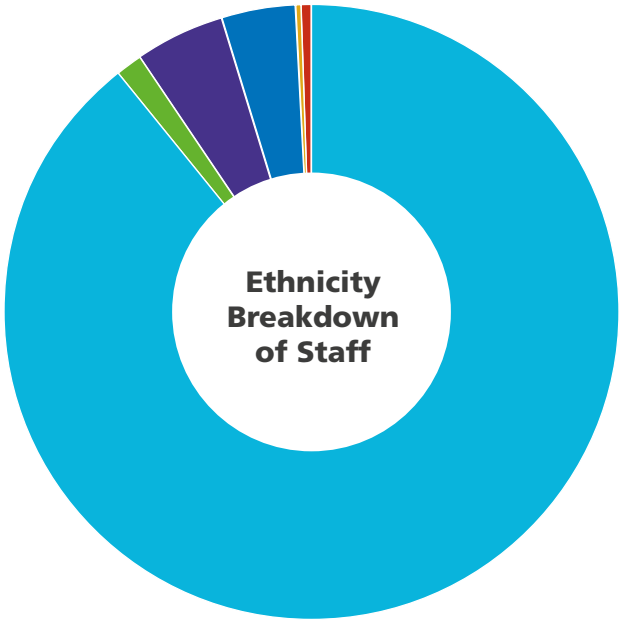
Patient focussed objectives	Progress during 2015/16
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	Responses from patient surveys identified a 1.5% decrease in services users who reported they were able to access Trust services: 2014 response: 85% 2015 response: 83.5% **8. How easy was it to access this service when you needed it (e.g. contacting the service, making an appointment)? (Overall score: 83.54%)**  Issues identified by service users in relation to 'accessibility' of specific services included car parking, signposting, patient information, length of time taken to answer phones and length of waiting time for appointments. This will remain a priority for the Trust in the coming year. Through analysis of survey feedback and staff events, reception was identified as a key area where staff might experience conflict, making both themselves and other patients uncomfortable. Facilitated meetings were held with reception staff during 2015 to support reception staff in conflict resolution.
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	Each service has a patient engagement strategy that requires them to identify how they link and work with community groups and organisations appropriate to their local health and social care need, culture etc. For example, within Luton services work with the Afro-Caribbean Women's Group and the Irish Forum is underway, reflecting the demographic of the local area. Progress with the patient engagement strategies will be reported regularly to the Trust's Clinical Operational Boards (formal sub-committees of the Trust Board).

Patient focussed objectives	Progress during 2015/16 (continued)
Achieve an improvement in the percentage of staff who report that they are able to access training and education opportunities	We provide Trust-wide training for staff on a range of days in the week, in venues with full access. This includes Trust induction and full leadership, management and staff skills training. We offer bespoke training to teams to accommodate their needs. We carried out a Training Needs Analysis in Autumn 2015 to understand staff training needs, including understanding where and to whom the training is required. Implementation of the Electronic Staff Record (ESR) OLM system in May 2015 allows staff to access most e-learning for mandatory training, conveniently through their desktop.
Ensure that the Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified	A review has been undertaken of disciplinary cases to identify whether differences in cultural behaviours and norms are a contributing factor. For 2016/17, we are commissioning Unconscious Bias training aimed at providing an e-learning solution from April 2016. The Trust has seen an improvement in the percentage of BME applicants to assistant director posts.

The Trust will be holding engagement events during May and June 2016 to assess our progress against objectives and agree actions for the following year, and will publish the results on the Trust website.

Trust ethnicity profile

The following chart shows the ethnicity profile of our workforce during 2015/16.



89.24%	White (British, Irish, Any other White background)
1.35%	Mixed (White & Black Caribbean, White & Asian, Any other mixed)
4.80%	Asian or Asian British (Indian, Pakistani, Bangladeshi, Any other Asian)
4.00%	Black or Black British (Caribbean, African, Any other Black)
0.25%	Chinese
0.35%	Any Other Ethnic Group

Providing services that are highly rated for their quality: Looking Forward to 2016/17

Our revised Quality and Clinical strategy outlines the Trust's Quality priorities for the next five years and includes the following areas for improvement:

Our Vision

Provide high quality care through our excellent people

FROM

SAFE
We are a high incident reported with good outcomes

EFFECTIVE
We encourage learning

CARING
We have a good record for patient satisfaction

RESPONSIVE
We deliver the outcomes expected

WELL LED
CQC rated us good

SAFE	CARING	EFFECTIVE	RESPONSIVE	WELL LED
All teams will have a safety plan	We will respond to complaints within 25 days	Develop a research and learning hub	We will be providing seven day services where it makes a difference to the people who need them	We will standardise our clinical policy and audit compliance
We will create a medicine optimisation plan	We will ensure that our nurses revalidate their practice on a three year basis in line with NMC regulations	Reduce variation in outcomes evidenced by our focused clinical audit programme	We will meet all contracted referral to treatment times	We will have established clinical networks working in all Trust services
We will increase our harm free care compliance to 98% by March 2017	We will establish a Trust membership forum	Evidence how patient feedback from e.g. friends and family makes a difference to the service we offer	Our information governance toolkit score will improve by 2% year on year	We will undertake an annual assessment using the Well led Framework and retain a green rating

TO

SAFE
An organisation with an excellent safety record

EFFECTIVE
Leading the way in best practice based on research

CARING
Excellent patient care is the norm at all times

RESPONSIVE
Services equipped and flexible to future changes

WELL LED
Staff will recommend our services because they know they are outstanding

Aim

To be an outstanding Trust

‘New to Care, New to CCS’

Staff from the Trust were joined by representatives from other organisations to celebrate the introduction of the Care Certificate, developed jointly by Skills for Health and Health Education England.

It is an identified set of standards that health and social care workers adhere to in their daily working life. It provides clear evidence to employers, patients and people who receive care and support, that the health worker has been trained, developed, and assessed for the skills, knowledge and behaviours to ensure that they provide compassionate and high quality care and support.

Consisting of 15 standard elements the Care Certificate has been piloted across the Trust over the past 12 weeks. Our first four staff members: Emily Grader, Kirsty Hughes, Helen Showa and Richard Hand receiving their Care Certificate are shown opposite at a recent launch event.

The Trust will, in the future, require all healthcare support workers, who have no previous care or clinical experience, to complete the Care Certificate within the first few months of their employment, working with an occupationally competent assessor who can observe and confirm their competence in meeting these standards.

STRATEGIC OBJECTIVE 2

Quality: To collaborate with organisations to improve the care given to people who use our services

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

Examples of partnership initiatives this year include:

- lead roles in the Cambridgeshire and Peterborough Sustainability and Transformation Plan Children and Young People's Services Clinical Advisory and Working Groups and the system-wide efficiencies work stream
- active participants in the Luton Sustainability and Transformation Plan where we are: providing the 'Co-ordinating Provider Organisation' role for the Luton 'At Home First' Integrated Teams; and are one of 15 Trusts piloting the National Association of Primary Care's pioneering Primary Care Home Model with GPs
- working in partnership with Norwich City Community Sports Foundation and Iceni Healthcare Ltd for the provision of the 0-19 Healthy Child Programme in Norfolk
- introducing a low back pain pilot – an evidence based pathway, which sees the Trust's DynamicHealth musculoskeletal service collaborating with Peterborough and Stamford Hospitals NHS Foundation Trust
- at the time of writing this report, a joint initiative involving one of our community paediatricians had cleared Cambridgeshire & Peterborough NHS Foundation Trust's (CPFTs) waiting list for children with Attention Deficit Hyperactivity Disorder (ADHD). The Trust will continue collaborative working with CPFT to improve the ongoing assessments of children requiring a neurodevelopment assessment
- collaboration between Cambridgeshire County Council and Cambridgeshire Community Services NHS Trust increased access to vitamin tablets or drops for children, pregnant women and breastfeeding mums
- introducing a King's Fund Leadership Collaborative in Luton with colleagues from Virgin Healthcare, Luton Borough Council, Luton and Dunstable Hospital and East London NHS Foundation Trust
- hosting a Children's Services Market Place in collaboration with Luton Borough Council to bring together providers of children's services to share best practice and review opportunities for greater integration
- appointing Health Services Laboratories (a venture between two NHS organisations and a private sector partner) to deliver pathology services for all iCaSH services from 1 April 2016
- continuing to work with the Terence Higgins Trust to provide sexual health services in Cambridgeshire, Norfolk and Suffolk
- working in partnership with the Arthur Rank Hospice Charity (until transfer in August 2015) to deliver the hospice at home service, enabling more people to die with dignity in their own homes
- a collaboration between the Trust, Luton Clinical Commissioning Group, Luton and Dunstable University Hospital and Keech Hospice Care continued to improve joined up working for patients at the end of their lives.

STRATEGIC OBJECTIVE 3

People: To ensure that the Trust attracts and retains a quality workforce

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

We continued to recognise our staff's strengths and to build on best practice to develop a workforce with a shared vision and values aligned to our strategic objectives. The following sections set out how we have achieved this during 2015/16.

Workforce review programme

A process of continuous review and improvement of staffing levels continued in 2015/16.

All services undertook local workforce reviews, which were presented to the Trust Board twice a year (in line with the Government response to the Francis Report). Subsequent actions were implemented and monitored.

Staff survey

The results from the 2015 staff survey, which involved a random sample of 750 staff was published nationally in March 2016. For the third year running, staff rated working for the Trust incredibly positively, reflecting the fantastic culture and behaviours our staff helped to create.

In 22 out of the 32 key findings (KFs) the Trust scored 'better than average' when compared to other community trusts nationally. In addition, in four of the KF areas, our staff rated the Trust as the best in the country when compared to our peers:

- KF5 – Recognition and value of staff by managers and the organisation
- KF8 – Staff satisfaction with level of responsibility and involvement
- KF15 – Percentage of staff satisfied with the opportunities for flexible working patterns
- KF30 – Fairness and effectiveness of procedures for reporting errors, near misses and incidents

There were two areas where the Trust scored 'worse than average'. These were:

- KF24 – Percentage reporting most recent experience of violence
- KF25 – Percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

The Trust's overall staff engagement score remains 'above average' at 3.93 (on a scale of 1-5), with 3.82 being the national average for community trusts. The Trust achieved the second highest score nationally compared to our peers. The highest was 3.94.

In response to the 2014 results the Trust developed an improvement plan, which focused on the following key findings. A summary of progress on these findings is show below:

Key Finding	Change – from 2014 to 2015	Ranking in 2015
KF25 – Percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	⟷	Above (worse than) average
KF28 – Percentage witnessing potentially harmful errors, near misses or incidents in last month	⟷	Below (better than) average
KF16 – Percentage of staff working extra hours	⟷	Average
KF18 – Percentage of staff feeling pressure in last three months to attend work when feeling unwell	⟷	Average
KF11 – Percentage appraised in last 12 months	⟷	Average
KF17 – Percentage suffering work related stress in last 12 months	⟷	Average

Our improvement plan was reviewed and updated in response to the 2015 results and the Staff Friends & Family Test results undertaken by the Trust, which enable immediate improvements to be put in place wherever possible.

Supporting staff and staff engagement

During 2015/16, the Trust:

- continued to introduce innovative recruitment initiatives in hard to recruit areas
- successfully transferred staff in to the Trust as a result of procurements won and introduced inductions specifically designed to the needs of new staff
- supported services and staff transferring out of the Trust with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward
- supported strategic service redesign programmes including within our ambulatory and children's directorates, enabling staff and services to review and implement plans to meet patient needs
- provided bespoke team development, support and skills training for teams leading service redesign programmes including immunisation teams, outpatients services, and Holly Ward children's service
- provided coaching and mentoring support to team leaders, supporting services and staff implementing change and transition
- ran a series of cultural enquiry sessions from February – June 2016, beginning in Norfolk to support staff newly transferred into the Trust
- reviewed Trust-wide training and education needs to plan, procure and implement programmes of development to support staff to deliver high quality services
- introduced a new shared objective-setting process, enabling individuals to see how their personal objectives link to those of their team and ultimately the Trust's objectives
- introduced a succession planning tool for service critical posts, to support focused development of individuals to ensure continuity of critical services
- promoted the benefits of effective appraisals achieving 88.7% compliance for 2015/16 compared to 89% in 2014/15, and against a contractual target of 90% and an internal aspirational target of 95%
- undertook an appraisal survey to review staff views on how useful the current policy and paperwork is in supporting a good appraisal experience. Recommendations were made by staff to improve the current paperwork and these will be incorporated into a revised policy and paperwork for 2016/17
- continued to embed our leadership behaviours (created by the Trust's senior leadership forum and expanded to relate to all staff) within the Trust's appraisals processes
- offered flexible working and family friendly arrangements, a carers and special leave policy, and a zero tolerance approach to violence in the workplace
- encouraged staff to raise concerns through an 'open' approach and a formal Raising Concerns 'whistle blowing' policy, which was reviewed in light of the 'Freedom to speak up' independent review into creating an open and honest reporting culture in the NHS, chaired by Sir Robert Francis QC. The Trust was rated 'outstanding' for its 'openness and honesty' in a national league published by the Department of Health in March 2016. An internal audit undertaken in this area during 2015/16 achieved "Substantial Assurance"
- reviewed and made significant changes to our volunteers policy, procedures and practices following the various national investigations (and subsequent recommendations) into Jimmy Savile's associations with the NHS
- introduced mindfulness training into our Personal Resilience training programme to enhance the already successful training for personal welfare, which supports our Live Life Well programme
- continued to chair the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to exchange information, harmonise HR policies and processes, following the transfers in of staff and to consult and negotiate on employment matter.

Mandatory training

During 2015/16, we:

- built on the significant progress made in 2014/15 to increase the quality and provision of mandatory training, including via the four day Trust induction programme
- implemented the electronic Oracle Learning Management System (OLM) in May 2015 to support achievement of compliance, provision of accurate records and identification of future training needs
- purchased and made available high quality, user focused e-learning packages for the Mental Capacity Act (MCA), Deprivation of Liberty (DOL) and dementia care
- offered a proactive 'help desk' service to all staff to support them with all mandatory training queries.

Supporting a skilled workforce

In the last 12 months:

- our bands 1-4 Best Practice Programme and Manager's Skills Programme continued to be offered, including support for staff during periods when personal resilience and the ability to lead teams through change was a priority. Pre-retirement and mid-career planning seminars were introduced, supporting staff personal welfare
- the Trust's Widening Participation Officer started in April 2015, to lead the Grow Your Own programme, supporting 21 apprenticeships across the Trust. We also continued to provide eight Foundation Degrees and two new flexible nursing opportunities leading to qualified nurses
- we launched the Care Certificate and policy and worked toward embedding a sustainable approach across the Trust, taking the lead on collaborating with partner Trusts to standardise the Care Certificate
- we hosted our first candidate from the Prince's Trust who spent two weeks in corporate services and was offered an apprenticeship at the end of the work placement
- we increased the numbers of Health Ambassadors who represent the Trust and the NHS in careers events across the local health economy
- the Trust-wide Health Coaching Programme training was widened with seven trainers being identified to train as health coaches, to support clinical staff to empower service users to improve outcomes and the quality of their lives
- our highly successful Chrysalis Leadership Development programme ran for the sixth year, with staff gaining the skills to create an environment where change and innovation can flourish. 216 Trust staff have successfully graduated from the Chrysalis programme since it was introduced. We have now also introduced the 'Stepping Up' programme for newly appointed supervisors/managers.
- following the sponsorship of two of our clinical leaders to become train the trainers in quality service improvement and redesign (QSIR) tools and techniques, provided by NHS Improving Quality; we rolled out this programme to a further 60 individuals during 2015/16
- a structured Preceptorship programme was introduced to support newly qualified staff and mentors
- we implemented quality improvement performance framework (QIPF), a robust evaluation process, to ensure that all funded continuous professional development was aligned to our objectives and was fit for purpose (sharing feedback with higher education institutions to ensure improvement)
- we continued to promote access to the Springboard Women's Development Programme run by the Health Education East of England (HEE) for two groups: Bands 1-4 and Bands 5-7
- we continued partnership working with higher education institutes, HEE and local health Trusts to provide a successful programme of student placements, continuing professional development (CPD) for existing clinical staff and for the Grow Your Own Programme.

Our award winning staff

During 2015/16:

- Our annual excellence and innovation awards celebrated the outstanding achievements of our staff who made a real difference to people's lives. We also continued to recognise teams and individuals monthly through our Shine a Light awards.
- Luton Drug Service and its service user group GOAL (as part of the Luton Drug and Alcohol Partnership) won the Luton Excellence Partnership Award for their work with Luton Borough Council.
- Dr Jill Winegardner, lead clinical psychologist at the Oliver Zangwill Centre (OZC) for Neuropsychological Rehabilitation received the Practitioner of the Year Award from the British Psychological Society's Professional Practice Board.
- Luton infant feeding and health visiting teams won international recognition for their work with children and were awarded the Unicef Baby Friendly Award.
- Dr Tamsin Brown won the Health Enterprise East Innovation Award, for her initiative to develop a low cost solution to hearing loss caused by glue ear.
- James Pamment, assistant psychologist at the OZC created a research poster on support worker training, which received a Highly Commended award at a conference run jointly by the Vocational Rehabilitation Association, the Case Manager Society UK and the British Association of Brain Injury Case Managers.
- Rachel Goodwin (Practitioner Researcher at the Oliver Zangwill Centre) and Kevin O'Regan (Health Visitor Practice Teacher in Luton) were finalists in the Health Education East of England Quality in Education and Training Awards 2015.
- A number of staff were recognised at the Health Education East of England Health Visitors Awards: Sue Patterson (Cambs) won the Nursery Nurse of the Year award, health visitors from our Sawston and Melbourn team and Luton Practice Teachers were joint winners of the Team of the Year Award, and Kevin O'Regan (Luton) won the Programme Lead Special Recognition Award.
- Our Trust Board was shortlisted in the 'Board of the Year' category of the East of England Leadership Recognition awards.

Attracting and retaining a quality workforce: Looking forward to 2016/17

We will:

- continue to embed a coaching culture across the Trust investing in further health coaching training for our clinical workforce
- expand opportunities for apprenticeships and focus on the development of our Bands 1-4 workforce, linking with the Health Education East of England Grow Your Own initiative
- develop the skills of our clinical staff in quality, service improvement and redesign tools and techniques
- publish our 2016 – 2021 workforce, organisational development and service redesign strategy to support the delivery of our 2016/17 Annual Plan
- continue to focus on the following five programmes of work:
    - a highly engaged workforce
    - an appropriately trained workforce
    - a healthy and well workforce
    - diversity and inclusion for all
    - an organisational culture of continuous improvement.

We struck Gold with GOAL!

Service user involvement groups have historically been difficult to establish, but it was the vision of two workers representing Luton Drug Service (LDS) and Clarendon Link, that the Going Onto Another Level (GOAL) service user group was established.

GOAL members are present at Luton Drug Service focus groups, vital in the transformation and remodelling of drug and alcohol services in Luton, from referral through to aftercare. Pauline Glass, senior drug worker, Luton Drug Service said:

> ***"I'm proud to be working and supporting the development of GOAL. The members are dedicated, passionate and champions for the cause of making a difference. They are leading by example to assure others that there is light running through their treatment journey, and not just at the end of a tunnel."***

STRATEGIC OBJECTIVE 4

Finance: To be a financially sound organisation

2015/16 has been another challenging year financially for the Trust but we successfully achieved our surplus target of £576,000.

Key messages for the year are set out below:

- The Trust has maintained its high level of financial governance, recognised by the Internal Auditors giving an opinion of "substantial assurance" over the Trust's financial systems, budget control and financial improvement.
- The Trust has responsibility to pay its suppliers in line with the payment terms agreed at the time of purchase. Failure to do this harms the reputation of the Trust and the wider NHS, as well as damaging supply sources and straining relationships with suppliers.
- The Trust has adopted the national NHS Better Payment Practice Code. The target set is that at least 95% of all trade payables should be paid within 30 days of a valid invoice being received or the goods being delivered, whichever is later – unless other terms have been agreed previously. The Trust's detailed performance against this target for NHS and non-NHS trade payables is set out in note 9.1 in the annual accounts and is also shown in the table below. Its overall performance in relation to the code improved during 2015/16. It is anticipated that this improvement will be sustained going into the new financial year.

Better Payment Practice Code (30 day target)	2015-16	
	Number	£'000
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	22,996	40,962
Total Non-NHS Trade Invoices Paid Within Target	19,910	36,354
Percentage of Non-NHS Trade Invoices Paid Within Target	86.6%	88.7%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	1,358	9,938
Total NHS Trade Invoices Paid Within Target	1,128	8,790
Percentage of NHS Trade Invoices Paid Within Target	83.1%	88.5%

- The Trust's 2015/16 accounts have been externally audited by BDO LLP. External audit fees for 2015/16 were agreed as £66,462 excluding VAT (2014/15 £88,617 excluding VAT), which is in line with the framework agreement set out by the Audit Commission.
- The Trust is a member of the NHS Pension Scheme. The scheme is unfunded with defined benefits. Full details of the treatment of the Trust's Pension Policy can be found in note 8 of the annual accounts. The Trust also had a contributing member of the Cambridgeshire County Council Local Government Pension Scheme. Details of the Trust's accounting policy are also given in note 1.5.2 and 1.7 of the annual accounts. The Remuneration and Staff Report on page 76 shows the salary and pension entitlements of the senior managers of the Trust.
- There have been no accounting policy changes during 2015/16. Critical accounting judgements and key sources of estimation of uncertainty are shown in note 1.5.2 of the accounts.
- The Trust has spent £5.34 million in 2015/16 (2014/15 £7.55 million) on items that come within the NHS management costs definition. This represents 4.9% (2014/15 4.7%) of total turnover for the financial year.
- All Trusts were set caps relating to agency nursing expenditure during 2015/16. The Trust exceeded its 8% cap, with year end spend on agency nursing equalling 11% of total spend. We will continue our robust programme of work to reduce expenditure in this area in 2016/17.
- 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 2016/17 will be financially challenging with a savings target in excess of £3.8 million, cash flow forecasts support the conclusion that the Trust is a 'going concern'. For this reason, directors continue to adopt the 'going concern' basis in preparing the accounts. To obtain further detail of our financial performance, please write to:

  Director of Finance and Resources
  Cambridgeshire Community Services
  NHS Trust
  Unit 3, Meadow Lane,
  St Ives,
  PE27 4LG

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

Performance against contractual targets in 2015/16

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

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

During 2015/16 the Trust was monitored against a range of key performance indicators and targets. A number of these targets are nationally measured; other targets are locally contracted by each commissioner. A series of tables on the following pages summarise our performance against these key performance targets by commissioner.

Several performance indicators were only introduced in 2015/16 and accordingly there are no results from previous years available.

Commissioner – Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

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

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Percentage of admitted service users starting treatment within a maximum of 18 weeks from referral	90%	N/A	N/A	100%
Percentage non-admitted patients starting treatment within a maximum 18 weeks from referral	95%	99%	99%	97%
Percentage of patients on incomplete, non emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	98%	99%	98%
Percentage of service users waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the service user (all cancers)	50%	100%	100%	100%
Duty of Candour	0	0	0	0
Zero tolerance MRSA	0	0	0	0
Minimise rates of Clostridium Difficile	0	3	3	0
Zero tolerance RTT waits >52 weeks	0	0	0	0
Failure to publish formulary	0	N/A	N/A	0
No urgent operation should be cancelled for a second time	0	0	0	0
All consultant-led services delivered by the Provider shall have the names of the consultants or healthcare provider within that service published against them	95%	N/A	N/A	100%
All two Week Wait services delivered by the Provider shall be available via Choose & Book as a directly bookable service (subject to any exclusions approved and to matters outside the providers control)	100%	N/A	N/A	100%

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
All services delivered by the Provider (excluding relevant Outpatient diagnostic testing services) shall be available and directly bookable via Choose & Book	95%	N/A	N/A	**100%**
RTT (Median Wait in weeks) – non admitted completed pathways	Decreasing trend	**Compliant**	**Compliant**	**Compliant**
RTT (Median Wait in weeks) – non admitted incomplete pathways	Decreasing trend	**Compliant**	**Compliant**	**Compliant**
Musculoskeletal (Core) – 18 week waiting times – percentage of patients receiving first definitive intervention within 18 weeks	95%	**98%**	**99%**	**99%**
Paediatric CFS/ME – 18 week waiting times – percentage of patients receiving first definitive intervention within 18 weeks	95%	**100%**	**100%**	**100%**
Paediatric OT – 18 week waiting times – percentage of patients receiving first definitive intervention within 18 weeks	95%	**89%**	**98%**	**99%**
Paediatric Speech and Language Team – 18 week waiting times – percentage of patients receiving first definitive intervention within 18 weeks	95%	**95%**	**100%**	**95%**
Paediatric Physiotherapy – 18 week waiting times – percentage of patients receiving first definitive intervention within 18 weeks	95%	**99%**	**97%**	**100%**
Children Looked After – Initial health assessments completed within 20 working days	100%	N/A	N/A	**100%**
Children Looked After – Initial Health assessments undertaken by medical practitioner	100%	N/A	N/A	**100%**
Children Looked After – Review assessments completed in 15 working days	100%	N/A	N/A	**100%**
Children Looked After – Patients discharged with a health care summary (aged 17 and over)	100%	N/A	N/A	**100%**

The Trust met 100% of all contracted targets for services commissioned by Cambridgeshire and Peterborough CCG in 2015/16

Commissioner – NHS England

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

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Child Health Service				
NB1: Coverage (previous CCG responsibility at birth)	95%	**100%**	**100%**	**100%**
NB3: Timeliness of result availability	95%	N/A	N/A	**100%**
Timely identification of babies with a null or incomplete result on the child health information system	95%	N/A	N/A	**100%**
NB4: Coverage (Movers in)	95%	**100%**	**100%**	**100%**
Birth Notification: Each live birth to be entered onto the CHIS system within one working day following receipt of the birth notification	100%	N/A	N/A	**100%**
Infant Feeding Statistics: Quarterly Unify2 data collection system for breastfeeding at six – eight weeks	100%	N/A	N/A	**100%**
Immunisation Statistics: Quarterly production and upload of all immunisation statistics (e.g. via COVER/ Unify etc.) in a timely manner. To include both childhood and school aged immunisations	100%	**100%**	**100%**	**100%**
Health Visitor Notification: Time between receipt of birth notification and informing health visitor shall be no longer than five working days	90%	N/A	N/A	**92%**
Recording New-born and Infant Physical Examination (NIPE): Completeness of records	80%	N/A	N/A	**N/A**
New-born Hearing Screening: Completeness of records	80%	N/A	N/A	**84%**
Infant Feeding Status: Feeding statuses of infants at six – eight weeks are entered on the CHIS system within 10 working days of receipt	95%	N/A	N/A	**100%**
Registration & Deduction Lists: Primary Care patient registration and deduction lists processed within 5 working days of receipt for children aged 0-5, 10 working days of receipt for children aged greater than 5 years	95%	N/A	N/A	**100%**
Immunisation Excessive DNAs: CHIS to inform health visitor and GP practices of children (0-5) that have had their scheduling suspended/ put on hold due to excessive DNA's (applicable to practices for which the CHIS schedules appointments)	100%	N/A	N/A	**100%**

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
HPV Immunisations Service				
Quarterly production and upload of HPV statistics	100%	**100%**	**100%**	**100%**
HPV Vaccinations Programme – Yr 8 YEAR TO DATE RESULT (school year)	90%	**95%**	**93%**	**On-track**
School Aged Immunisations Service				
HPV vaccination by end of school year nine dose 1	90%	N/A	N/A	**On-track**
HPV vaccination by end of school year nine dose 2	90%	N/A	N/A	**On-track**
School leaver booster (Td/IPV) by end of school year 10	80%	N/A	N/A	**On-track**
Men ACWY by end of school year 10	80%	N/A	N/A	**On-track**
Childhood Flu vaccination school years 2 and 3 (age 5 and 6)	60%	N/A	N/A	**On-track**
Schools participating in the programme	100%	N/A	N/A	**100%**
Vaccine administration training	100%	N/A	N/A	**100%**
Patient/ service user satisfaction	85%	N/A	N/A	**On-track**
Dental Services				
Percentage non admitted patients starting treatment within a maximum 18 weeks from referral	95%	100%	100%	**100%**
Percentage of patients on incomplete, non emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	100%	100%	**100%**
Zero tolerance RTT waits >52 weeks	0	0	0	**0**
RTT (Median Wait in weeks) – non admitted completed pathways	Decreasing trend	Compliant	Compliant	**Compliant**
RTT (Median Wait in weeks) – non admitted incomplete pathways	Decreasing trend	Compliant	Compliant	**Compliant**

The Trust met 100% of all contracted targets for services commissioned by NHS England in 2015/16 (other than for the school age immunisation service where year end data is produced annually in August in line with school term activity).

Commissioner – Luton Clinical Commissioning Group (CCG)

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

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Percentage non admitted patients starting treatment within a maximum 18 weeks from referral	95%	100%	100%	100%
Percentage of patients on incomplete, non emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	100%	100%	100%
Diagnostic Tests – Percentage waiting no longer than six weeks from referral	99%	100%	100%	100%
Zero tolerance of RTT waits over 52 weeks	0	0	0	0
Percentage of children aged 13-18 receiving tetanus, diphtheria and polio booster	90%	87%	74%	77%
NHSE Report for Schools' Status of Men C sent according to timescale	100%	100%	100%	100%
NHSE Report for Schools' Status of HPV sent according to timescale	100%	100%	100%	100%
NHSE Report for Schools' Status of Td/IPV sent according to timescale	100%	100%	100%	100%
Percentage of new-borns receiving TB vaccination (BCG) within 90 days of birth	90%	90%	93%	86%
Percentage of new children from high prevalence areas who have not been vaccinated for TB who have been seen by the TB service within 28 working days	100%	100%	100%	100%
Percentage of children who were being breastfed at point of transferring to CCS NHST at 10 to 12 days who continue to be breastfed at 6-8 weeks	60%	76%	76%	72%
Percentage of children with a breastfeeding status recorded at six – eight weeks	95%	99%	99%	99%
Percentage of new birth visits within 14 days of birth	100%	100%	100%	100%
Year 8 girls 12-13 years completing HPV dose 1 & 2	86%	85%	86%	86%
CHRD to review all children's records (quarter prior to fifth birthday) and, where a child record does not include two doses of MMR, to make contact with the relevant GP to verify immunisation status	100%	100%	100%	100%
Percentage eligible patients who complete TB treatment subject to exclusion criteria	95%	100%	100%	100%

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Number of Alive and Kicking Weight Management Programme referrals taken up	75 in year	67	69	75
Percentage children in Yr 6 who have had height and weight measured	90%	90%	90%	99%
Percentage of non-admitted patients starting treatment within 18 weeks from referral – non consultant led	95%	100%	100%	99%
Percentage of patients on incomplete non emergency pathway waiting no longer than 18 weeks – non consultant led	92%	100%	100%	99%
All Looked After Children coming into care and placed in Luton or the agreed health area, will have an Initial Health Assessment completed by a paediatrician within 15 working days of the LAC Health Team receiving a fully completed referral and signed consent	100%	N/A	N/A	100%
All Looked After Children coming into care and placed outside of Luton or the agreed health care area, will have an Initial Health Assessment completed by a paediatrician or medical practitioner	100%	N/A	N/A	100%
All Looked After Children placed in Luton or the agreed health area, will receive their Review Health Assessment by the due date (6 monthly for 0-4 years and annually for 5-17 years)	100%	N/A	N/A	34%
All Looked After Children placed out of Luton or the agreed health area, will receive their Review Health Assessment by the due date (6 monthly for 0-4 years and annually for 5-17 years)	100%	N/A	N/A	10%
Percentage smokers who receive brief advice and referred to Stop Smoking Service	80%	72%	90%	91%
Percentage harmful level alcohol users given brief advice and offered referral to alcohol services	80%	100%	100%	100%
Number of avoidable pressure ulcers grade 3	0	3	0	3
Number of avoidable pressure ulcers grade 4	0	0	1	0
Number of MRSA bacteraemia	0	0	0	0
Number of Community Acquired Clostridium Difficile infections	100% followed up	100%	100%	100%

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Luton Drug Services				
Service users exiting treatment will have either completed interventions or be referred on	40%	N/A	N/A	**59%**
Number of confirmed drug related deaths	0	N/A	N/A	**0**

The Trust met 91% of all contracted targets for services commissioned by Luton Clinical Commissioning Group in 2015/16.

Performance targets not met	2015/16 Target	2015/16 Actual	Variance
Percentage of children aged 13-18 receiving tetanus, diphtheria and polio booster	90%	77%	**Significant**
Percentage of new-borns receiving TB vaccination (BCG) within 90 days of birth	90%	86%	**Marginal**
All Looked After Children placed in Luton or the agreed health area, will receive their Review Health Assessment by the due date (6 monthly for 0-4 years and annually for 5-17 years)	100%	34%	**Significant**
All Looked After Children placed out of Luton or the agreed health area, will receive their Review Health Assessment by the due date (6 monthly for 0-4 years and annually for 5-17 years)	100%	10%	**Significant**
Number of avoidable pressure ulcers grade 3	0	3	**Significant**

Remedial action plans continue to be maintained for the above to deliver improved performance to meet targets in future months.


NHS
NHS

Commissioner – Suffolk Integrated Healthcare

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

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
iCaSH Service				
Number of all contacts of index cases of gonorrhoea attending STI service within 4 weeks of the date of first PN discussion	0.6 contacts	N/A	**0.73**	**0.7**
Number of all contacts of index cases of chlamydia attending STI service within 4 weeks of the date of first PN discussion	0.6 contacts	N/A	**0.67**	**0.8**
Percentage of first time service users (of clinical based service users offered a HIV test (excluding those already diagnosed HIV positive)	100%	N/A	N/A	**100%**
Percentage of first time service users (of clinical based service users accepting a HIV test (excluding those already diagnosed HIV positive)	80%	N/A	**73%**	**87%**
Percentage of positive chlamydia screens by iCaSH Suffolk	5%	N/A	**5%**	**8%**
Percentage of all chlamydia screens for all attendances at iCaSH Suffolk under 25 years	Traj 51-75%	N/A	**51%**	**75%**
Percentage of those with positive chlamydia result treated within six weeks of test date	95%	N/A	**99%**	**96%**
Percentage of new and rebook people accessing services with needs relating to STI's who have a relevant sexual history and STI/HIV risk assessment undertaken	97%	N/A	**98%**	**91%**
Percentage of people with needs relating to STI contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service	98%	N/A	**98%**	**99%**
Percentage of people with needs relating to STI's contacting a service who are seen or assessed by a healthcare professional within two working days of first contacting the service	80%	N/A	**95%**	**89%**
Percentage of users experiencing waiting times in clinics of > 2 hours	Baseline to be established	N/A	N/A	**0%**
Percentage of people having STI tests (chlamydia, HIV, syphilis, gonorrhoea) who can access their results via text (both positive and negative) within ten working days of the date of the sample (excluding those requiring supplementary tests)	95%	N/A	N/A	**84%**

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Percentage LARCs (injections, IUDs, IUSs, implants separately) prescribed by iCaSH Suffolk as a percentage of all prescribed contraceptives	baseline of 47%-55%	N/A	**47%**	**51%**
Percentage of people receiving EHC on same day as request (where clinically appropriate)	Baseline to be set with trajectory to 100%	N/A	**100%**	**100%**
Percentage LARC removals fitted by service provider (as a percentage of all LARCS fitted by the service provider within a given year)	no threshold	N/A	**8%**	**2%**
The proportion of newly diagnosed with HIV who have a CD4 count result in their clinical record within one month of their HIV diagnosis	95%	N/A	**100%**	**100%**
The proportion of people newly diagnosed in primary care who are seen in a HIV specialist department within two weeks of diagnosis	95%	N/A	**100%**	**100%**
Proportion of people with HIV who are satisfied with decisions about their care	90%	N/A	N/A	**100%**
Proportion of people with HIV who confirm they have been involved in making decisions about their care	90%	N/A	N/A	**100%**
Percentage of patients accessing psychosexual counselling within 18 weeks	100%	N/A	N/A	**100%**

The Trust met 96% of all contracted targets for services commissioned by Suffolk Integrated Healthcare in 2015/16.

Performance targets not met	2015/16 Target	2015/16 Actual	Variance
Percentage of new and rebook people accessing services with needs relating to STI's who have a relevant sexual history and STI/HIV risk assessment undertaken	97%	91%	**Marginal**
Percentage of people having STI tests (chlamydia, HIV, syphilis, gonorrhoea) who can access their results via text (both positive and negative) within ten working days of the date of the sample (excluding those requiring supplementary tests)	95%	84%	**Significant**

Remedial action plans continue to be maintained for the above to deliver improved performance to meet targets in future months.

Commissioner – Cambridgeshire County Council

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

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
iCaSH Service				
Percentage of clients accessing service to be seen within 48 hours of contacting the service	80%	**95%**	**84%**	**89%**
Percentage of people offered an appointment or walk-in, within 48 hours of contacting a provider	98%	N/A	**86%**	**98%**
Care pathways with other organisations to include partner notification and/or linked services (e.g. alcohol, mental health etc.) are clearly defined	Established pathways	N/A	**100%**	**100%**
Percentage of women having access to and availability of the full range of contraceptive methods	100%	N/A	**100%**	**100%**
Percentage of first time service use (of clinical based services) offered a HIV test	100%	N/A	**100%**	**100%**
Percentage of first time service use (of clinical based services) offered and accepting a HIV test	85%	N/A	**87%**	**86%**
The proportion of people newly diagnosed in primary care who are seen in a HIV specialist department within two weeks of diagnosis	100%	N/A	**100%**	**100%**
Documented evidence within clinical records that partner notification has been discussed with people living with HIV within four weeks of receiving a positive HIV diagnosis and within one week of identifying subsequent partners at risk	90%	N/A	**100%**	**100%**
Ratio of contacts per gonorrhoea and chlamydia index case, such that the attendances of these contacts at Level 1, 2 or 3 service was documented as reported by index case, or by a HCW, within four weeks of the date of the first PN discussion	At least 0.6 contacts per index case	N/A	**0.63**	**0.6**
Percentage of patients receiving positive/negative results within 10 working days of sample date	95%	N/A	**96%**	**100%**
Percentage of all under 25 year olds screened for chlamydia	75%	N/A	**91%**	**91%**
Percentage of positive patients who received treatment within six weeks of test dates	95%	N/A	**100%**	**100%**
Number of outreach sessions & attendance conducted in areas of high deprivation or aimed at vulnerable groups, including prison	70%	N/A	**43%**	**70%**

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Percentage of users experiencing waiting times in clinics of < 2 hours	30 minute threshold	N/A	**100%**	**100%**
Percentage of specialist reproductive health referrals from GP seen within 18 weeks of referral	100%	N/A	**100%**	**100%**
Condom distribution schemes (C Card) provision to all sexual health clinics	100%	N/A	**100%**	**100%**
Percentage of women who have access to urgent contraceptive advice and services (including emergency contraception) within 24 hours of contacting the service	90%	N/A	**95%**	**100%**
Percentage of women who have access to LARC method of choice within five working days of contacting service	90%	N/A	**100%**	**90%**
Percentage of individuals accessing services who have sexual history and STI/HIV risk assessment undertaken	100%	N/A	**100%**	**100%**
People who have a new diagnosis of HIV and have symptoms and/or signs potentially attributable to HIV infection (including those of primary infection) must be referred for urgent (within 24 hours) specialist assessment	100%	N/A	**100%**	**100%**
Percentage of routine STI laboratory reports of results (or preliminary reports) which are received by clinicians within seven working days of a specimen being taken	100%	N/A	**98%**	**100%**
Ratio of all reported contacts of index gonorrhoea who attend the service	0.6	N/A	**0.63**	**0.6**
Ratio of all reported contacts of index chlamydia who attend the service	0.6	N/A	**0.65**	**0.6**
Percentage of nurses dual trained to deliver contraceptive (including LARC methods) and GUM services	75%	N/A	N/A	**On-track**
Monitor percentage of LARCs prescribed as a proportion of all contraceptives by age	Benchmark	N/A	**40%**	**44%**
The proportion of people newly diagnosed with HIV who have a CD4 count result in their clinical record within one month of their HIV diagnosis	95%	N/A	**100%**	**100%**
The proportion of people with known HIV infection who have accessed HIV clinical services within the past 12 months	95%	N/A	**100%**	**100%**
For 95% of MSM living with a diagnosed HIV infection to have a suppressed viral load	95%	N/A	**64%**	**80%**

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Health Visiting				
Number of mothers who received a first face to face antenatal contact with a health visitor at 28 weeks or above	61%	N/A	N/A	**48%**
Percentage of births that receive a face to face NBV within 14 days by a health visitor	90%	**87%**	**90%**	**97%**
Percentage of face to face NBVs undertaken after 14 days, by a health visitor	95%	N/A	N/A	**99%**
Percentage of children who received a 6-8 weeks review	90%	N/A	N/A	**95%**
Percentage of children who received a 12 month review, by the age of 12 months	90%	**70%**	**90%**	**92%**
Percentage of children who received a 12 month review, by the age of 15 months	95%	**91%**	**93%**	**92%**
Percentage of children who received a 2-2.5 year review, by the age of 2.5 years	90%	**48%**	**89%**	**87%**
Percentage of children who received a 2-2.5 year review using ASQ-3	90%	N/A	N/A	**100%**
Percentage of health development reviews at age 2-2.5 years that are delivered as part of the single integrated review with Early Years Foundation Stage 2 (pilot)	85%	N/A	N/A	Reporting unavailable
Percentage of Sure Start Advisory Boards with a HV presence	90%	N/A	N/A	**100%**
Percentage of children who received a 3-4 month review – UNIVERSAL	90%	N/A	N/A	**75%**
Percentage of children who received a 3-4 month review – UNIVERSAL PLUS & PARTNERSHIP PLUS	90%	N/A	N/A	**99%**
Percentage of parents who have been informed about children's centres	95%	N/A	N/A	**100%**
Percentage of infants for whom breastfeeding status is recorded at six – eight week check	95%	N/A	N/A	**97%**
Percentage of infants being breastfed at 6-8 weeks	58%	N/A	N/A	**56%**
Percentage of parents who have been informed (provided with information and advice) about healthy start for themselves and their children	95%	N/A	N/A	**85%**

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Percentage of brief interventions had with mothers about babies and mothers healthy weight	95%	N/A	N/A	**85%**
Percentage of health visiting staff undertaking an annual update training in having conversations with parents around babies' weight gain (CPD)	80%	N/A	N/A	**100%**
Percentage of brief interventions had with parents who smoke (Please note – all brief intervention KPIs will also be monitored through staff training plan, expect providers to provide ongoing CPD for brief interventions)	95%	N/A	N/A	**62%**
Percentage of mothers who smoke that are offered a referral to the smoking cessation service	95%	N/A	N/A	**100%**
Percentage of mothers who have had a discussion about maternal mental health and wellbeing and post-natal depression – maternal mood review	95%	N/A	N/A	**100%**
Percentage of brief interventions had with mothers for domestic violence (if appropriate)	95%	N/A	N/A	**83%**
Percentage of brief interventions had with parents on good oral health	95%	N/A	N/A	**96%**
Percentage of 0-5 with checked and recorded immunisation and screening status at appropriate ages	100%	N/A	N/A	**100%**
Percentage of brief interventions had on safety	95%	N/A	N/A	**100%**
Percentage of HV staff who have completed mandatory training at levels commensurate with roles and responsibilities (levels 1, 2, 3) in child protection within the last three years	95%	N/A	N/A	**88%**

The Trust met 83% of all contracted targets for services commissioned by Cambridgeshire County Council in 2015/16.

Performance targets not met	2015/16 Target	2015/16 Actual	Variance
For 95% of MSM living with a diagnosed HIV infection to have a suppressed viral load	95%	80%	Significant
Number of mothers who received a first face to face antenatal contact with a health visitor at 28 weeks or above	61%	48%	Significant
Percentage of children who received a 12 month review, by the age of 15 months	95%	92%	Marginal
Percentage of children who received a 2-2.5 year review, by the age of 2.5 years	90%	87%	Marginal
Percentage of children who received a 3-4 month review – UNIVERSAL	90%	75%	Significant
Percentage of infants being breastfed at 6-8 weeks	58%	56%	Marginal
Percentage of parents who have been informed (provided with information and advice) about healthy start for themselves and their children	95%	85%	Significant
Percentage of brief interventions had with mothers about babies' and mothers' healthy weight	95%	85%	Significant
Percentage of brief interventions had with parents who smoke (Please note – all brief intervention KPIs will also be monitored through staff training plan, expect providers to provide ongoing CPD for brief interventions)	95%	62%	Significant
Percentage of brief interventions had with mothers for domestic violence (if appropriate)	95%	83%	Significant
Percentage of HV staff who have completed mandatory training at levels commensurate with roles and responsibilities (levels 1, 2, 3) in child protection within the last three years	95%	88%	Marginal

Remedial action plans continue to be maintained for the above to deliver improved performance to meet targets in future months.

Courageous children celebrate

A group of children living with long term, life-limiting conditions and their families celebrated their courage in coping with often traumatic and painful treatments at a Beads of Courage Tea Party.

Mags Hirst, Play Specialist at the Trust explained: "The Beads of Courage charity provides beads of various colours, shapes and sizes to recognise different procedures or treatment milestones. Usually presented to children undergoing treatment for cancer, we're the only Trust in the country that has expanded the scheme to recognise the tremendous bravery and courage of children living with long term, life-limiting conditions such as heart conditions and complex disabilities.

Every bead or string of beads tells the child's story or treatment journey," Mags continued, "but more importantly help children – some of whom have really complex conditions – to talk and share their thoughts, feelings and fears about their condition with families, friends and health professionals.

Lauren Best, whose five-year-old daughter Mya-Louise has been using the beads, said: "Mya-Louise started using the beads in the spring and it's helped her realise how much she's been through. It really is a great way of not only helping her to understand, but also for other people to understand everything she's been through as well. A lot of other parents whose children go to the same hospital in London have commented on what a brilliant idea it is and they wish they could use it too."

Jessica Johnson, nine, has also recently started using the beads and said:

> ***"I have EDS, which means I have faulty collagen in my body and this means I get a lot of pain and I get tired very quickly. My Beads of Courage make me feel proud of how brave I have been in the past and they help me remember the important and brave journey I have had and continue to make."***

Commissioner – Peterborough City Council

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

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
iCaSH Service				
Percentage of people with STI needs offered appointment or walk in within two working days of first contact	98%	N/A	**95%**	**86%**
Percentage people with STI needs seen or assessed by healthcare professional within two working days of first contact	80%	N/A	**96%**	**84%**
Percentage of people who have a relevant sexual history taken (as per BASHH guidance)	97%	N/A	**100%**	**100%**
Percentage of people with STI needs offered HIV test at first attendance (excl. those already diagnosed with HIV)	97%	**100%**	**88%**	**99%**
Percentage of people with STI needs with record of HIV test at first attendance (excl. as above)	80%	**50%**	**83%**	**87%**
Percentage of people accessing STI test results within 10 working days of sample taken (excl. supplementary tests)	95%	N/A	**99%**	**95%**
Percentage of all contacts of index cases of gonorrhoea attending STI service within four weeks of first PN discussion	0.6 contacts per index	N/A	N/A	**78%**
Percentage of all contacts of index cases of chlamydia attending STI service within four weeks of first PN discussion	0.6 contacts per index	N/A	N/A	**83%**
Percentage of women with emergency/urgent contraceptive needs offered access on the same working day	95%	N/A	**100%**	**100%**
Percentage of people with contraceptive needs offered appointment to be seen within two working days of first contact	95%	N/A	**73%**	**96%**
Percentage of people experiencing waiting times of more than two hours in walk in services	<25%	N/A	**0%**	**0%**
Percentage of women offered access to LARC method of choice within 10 working days/ two calendar weeks of first contact (where medically appropriate)	90%	N/A	**42%**	**100%**

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Percentage of women having access to and availability of full range of contraceptive methods (and choice within products)	100%	N/A	**100%**	**100%**
Percentage chlamydia positive patients receiving treatment within six weeks of test date	95%	**100%**	**98%**	**100%**
Percentage of staff who have completed nationally accredited training relevant to their scope of practice and fulfil update requirements	100%	N/A	**100%**	**100%**
Percentage of people screened for safeguarding issues	100%	N/A	**100%**	**100%**
Percentage of people screened for alcohol / drug interventions	100%	N/A	**100%**	**100%**
Percentage of people screened for domestic abuse	100%	N/A	**100%**	**100%**
Percentage of children and young people screened for child sexual exploitation	100%	N/A	**100%**	**100%**

The Trust met 93% of all contracted targets for services commissioned by Peterborough City Council in 2015/16.

Performance targets not met	2015/16 Target	2015/16 Actual	Variance
Percentage of people with STI needs offered appointment or walk in within two working days of first contact	98%	86%	**Significant**

Remedial action plans continue to be maintained for the above to deliver improved performance to meet targets in future months.

Commissioner – Norfolk County Council

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

Services within the Norfolk Healthy Child Programme transferred to CCS NHST in November 2015 and therefore data for previous years is not provided below.

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Norfolk Healthy Child Programme				
Percentage women that received their first face to face antenatal health promotion visit from 28 weeks pregnancy with a HV SCPHN	75%	N/A	N/A	**80%**
Percentage of women receiving a face to face New Baby Review by a HV SCPHN within 14 days	84%	N/A	N/A	**93%**
Percentage of infants aged 6-8 weeks that received a 6-8 week assessment from the HV SCPHN	90%	N/A	N/A	**94%**
Percentage of infants receiving the Bookstart Baby Pack at the 6-8 week check	baseline	N/A	N/A	**98%**
Percentage of all infants at 6-8 week check that are totally or partially breastfed	48%	N/A	N/A	**54%**
Percentage of new births registered with children's centre	85%	N/A	N/A	**73%**
Percentage of children who received a one year assessment/12 month review by the time they turned 15 months	85%	N/A	N/A	**88%**
Percentage of children that received a developmental review by the age of 2.5 years (which must include the ASQ™3 assessment)	80%	N/A	N/A	**85%**
Percentage of Looked After Children (LAC) aged 0-5yrs who receive their six-monthly Review Healthcare Assessment	100%	N/A	N/A	**100%**
Looked After Children (LAC) aged 0-5yrs with up-to-date immunisations	100%	N/A	N/A	**100%**
Percentage of urgent referrals, including all safeguarding referrals, who a) received a same day or next working day response to the referrer and b) received a HV contact with the family within two working days	100%	N/A	N/A	**100%**
Percentage of staff who have completed mandatory training at levels commensurate with roles and responsibilities (levels 1, 2, 3) in child protection within the last three years	90%	N/A	N/A	**76%**

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Percentage of transfers to another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team	100%	N/A	N/A	**100%**
Percentage of transfers from another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team	100%	N/A	N/A	**100%**
Percentage FNP nurse caseload maintained per quarter	80%	N/A	N/A	**91%**
Average Net Promoter Score on Friends and Family Test for the evaluation of the whole Norfolk 0-19 HCP Service (or equivalent as agreed by authority)	60%	N/A	N/A	**97%**
iCaSH Service				
Percentage of individuals accessing STI services who have a sexual history and STI/HIV risk/ contraception assessment undertaken	100%	N/A	N/A	**100%**
Percentage of first time service user (of clinical based services) offered a HIV Test	100%	N/A	N/A	**100%**
Percentage of first time service user (of clinical based services) accepted a HIV Test	80%	N/A	N/A	**81%**
Percentage of first time MSM service user (of clinical based services) offered a HIV test	Baseline to be monitored after 1 year	N/A	N/A	**100%**
Percentage of first time MSM service user (of clinical based services) accepting a HIV test		N/A	N/A	**90%**
Percentage of HIV late diagnoses	% reduction baseline to be assessed after one year	N/A	N/A	**0%**
Percentage of service users who receive results within two weeks from consultation date	95%	N/A	N/A	**100%**
Percentage of screening delivered through core contraception services i.e. primary care, CaSH clinics and TOP services	70%	N/A	N/A	**70%**
Percentage of results given to the client within 10 working days of test taken – screening programme only	95%	N/A	N/A	**99%**
Percentage of women having access to the and availability of the full range of contraceptive method (including choice within products)	100%	N/A	N/A	**100%**

Indicator	2015/16 target	2013/14 actual	2014/15 actual	2015/16 YTD M12 actual
Percentage LARCs offered as a percentage of all eligible contacts attending services for contraception purposes	90%	N/A	N/A	**100%**
Percentage LARCs (Injections, IUDs, IUSs, implants separately) prescribed by contraceptive services as a percentage of all contraceptives by age (5 year age bands)	Total > 40%	N/A	N/A	**47%**
Percentage of people receiving EHC who received it within 24 hours of requesting it (exceptional reporting required)	100%	N/A	N/A	**100%**
Percentage of people accessing EHC and leaving with a plan of on-going contraception	Baseline to be assessed after 1 year	N/A	N/A	**100%**
Percentage of STI screens directly conducted through outreach services (outreach services target high risk and vulnerable groups) as a percentage of all screens	Baseline to be assessed after 1 year	N/A	N/A	**12%**
Percentage of people offered an appointment, or walk-in, within 48 hours of contacting service	100%	N/A	N/A	**100%**
Percentage of clients accessing service to be seen within 48 hours of contacting service	70%	N/A	N/A	**96%**
Percentage of people experiencing waiting times of less than two hours in walk in services	90%	N/A	N/A	**99%**
Percentage of specialist SRH referrals from general practice seen within 18 weeks of referral	Baseline to be assessed after 1 year	N/A	N/A	**100%**
Percentage of psychosexual clients seen within 18 weeks of referral	Baseline to be assessed after 1 year	N/A	N/A	**100%**

The Trust met 88% of all contracted targets for services commissioned by Norfolk County Council in 2015/16.

Performance targets not met	2015/16 Target	2015/16 Actual	Variance
Percentage of new births registered with children's centre.	85%	73%	**Significant**
Percentage of staff who have completed mandatory training at levels commensurate with roles and responsibilities (levels 1, 2, 3) in child protection within the last three years.	90%	76%	**Significant**

Remedial action plans continue to be maintained for the above to deliver improved performance to meet targets in future months.

STRATEGIC OBJECTIVE 5

Finance: To achieve a contract model that links activity to payment in 2015/16

The Trust has historically been paid on a block contract. This means the income is fixed, irrespective of demand for patient care and the costs incurred. A move away from the block contract model will ensure that the Trust is funded for the activities it carries out, rather than the current contract model, which results in under-funding in services where activity is higher than the financial ceiling of the contract.

Over the past year, the Trust has ensured that any new contracts won through a tender process i.e. the Norfolk Healthy Child Programme and child immunisation services, had explicit activity thresholds linked to the price of the contracts.

In 2015/16 the Trust committed to establish a shadow tariff for outpatients activity with the Cambridgeshire and Peterborough Clinical Commissioning Group. However, in May 2015, following a strategic review of the Trust's service portfolio, the Trust gave 12 months notice to the commissioner in respect of these services and therefore the work to establish a shadow tariff did not conclude. Musculoskeletal (MSK) services is the only service that this objective now applies to and discussions continue with this commissioner regarding the MSK service model meaning that there is not a defined activity/ies to develop a tariff for.

Luton services selected to pilot new Primary Care Home Model

Our community health services for adults have joined forces with local GPs to trial a new model of care from April 2016, which aims to significantly improve the quality of care and patients' experience.

The Primary Care Home Model pilot project, launched at the National Association of Primary Care's (NAPC) annual conference in late 2015, will be tested in 15 locations across the country.

Linda Sharkey, Service Director of Luton Children and Adult Community Health Services said: "We are delighted to have been selected to test this new model, which aims to deliver seamless and personalised health care. It is testament to the integrated working that is already taking place in Luton as part of the Better Together programme, that we were successful in the rigorous selection process. Our focus will be on working with participating GP practices to deliver the best health outcomes in two areas: medicines management and diabetes care."

Dr Nina Pearson, Chair of Luton Clinical Commissioning Group and a Luton GP said: "The Primary Care Home Model builds on the already strong working relationships between GP practices, community services, social care, mental health and the voluntary sector in Luton. It provides new opportunities to work differently for the benefit of patients, their families and carers and equally important improve the working lives of all the staff involved."

"We will get access to all the evolving knowledge and expertise nationally as well as delivering our own unique Luton solutions."

STRATEGIC OBJECTIVE 6

Sustainability: To be recognised as a provider of safe and innovative services that help commissioners achieve their outcomes

As a result of submitting strong and compelling cases, reflecting our specialist knowledge, expertise and history, we were delighted to win contracts during 2015/16 to provide:

- the school immunisation programme across Cambridgeshire, Peterborough, Norfolk and Suffolk from September 2015
- the 0-19 Healthy Child Programme across Norfolk from October 2015
- vision screening across Cambridgeshire from April 2016.

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

Luton based children's and adults' services were due to transfer to a new employer in June 2015 but remained with the Trust following the commissioner's cancellation of this procurement process.

The Trust was not successful in winning the procurement for Luton sexual health services, which transferred to a new employer on 1 April 2016. In addition, the Peterborough Sexual Assault Referral Centre (one member of Trust staff) transferred to Mountain Health on the same date.

Following the Trust Board's strategic review of our service portfolio, the Trust gave 12 months notice to commissioners in May 2015 that it would no longer provide the following services:

- Outpatient services based at North Cambs Hospital, which transferred to a new employer on 1 April 2016.
- Outpatient services based at Princess of Wales and Doddington Hospitals and Dermatology Services in Peterborough, which we anticipate transferring to new employers in Spring 2017.
- GP Out of Hours in Peterborough, which transferred to the temporary management of a new employer on 1 April 2016 pending the conclusion of the commissioner's ongoing procurement process.

Key developments to support the Trust's sustainability during 2015/16 are set out throughout this report. In addition, the Trust has created development plans for each community hospital site in Cambridgeshire supported by relevant stakeholders and commissioners.

As a result of new services won and services transferring out of the Trust, our annual budget for 2015/16 started at £76 million and we will commence 2016/17 with an annual budget of £110 million.

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

Strategic Report: The narrative outlined above meets all the requirements and disclosures of Strategic Reports as required by the Companies Act 2006.

Looking to the future

Our objectives for 2016/17 are as follows and have formed the basis of the five year plan we submitted to the Trust Development Authority in March 2016:

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

These objectives will be governed through three broad work streams:

Work stream 1: Service Development and Improving Organisational Capability

- **Work stream 1a – Service Development Plans:**
  - integrated Contraception and Sexual Health (iCaSH) services redesign, implementing a standardised service model across all localities
  - Cambridgeshire Children's and Young People's redesign programme
  - Norfolk Healthy Child Programme service redesign
  - Luton Healthy Child Programme service redesign
  - Luton 'At Home First' Integrated Teams initiative and Primary Care Home Model.
- **Work stream 1b – Improving Organisational Capability:**
  - Clinical system rationalisation
  - systems of Control and Assurance
  - electronic Staff Record Self-Serve (phase 2).
  - staff Engagement – "how to improve the ways we do things".

Work stream 2: Structure and Freedoms

This work stream will focus on adopting the autonomies that the Secretary of State has heralded for high performing trusts as a key tenet of emerging policy.

Work stream 3: Business Development

- Tenders (new business and retention of existing business): Other than specific tenders to expand or retain existing specialist services, we anticipate 2016/17 will be a period of consolidation during which we will embed and transform our new services
- business Development: focussing on new models of care and place-based planning

Underpinning strategies

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

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

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

Contract services for 2016/17

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

Financial outlook

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

The financial plan for 2016/17 assumes the following:

- the Trust has a planned turnover of £110 million for 2016/17 and plans to deliver a 1% surplus equating to £1.1 million
- a £3 million increase in revenue from 2015/16 reflects the full year effect of the Norfolk Healthy Child Programme, which is partially negated by the Trust ceasing to deliver Cambridgeshire Outpatient services, Peterborough GP Out of Hours and Luton sexual health services
- the Trust has applied cost and income uplifts in line with national planning assumptions to produce a robust 2016/17 financial plan
- to deliver the planned surplus, the Trust has a cost improvement target of £3.8 million, equating to 3.4% of turnover, and has identified schemes to achieve this target. These are a combination of pay and non-pay related schemes and have associated quality impact assessments where appropriate
- the Trust has a capital plan of £4.1 million for 2016/17 which includes provision for information technology infrastructure, estates maintenance and estates upgrade and refurbishment.

Signed:

Matthew Winn
Chief Executive

2 June 2016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Accountability Report

Corporate Governance Report

Directors' Report 2015/16

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 Chairman, Chief Executive, Executive Directors and Non-Executive Directors are set out later in the Governance Statement (see pages 74 – 75), 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 (see page 15).

Family Nurse Partnership Norfolk review reveals success

The Family Nurse Partnership (FNP) is a preventive programme, which offers specialist support to first time mums (and their partners) who are under 20 years of age. A specially trained family nurse works with the mum throughout pregnancy until the baby is two years old.

Breastfeeding rates within the families receiving FNP within Norfolk were a real success, with initiation and continuation figures recorded above the national programme average over the last three years. Figures suggest that teenage mothers are a third less likely to initiate breastfeeding, yet within the FNP families in Norfolk 62.2% successfully initiated breastfeeding (compared to 77.4% of older mothers across Norfolk).

Data analysis of the families receiving FNP within Norfolk indicate that over 90% had multiple risk factors associated with poor child outcomes (low income, low psychological resource, poor mental health, low family support, currently Looked After Children or recent Care leavers), yet at age 2 the FNP children were noted to have excellent physical, social and emotional development – a future predictor of school readiness. Immunisation rates for the FNP babies and children are also extremely high.

The team regularly seek feedback from the families they work with and this is 100% positive. One client said:

> ***"It has made a massive difference for me and my partner, without them from the start we would have struggled but they led us down the right path and made things so much easier as parents. I am proud of what our son has become."***

Compliance statement

A register of directors' interests for the Trust is maintained and is available on request by contacting our Chief Executive's office on 01480 308223. No Trust Board members hold a company directorship with companies who are likely to do business or are seeking (or may seek) to do business with the NHS.

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

Statement of Accountable Officer's Responsibilities

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury, to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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 are fair, balanced and understandable and I take personal responsibility for the annual report and accounts and the judgments required for determining that they are fair, balanced and understandable.

Signed:

Matthew Winn
Chief Executive

2 June 2016

Statement of Directors' Responsibilities in Respect of the Accounts

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

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

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

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

By order of the Board

Signed:

Matthew Winn
Chief Executive

2 June 2016

Signed:

Mark Robbins
Director of Finance

2 June 2016

Governance Statement

Scope of responsibility

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

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

As the Accountable Officer, I ensure the organisation works effectively, in collaboration with the Trust Development Authority, local authorities, local primary care, NHS and foundation trusts. I and the Trust, actively participate in relevant Chief Executive and partner fora, to deliver the expectations as stated in the NHS Constitution.

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

The governance framework of the organisation

The Trust commissioned Deloitte to undertake an external review of the Trust's governance arrangements in January/February 2014. The recommendations from this review have continued to inform the Trust's approach to governance during the course of 2015/16. Furthermore, the Trust undertook a review of the Board and sub-committee terms of reference to improve governance processes within the Trust. The updated terms of reference will be implemented for 2016/17. In addition, the Trust is undertaking a self-assessment of its systems of control to understand how assurance is gained and received and identify any gaps. Some actions stemming out of this review have already been implemented, and the remaining actions will be implemented in 2016/17.

Compliance with the UK Corporate Governance Code

We are not required to comply with the UK Corporate Governance Code. However, we have

reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the Trust and best practice.

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

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

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

The Board's committee structure includes the following sub-committees:

Audit Committee

The Audit Committee has responsibility for providing assurance to the Board that risk is being managed appropriately, maintaining direct oversight of all high level risks, including clinical, generic and specific risks arising from the integrated business plan and risks to financial processes and control. It is also responsible for reviewing the effectiveness of risk management arrangements through the internal audit programme and the review of resulting reports. The Board Assurance Framework (BAF)

incorporating the Trust's highest risks is regularly reviewed by the Committee.

The Committee is constituted in accordance with the provisions of the NHS Audit Committee Handbook 2014 and has overseen the audit of 2015/16 accounts, the development of internal and external audit plans and the risk management and internal control processes, including control processes around counter fraud.

During 2015/16, the Committee met five times and in addition to the above, the Committee reviewed all reports from completed internal audit assignments for the 2015/16 work plan, which had been agreed by the Committee at the start of the year. The following table summarises the outcomes from those assignments:

Review Title	IA Assurance Opinion
Financial Reporting and Budgetary Control	Substantial
Core Financial Systems	Substantial
Asset Register and Inventory	Requires Improvement
Clinical Audit	Substantial
Assurance Framework and Risk Registers	Substantial
Temporary/Agency Staffing [1]	No Opinion
Data Quality	Substantial
Whistleblowing & Incident Reporting	Substantial
Information Governance Toolkit	Substantial
Mobile Devices Security	Substantial

The Trust's Audit Committee is reviewing the full internal audit report on its Asset Register and Inventory. Progress against recommended actions will be monitored through the Audit Committee and the Estates Committee during 2016/17.

[1] Opinion based on a scope limited to a review of the processes and controls currently in operation, and no significant weaknesses were identified

Estates Committee

The Estates Committee was refreshed in March 2015 with a new Chair and membership to support the Board, by ensuring that an Estates Strategy is developed and implemented. It also ensures that there are effective structures and systems in place to support the continuous improvement of the Trust's estate, that our estate is statutorily compliant and that it supports quality services and safeguards high standards of patient care. The Committee will also advise the Board on Trust compliance with health and safety and sustainability requirements and provides an effective reporting, escalation and engagement route for key groups with estates services to the Trust and commissioners and the corresponding return of information. The estates risk register is reviewed within this Committee including risks identified on the BAF. During 2015/16, the Committee met four times.

Clinical Operational Boards

The Clinical Operational Boards meet monthly to support the Board by undertaking detailed, integrated analysis of the following and highlight areas of concern requiring the Board's attention and/or action: quality standards (patient safety, patient experience and clinical effectiveness); financial strategy; budget setting; workforce issues; investment proposals and activity information to support the income of the Trust; achievement of Trust performance objectives; key performance indicators (KPIs); efficiency and economy, effectiveness and efficacy; progress on the tendering, negotiation and finalisation of contracts with commissioners and suppliers. The Committees highlight, as required, emerging areas of financial and operational risk, gaps in control, gaps in assurance and actions being undertaken to address these issues. Service level risks are identified by the leads in each area and are reviewed and discussed by the Clinical Operational Boards, and escalated to the Board in line with the Trust's procedures. In 2015/16 the Trust had the following Clinical Operational Boards overseeing each area of service or geography:

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

Quality Improvement and Safety Committee

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

- to ensure patient safety is at the heart of the delivery of services within the Trust and to provide assurance, that the Trust meets all its duties and responsibilities to its patients, users and staff
- to ensure that there are effective structures and systems in place to support the continuous improvement of quality services, and safeguard high standards of patient care and to advise the Board on quality standards, research governance and associated clinical risk management and
- to advise the Board on Trust compliance with quality regulatory requirements and accreditation (e.g. Care Quality Commission (CQC), National Health Service Litigation Authority (NHSLA), NHS England, National Institute for Health and Clinical Excellence (NICE), National Service Frameworks (NSFs)).

The Committee has responsibility for reviewing clinical effectiveness, analysing trends in Darzi indicators, as required, emerging areas of clinical and quality risk, gaps in control, gaps in assurance and actions being undertaken to address these issues. The risk register (clinical risks) is reviewed within this Committee including risks identified on the BAF.

The Committee met six times during 2015/16 and considered a range of key issues including clinical audit, safeguarding, end of life care, information governance, patient reported outcomes, research, incidents, complaints and various workforce matters.

Remuneration Committee

The Remuneration Committee supports the Board to ensure fairness, equity and consistency in remuneration practices on behalf of the Trust Board. The Committee met once during the year to determine clinical excellence awards and executive level remuneration.

Strategic Change Board

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

The committee met eight times during the year to review the delivery of strategic programmes and transitions.

Charitable Funds Committee

Cambridgeshire Community Services NHS Trust is the corporate trustee for charitable funds. The Board, on behalf of the Trust, is responsible for the effective overall management of charitable funds. The role of the committee is to oversee the management, investment and disbursement of charitable funds, as delegated, within the regulations provided by the Charities Commission and to ensure compliance with the laws governing NHS charitable funds and the wishes of the donors. In January 2016, the committee reviewed the governance arrangements for charitable funds within the Trust. The committee made recommendations to strengthen the governance arrangements to the Board, which will be implemented in 2016/17. The Committee met twice during 2015/16.

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

The table shown at Annex 1 of this Governance Statement sets out attendance levels by Executive and Non-Executive Directors at Trust Board meetings and at all sub-committees of the Board.

Risk assessment

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

The system of internal control has been in place in the Trust for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts.

At 31 March 2016 the Trust's major strategic risks and corresponding mitigations are:

Identification reference and summary		Rating*	Mitigation
1320	Services fail to remain compliant with the CQC Outcomes Framework, leading to patient safety incidents, regulatory enforcement action and reduction in confidence from the public and commissioners in specific services.	12	The Trust has the following controls in place: • comprehensive review of unit compliance as part of CQC visit preparation. • CQC self-assessments at team level using new Key Lines Of Enquiry • Quality Early Warning Trigger Tool monthly returns • quality reports to operational boards and to the Board • back to the floor and peer review visits • review of complaints undertaken and new policy introduced • review of internal controls • systematic review of internal controls • self-assessment by services underway – to be used to prioritise peer reviews • reviewing actions to strengthen further based on CQC feedback and preparations • liaison with CQC inspection teams • quality strategy review underway to be signed off at Board in March 2016 • review of controls: adequacy, user feedback and implementation underway from December 2015 and will be completed during 2016/17.
2038	Potential of estate assets to support Trust service development and cost improvement drive is not realised. The potential for savings is to be determined as further premises consolidation and utilisation plans are developed.	9	Estate asset utilisation and condition review being undertaken. Estates Committee has been re-formed under new Chair, with agreed TOR's and plans going forward. The Head of Estates has increased the capacity of the estates team to ensure proactive management and capture of issues raised by staff and tenants, ensuring these are addressed in a timely manner. In addition, site locality managers' role includes identifying opportunities for efficiency savings.
2257	There is a risk that the Trust becomes financially unsustainable through a combination of events such as: • failure to secure contract extensions • failure to secure new business opportunities • loss of business through procurement • decommissioning.	6	The Trust reviews the quality of the tenders it submits pre and post submission, continues to identify potential growth areas, and closely monitors commissioner intentions and relationships.

Identification reference and summary		Rating*	Mitigation
2259	There is a risk that the Trust fails to identify and/or deliver the necessary Cost Improvement Plans (CIPs), thereby potentially failing to achieve its LTFM and/or deliver its planned surplus together with a consequent reduction in its Continuity of Service rating.	6	Savings plans have been developed for 2016/17 that account for the target. Key schemes embrace: • workforce transformation • consolidation of estates portfolio • procurement of key supply contracts • CIP tracking of implementation and delivery. These schemes will be monitored through Executive Committee, Clinical Operational Boards and the Trust Board.
2324	There is a risk that the development of the Trust's strategy (in working regionally) is negatively impacted if it is constrained by the two sustainability & transformation planning areas it is a member of.	9	Active involvement in the development and detail being written for both STPs the Trust is working with. Also, ensuring that the STPs do not constrain the Trust's income and expenditure within a 'system control total.'
2325	Our staff not recommending the Trust as a place to work and/ or the Trust not being able to attract a high quality workforce, will impact on our ability to provide, high quality services.	12	The Trust has the following controls in place: • national staff survey results and improvement plans • quarterly staff temperature checks • bi-annual workforce reviews and action plans • monthly, quarterly and annual workforce Key Performance Indicators monitoring • monthly Trust Board Quality Report and Data Pack evidence • Clinical Operational Boards integrated governance report • health visiting RRP in place in Luton and Wisbech to address hard to recruit to posts • Widening Participation Officer role in place, which focuses on 'growing our own workforce' – developing apprenticeships • Quality Earning Warning Trigger Tool • tailored support in place for staff undergoing change • Trust-wide staff engagement events taking place October 2015 – June 2016 • for all new services that transfer in – bespoke induction and staff briefings and FAQs in place • resilience training for staff • back to the floor programme of activities • weekly communications cascade • full engagement with staff side colleagues and regional union representatives.

Note: the Trust has risk registers that track and monitor clinical risks that are escalated to the Board, via Clinical Operational Boards, in line with the Trust's risk management and escalation process.

**Rating = Likelihood x Consequence of risk occurring*

At the end of the financial year 2015/16, the Trust reviewed all its Trust-wide risks. The following two new risks were added:

- **Risk 2324:** there is a risk that the development of the Trust's strategy (in working regionally) is negatively impacted if it is constrained by the two Sustainability and Transformation Programmes (STPs) it is a member of.
- **Risk 2325:** our staff not recommending the Trust as a place to work and/or the Trust not following an inspection of the Trust's GP Out of Hours Service in Peterborough in November 2015 have been fully implemented.

The risk and control framework

The Trust has a risk management strategy, which makes it clear that managing risk is a key responsibility for the Trust and all staff employed by it. The Board receives regular reports that detail risk, financial, quality and performance issues and, where required, the action being taken to reduce identified high-level risks.

The quality team coordinates and supports risk activity across the Trust. Full details of this work are contained in the Trust's risk management strategy. 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.

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

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

The Board has identified the risks to the achievement of the Trust's objectives. The nominated lead for each risk has identified existing controls and sources of assurance that these controls operate effectively. Any gaps in controls have been identified and action plans put in place to strengthen controls where appropriate. The outcome of this process is articulated in the Board Assurance Framework (BAF) and this is presented to the Board for endorsement. In line with the Trust's risk management strategy, risks rated 15 or above are escalated to the Board. All corporate risks are reviewed regularly by identified Board sub-committees and an escalation process is in place, as outlined in the risk management strategy.

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 risk register.

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

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

Review of the effectiveness of risk management and internal control

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

The Head of Internal Audit's opinion is of 'substantial assurance.' Executive managers within the organisation, who have responsibility for the development and maintenance of the system of internal control, provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by clinical audits, the Trust's External Auditors, CQC and the NHS Litigation Authority.

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

The Board's role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed. Corporate objectives for 2015/16 were derived from the priorities determined in the medium-term strategy and were defined as:

1. **Quality:** To be recognised as a provider of safe and effective services that people want to use
2. **Quality:** To collaborate with organisations to improve the care given to people who use our services
3. **People:** To ensure that the Trust attracts and retains a quality workforce
4. **Finance:** To be a financially sound organisation
5. **Finance:** To achieve a contract model that links activity to payment (e.g. we receive payment for what we provide)
6. **Sustainability:** To be recognised as a provider of safe and innovative services that help commissioners achieve their outcomes

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

Conclusion

There has been no evidence presented to myself or the Board to suggest that at any time during 2015/16, the Trust has operated outside of its statutory authorities and duties. In relation to our reporting of the Trust's corporate governance arrangements, we have drawn from the best practice including those elements of The Healthy NHS Board, which are applicable to the Trust.

With the exception of the internal control issues that I have outlined in this statement, 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

2 June 2016

Annex 1 to Governance Statement

Attendance at Board meetings and Board sub-committees

The table below sets out the number of meetings attended by each Board member during 2015/16. Membership of Board sub-committees changed to reflect the Trust's new portfolio of services in year. These changes 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 **	Audit Committee	Quality Improvement & Safety Committee	Remuneration Committee	Charitable Funds Committee	Estates Committee	Strategic Change Board	Ambulatory Clinical Operational Board	Children's Clinical Operational Board	Luton Clinical Operational Board
Nicola Scrivings (Chair)	12 (12)		3	1	2	4	8	2	3	9
Trish Davies (NED)	11 (12)	4	5	1					10	
Julie Goldsmith (NED until 31.03.2016)	10 (12)	4	6		1		5	10		
Anne McConville (NED)	11 (12)	1	5		2			10		
Gill Thomas (NED)	11 (12)	1		1	1	4	7		9	
Geoff Lambert (NED from 01.04.2015)	11 (12)	4			2	3				7
Mark Robbins (Director of Finance and Resources from 01.05.2015)	10 (12)	4			2	3	6	2	10	1
Anita Pisani (Deputy Chief Executive)	10 (12)		4		1		8	9		11
Mandy Renton (Chief Nurse)	11 (12)		6		1	2	5	4	9	5
David Vickers (Medical Director)	11 (12)		4		1		2	10		6
Matthew Winn (Chief Executive)	12 (12)	1	1		1		4	10	6	2
Mike Hindmarch (NED until 30.04.2015)	1 (1)	1								
Kevin Orford (Interim Director of Finance until 30.04.2015)	1 (1)					1	1		1	

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

Names	Title	Sub Committee Members (* Indicates Chairs of that committee)
Nicola Scrivings (Chair)	Chair	Charitable Funds, Estates, Luton Clinical Operational Board, Remuneration, Strategic Change Board*
Trish Davies (NED)	Non-Executive Director	Audit, Children & Young People's Clinical Operational Board*, Quality Improvement and Safety,
Julie Goldsmith	Non-Executive Director (until 31.03.2016)	Audit, Ambulatory Clinical Operational Board*, Strategic Change Board, Quality Improvement and Safety
Anne McConville	Non-Executive Director	Charitable Funds, Ambulatory Clinical Operational Board, Quality Improvement and Safety*
Gill Thomas	Non-Executive Director	Children & Young People's Clinical Operational Board, Remuneration*, Strategic Change Board, Estates*
Geoff Lambert	Non-Executive Director (from 01.04.2015)	Audit* (Chair from May 2015), Charitable Funds, Estates, Luton Clinical Operational Board*, Remuneration
Mark Robbins	Director of Finance and Resources	Charitable Funds, Estates, Children & Young People's Clinical Operational Board, Strategic Change Board, Audit (in attendance)
Anita Pisani	Deputy Chief Executive	Charitable Funds, Luton Clinical Operational Boards, Ambulatory Clinical Operational Board, Quality Improvement and Safety, Strategic Change Board, Remuneration (in attendance for relevant discussions only)
Mandy Renton	Chief Nurse	Estates, Children & Young People's Clinical Operational Board, Quality Improvement and Safety, Strategic Change Board
David Vickers	Medical Director	Luton Clinical Operational Board, Ambulatory Clinical Operational Board, Quality Improvement and Safety, Strategic Change Board
Matthew Winn	Chief Executive	Strategic Change Board, Ambulatory Clinical Operational Board, Remuneration (in attendance for relevant discussions only), Audit (in attendance)
Mike Hindmarch	Non-Executive Director (until 30.04.2015)	Audit *, Remuneration, Charitable Funds, Quality Improvement and Safety
Kevin Orford	Interim Director of Finance (until 30.04.2015)	Estates, Charitable Funds, Strategic Change Board, Children & Young People's Clinical Operational Board


• The role of the School Nurse is to promote and support the Physical, Emotional and Social Well-being of children and young people.
• It is to also contribute to creating a healthy school culture.
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INSTRUCTIONS FOR USE

Remuneration and Staff Report 2015/16

Remuneration and Staff Report

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

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

Policy on the remuneration of senior managers

For the purposes of the remuneration report the Chief Executive considers the executive and Non-Executive Directors of the Trust to be 'senior managers'.

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

No remuneration was waived by members and no compensation was paid for loss of office during the financial year ended 31 March 2016. No payments were made to co-opted members and no payments were made for golden hellos. The Trust does not have any staff members on performance related pay systems.

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

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

Policy on performance conditions

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

Policy on duration of contracts, notice periods and termination payments

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

Service Contracts (not subject to audit)

Details of remuneration payable to the senior managers of Cambridgeshire Community Services NHS Trust in respect of their services for the year ended 31 March 2016 are given in the tables on the following four pages.

Name	Position	Date of contract	Unexpired term (if applicable)	Early termination terms	Notice Period
Matthew Winn	Chief Executive	01/04/2010	N/A	N/A	3 months
David Vickers	Medical Director	01/04/2010	N/A	N/A	3 months
Mark Robbins	Director of Finance & Resources	01/05/2015	N/A	N/A	3 months
Anita Pisani	Director of Workforce and Transformation & Deputy CEO	01/06/2012	N/A	N/A	3 months
Mandy Renton	Chief Nurse	23/01/2012	N/A	N/A	3 months
Kevin Orford	Interim Director of Finance & Resources	Jan 2015	April 2015	N/A	1 month

Remuneration 2015/16 (subject to audit)

Name	Position	2015/16				
		Salary (bands of £5,000)	Expense Payments (taxable) total to nearest £100	Bonus Payments (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Nicola Scrivings	Chair	20-25	2	0	0	20-25
Julie Goldsmith	Non Executive Director	5-10	0	0	0	5-10
Mike Hindmarsh	Non Executive Director (to 30th April 2015)	0-5	0	0	0	0-5
Trish Davies	Non Executive Director	5-10	0	0	0	5-10
Gillian Thomas	Non Executive Director	5-10	1	0	0	5-10
Anne McConville	Non Executive Director	5-10	0	0	0	5-10
Geoffrey Lambert	Non Executive Director	5-10	0	0	0	5-10
Matthew Winn	Chief Executive	130-135	0	0	0	130-135
David Vickers	Medical Director *	125-130	0	0	0	125-130
Mark Robbins	Director of Finance and Resources (From 1st May 2015)	75-80	0	0	0	75-80
Kevin Orford	Interim Director of Finance and Resources (to 30th April 2015))	20-25	0	0	0	20-25
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	95-100	0	0	7.5-10	105-110
Mandy Renton	Chief Nurse	90-95	0	0	5-7.5	100-105
		2014/15				
Heather Peck	Chair (to 31st December 2014)	15-20	0	0	0	15-20
Peter Sulston	Non Executive Director (to 31st December 2014)	0-5	0	0	0	0-5
Nicola Scrivings	Non Executive Director (to 31st December 2014, Chair from 1st January 2015))	10-15	0	0	0	10-15
Julie Goldsmith	Non Executive Director	5-10	0	0	0	5-10
Mike Hindmarch	Non Executive Director	5-10	0	0	0	5-10
Trish Davies	Non Executive Director	5-10	0	0	0	5-10
Gillian Thomas	Non Executive Director (from 1st January 2015)	0-5	0	0	0	0-5
Anne McConville	Non Executive Director (from 1st January 2015)	0-5	0	0	0	0-5
Matthew Winn	Chief Executive	130-135	0	0	2.5-5	135-140
David Vickers	Medical Director *	125-130	0	35-40	0	160-165
Scott Haldane	Director of Finance and Resources (to 31st December 2014)	75-80	0	0	7.5-10	80-85
Kevin Orford	Interim Director of Finance and Resources (from 12th January 2015)	40-45	0	0	0	40-45
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation	95-100	0	0	0	95-100
Mandy Renton	Chief Nurse	95-100	0	0	20-22.5	115-120

** David Vickers is employed as both a paediatric consultant and medical director at the Trust. His "salary" includes his role as a paediatric consultant (£120,000-£125,000).*

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

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

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

The mid-point of the banded remuneration of the highest paid director in 2015/16 was £131,300 (2014/15 comparator £166,351). This was 4.66 times the median remuneration of the workforce (subject to audit), which was £28,180 (2014/15 comparator was 6.45 times the median remuneration of the workforce which was £25,783). Remuneration ranged from £15,100 to £131,300. See the salaries and allowances table on the previous page for details of the highest paid Director.

The calculation was based on staff employed in substantive and bank contracts as at 31 March 2016, sorted by full time equivalent salary value and then taking the middle employee from this list.

In 2015/16, 0 employees (2014/15 comparator 0 employees) received remuneration in excess of the highest paid director.

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

No payments were made in respect of 'golden hellos' or compensation for loss of office.

No compensation payments were made to a third party for the services of an executive director or Non-Executive Director.

Review of Tax Arrangements of Public Sector Appointees (not subject to audit)

For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2016	3
Of which, the number that have existed:	
for less than one year at the time of reporting	6
for between one and two years at the time of reporting	2*
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

**One engagement ceased April 2015 and the other end March 2016.*

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

For all new off-payroll engagements between 1 April 2015 and 31 March 2016, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	5
Number of new engagements which include contractual clauses giving Cambridgeshire Community Services NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	0
Of which:	
Assurance has been received	0
Assurance has not been received	4
Engagements terminated as a result of assurance not being received	0

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

Signed:

Matthew Winn
Chief Executive

2 June 2016

Never stop learning

The Trust's Dental HealthCare staff in Cambridgeshire and Peterborough are reaping the rewards from continuing their professional development.

Six have completed new qualifications in recent months, which have not only boosted their knowledge but have had a positive effect on patient experience too.

Kirstie Eley opted for the Certificate in Dental Radiography as she knew it would help speed up the service. She said: "Since completing my radiography training, I have taken on a quality assurance role. These programmes are essential to achieve good results and quickly identify any faults in the processing equipment."

Siobhan Casey and Rachael Luckhurst also completed the Certificate in Dental Radiography. Cheryl Messenger finished the certificate in Oral Health Education as did Sandra Coupland. Cheryl said: "I felt a strong urge to do the course as I felt I could benefit the service by using my knowledge to educate patients. This would save the dentist a lot of chair side time, especially when doing oral health education, leaving them free to treat patients that are in pain."

Nicola Benton, a dental nurse based in Peterborough was receptive to further study in special care dental nursing, as she regularly assists with a special care dentist. She said: "I am now better able to treat the patients on an individual basis providing a more bespoke service."

Her colleague Julie Peacock also completed the Certificate in Special Care Dental Nursing. Julie said:

> ***"I chose the certificate so I could expand my knowledge and have a better understanding of the various conditions that we see in our patients, which in turn will allow me to provide an enhanced level of nursing care to both the patients and the dentists that we support."***

Pension Benefits – 2015/16 (Audited Information)

Name	Position	2015/16							
		Real Increase in pension at age 60 (bands of £2,500) £'000	Real Increase in lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2016 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2016 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2016 £'000	Cash Equivalent Transfer Value at 1 April 2015 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	0-2.5	0-2.5	20-25	70-75	372	366	1	N/A
David Vickers *	Medical Director	0-2.5	0-2.5	40-45	125-130	912	1,163	-266	N/A
Anita Pisani	Director of Workforce and Transformation	0-2.5	2.5-5	25-30	80-85	434	411	18	N/A
Mandy Renton	Chief Nurse	0-2.5	2.5-5	30-35	100-105	660	631	21	N/A
Mark Robbins **	Director of Finance (From 1st May 2015)	22.5-25	67.5-70	20-25	65-70	374	0	374	N/A

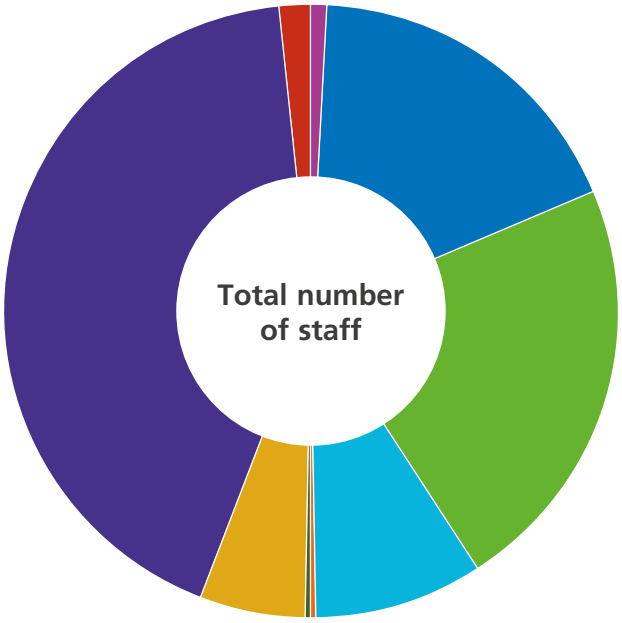
**reduction in real increase in cash equivalent transfer value is due to Clinical Excellence award ending*
***High real increase in cash equivalent transfer value is due to existing NHS employee being appointed to a Director role*

Prior Year – Pension Benefits – 2014/15

Name	Position	2014/15							
		Real Increase in pension at age 60 (bands of £2,500) £'000	Real Increase in lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2015 £'000	Cash Equivalent Transfer Value at 1 April 2014 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Matthew Winn	Chief Executive	0-2.5	2.5-5	20-25	70-75	366	332	25	N/A
David Vickers	Medical Director	0-2.5	0-2.5	50-55	160-165	1,163	1,095	38	N/A
Anita Pisani	Director of Workforce and Transformation	0-2.5	0-2.5	25-30	75-80	411	381	19	N/A
Mandy Renton	Chief Nurse	0-2.5	2.5-5	30-35	95-100	631	574	42	N/A
Scott Haldane	Director of Finance to 31st Dec 2014)	0-2.5	0-2.5	0-5	0-5	40	30	10	N/A

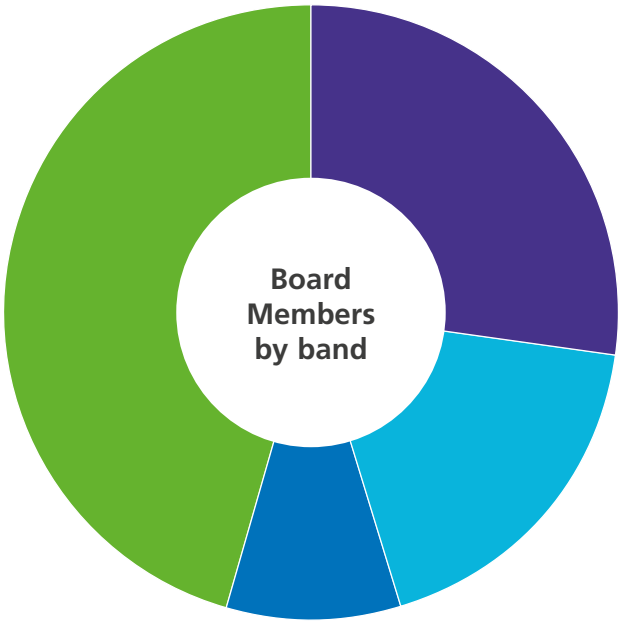
Staff Report

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



21	Add Prof Scientific and Technical
395	Additional Clinical Services
495	Administrative and Clerical
197	Allied Health Professional
7	Estates and Ancillary
5	Healthcare Scientists
124	Medical and Dental
940	Nursing and Midwifer Registered
35	Student

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

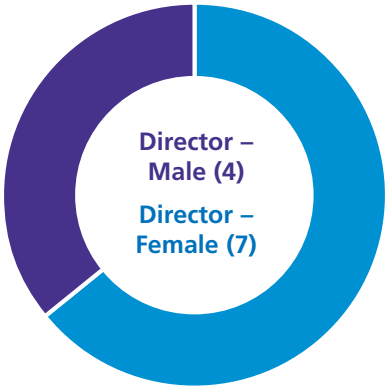


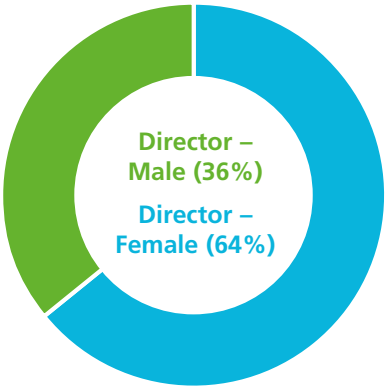
3	Executive directors – Band 9
2	Executive directors – Non AFC Banding
1	Non-executive directors – Chairman
5	Non-executive directors

Analysis of gender distribution within our workforce

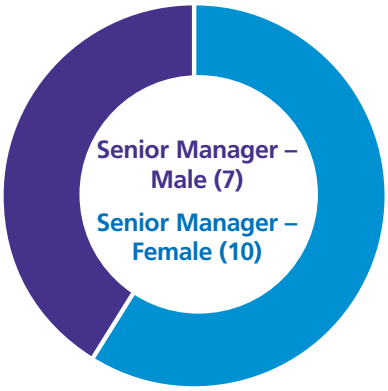
The following charts set out the gender distribution across the Trust.

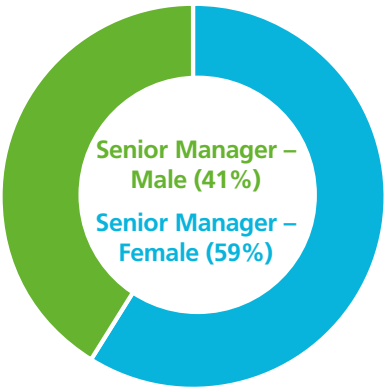
Gender distribution – Directors
(including Executive & Non-executive Directors)



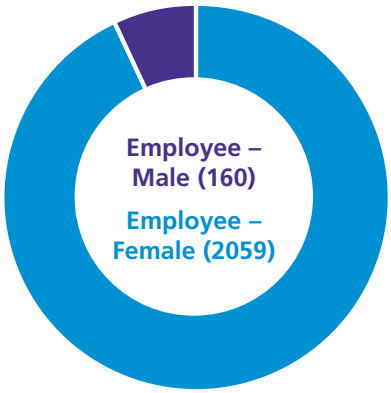


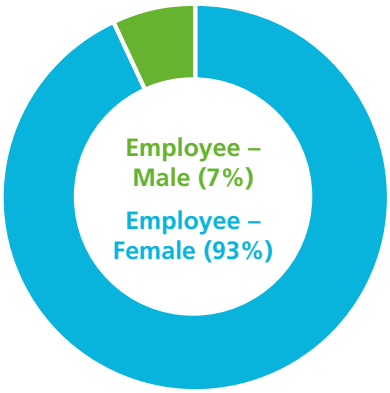
Gender distribution – Senior Managers excluding directors





Gender distribution – Employees





Health and wellbeing and sickness absence reduction

The Trust continued to implement our 'Live Life Well' staff health and wellbeing programme during 2015/16 including:

- availability of personal resilience and mindfulness and coaching conversations training
- continuation of our rapid access to musculoskeletal service for staff who are off sick (or at risk of going off sick) as a result of a condition for which they are awaiting investigation, treatment or surgery
- inducting all new staff in the Trust's culture and explaining their rights and responsibilities as part of induction
- promoting Live Life Well activities through a range of communication channels, workplace challenges and wellbeing interventions
- promoting access to funds to support local staff teams live life well and wellbeing activities.

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

Data category	2012/13	2013/14	2014/15	2015/16
Average WTE*	2964	2924	2854	1952.79
Average monthly sickness rate	4.79%	4.90%	4.73%	4.38%
WTE days lost	52,158	52,321	49,993	31,427.01
WTE days available	1,085,981	1,068,674	1,042,141	700,107.26
Cumulative sickness rate	4.80%	4.85%	4.8%	4.49%

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

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

Staff policies

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

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

During 2015/16, the Trust continued to receive accreditation to use the Two Ticks Disability Symbol for employers who meet a range of commitments towards disabled people and as a Mindful Employer, which increases awareness of mental health in the workplace.

Consultancy expenditure

Consultancy Service expenditure for 2015/16 was £278,000.

Off payroll arrangements

The Trust had eight off payroll engagements during 2015/16.

Exit packages

The Trust made one exit package in 2015/16 as set out in note 7.4 of the annual accounts.

Psychologist receives Practitioner of the Year Award

Dr Jill Winegardner received the Practitioner of the Year Award from the British Psychological Society's Professional Practice Board, in April 2016.

Six years ago Dr Jill Winegardner came to England to work in the NHS, as a lead clinical psychologist at the Oliver Zangwill Centre for Neuropsychological Rehabilitation (OZC) in Ely, provided by the Trust.

Dr Winegardner said: "I am delighted to accept this award. My work at the OZC has taught me the value of working in a solid team, and I think this award reflects the integrity and creativity of my team, including our founder Professor Barbara Wilson, without whom this would not have been possible. I am grateful to Cambridgeshire Community Services NHS Trust for supporting the holistic neuropsychological rehabilitation here that is not possible in the US."

Andrew Bateman, NeuroRehabilitation Manager at the OZC, said: "In this the 20th anniversary year of the founding of the OZC, it is great to see that Jill and the work of her team is continuing to catch the attention of important professional organisations.

> ***"The centre's reputation nationally and internationally is something the Trust celebrates as an important part of its portfolio of highly specialist services, and we are really proud of Jill and the work that she has done for the service."***

This award is made each year by the Society's Professional Practice Board to recognise, promote and reward good practice by Charter led members of the Society.

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

We have audited the financial statements of Cambridgeshire Community Services NHS Trust (the Trust) for the year ended 31 March 2016 under the Local Audit and Accountability Act 2014. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable Jaw and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2015/16 Government Financial Reporting Manual (the 2015/16 FReM) as contained in the Department of Health Group Manual for Accounts

2015/16 (the 2015/16 MfA), and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England (the Accounts Direction).

We have also audited the information in the Remuneration and Staff Report that is described in that report as having been audited.

This report is made solely to the Board of Directors of Cambridgeshire Community Services NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014 and as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies, published by Public Sector Audit Appointments Limited. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by Jaw, we do not accept or assume responsibility to anyone other than the Trust and the Board of Directors of the Trust, as a body, for our audit work, this report, or for the opinions we have formed.

Respective responsibilities of Directors, the Accountable Officer and auditor

Under the National Health Service Act 2006, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

As explained in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5){b) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the audit of the financial statements

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

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

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

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2015, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice, in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Cambridgeshire Community Services NHS Trust as at 31 March 2016 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the National Health Service Act 2006 and the Accounts Direction issued thereunder.

Opinion on other matters

In our opinion:

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

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

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion, 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 2016; or
- in our opinion the governance statement does not comply with the NHS Trust Development Authority's guidance; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or
- we 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.

We have nothing to report in these respects.

Certificate

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

David Eagles
For and on behalf of BOO LLP, Appointed Auditor
Ipswich, UK

2 June 2016

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

Inspirational Speakers at first iCaSH Conference

Over 200 iCaSH colleagues gathered for the first service conference in April 2016 l at Lynford Hall, near Thetford.

It was a fantastic and unique opportunity for everyone to get together across all of our iCaSH localities to network, learn from each other and undertake training and development.

The day included a range of inspirational speakers including: Comfort Momoh, a midwife and public health specialist at Guy's and St Thomas' NHS Foundation Trust specialising in the study and treatment of female genital mutilation and Chelsea's Choice, an interactive drama-based workshop on child sexual exploitation.

Dr Sivakumar, Associate Medical Director, iCaSH said: "I'd like to take this opportunity to thank everyone who joined us at our first iCaSH Conference. It was fantastic to see so many of you under one roof sharing good practice and celebrating all we've achieved over the last year as a service.

"All iCaSH staff that attended benefitted from a range of speakers and workshops aimed at updating and refreshing skills, enabling thought-provoking discussions, and updating everyone on the latest developments in the service."

Annual Accounts 2015/16

Statement of Comprehensive Income for year ended 31 March 2016

	NOTE	2015-16 £000s	2014-15 £000s
Gross employee benefits	7	**(70,811)**	(113,558)
Other operating costs	5	**(37,639)**	(45,173)
Revenue from patient care activities	3	**103,993**	158,022
Other operating revenue	4	**6,372**	2,479
Operating surplus/(deficit)		**1,915**	1,770
Finance costs		**(46)**	(68)
Surplus/(deficit) for the financial year		**1,869**	1,702
Public dividend capital dividends payable		**(1,293)**	(936)
Retained surplus/(deficit) for the year		**576**	766

Other Comprehensive Income		**2015-16 £000s**	2014-15 £000s
Impairments and reversals taken to the revaluation reserve		**0**	(17)
Net gain/(loss) on revaluation of property, plant & equipment		**0**	2,155
Net actuarial gain/(loss) on pension schemes	8	**348**	(1,184)
Other pension remeasurements	8	**1,351**	0
Total Other Comprehensive Income		**1,699**	954
Total comprehensive income for the year*		**2,275**	1,720

Financial performance for the year			
Retained surplus/(deficit) for the year		**576**	766
Adjusted retained surplus/(deficit)		**576**	766

The notes on pages 98 to 128 form part of this account.

Statement of Financial Position as at 31 March 2016

	NOTE	31 March 2016 £000s	31 March 2015 £000s
Non-current assets:			
Property, plant and equipment	10	**48,976**	47,385
Intangible assets		**158**	207
Total non-current assets		**49,134**	47,592
Current assets:			
Inventories		**41**	41
Trade and other receivables	12	**14,321**	12,975
Cash and cash equivalents	13	**5,683**	15,744
Total current assets		**20,045**	28,760
Total assets		**69,179**	76,352
Current liabilities			
Trade and other payables	14	**(15,766)**	(23,122)
Provisions	15	**(133)**	(662)
Total current liabilities		**(15,899)**	(23,784)
Net current assets/(liabilities)		**4,146**	4,976
Total assets less current liablilities		**53,280**	52,568
Non-current liabilities			
Trade and other payables	14	**(1,286)**	(3,176)
Provisions	15	**(1,378)**	(1,051)
Total non-current liabilities		**(2,664)**	**(4,227)**
Total assets employed:		**50,616**	**48,341**
FINANCED BY:			
Public Dividend Capital		**2,107**	2,107
Retained earnings		**31,180**	30,604
Revaluation reserve		**17,283**	17,283
Other reserves		**46**	(1,653)
Total Taxpayers' Equity:		**50,616**	**48,341**

The notes on pages 98 to 128 form part of this account.

The financial statements on pages 94 to 128 were approved by the Board on 31st May 2016 and signed on its behalf by

Chief Executive:

Date: 2 June 2015

Statement of Changes in Taxpayers' Equity for the year ending 31 March 2016

	NOTE	Public Dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Other reserves £000s	Total reserves £000s
Balance at 1 April 2015		**2,107**	**30,604**	**17,283**	**(1,653)**	**48,341**
Changes in taxpayers' equity for 2015-16						
Retained surplus for the year		0	576	0	0	576
Reclassification Adjustments						
Net actuarial gain on pension	8	0	348	0	0	348
Other pensions remeasurement	8	0	1,351	0	0	1,351
Net recognised revenue/ (expense) for the year		**0**	**2,275**	**0**	**0**	**2,275**
Balance at 31 March 2016		**2,107**	**32,879**	**17,283**	**(1,653)**	**50,616**
Balance at 1 April 2014		**2,107**	**31,022**	**15,145**	**(1,653)**	**46,621**
Changes in taxpayers' equity for the year ended 31 March 2015						
Retained surplus for the year		0	766	0	0	766
Net gain on revaluation of property, plant, equipment	10	0	0	2,155	0	2,155
Impairments and reversals	10	0	0	(17)	0	(17)
Reclassification Adjustments						
Net actuarial (loss) on pension		0	(1,184)	0	0	(1,184)
Net recognised revenue/ (expense) for the year	8	**0**	**(418)**	**2,138**	**0**	**1,720**
Balance at 31 March 2015		**2,107**	**30,604**	**17,283**	**(1,653)**	**48,341**

Public Dividend Capital

Public dividend capital represents the Department of Health's equity interest in the Trust.

Retained earnings

The Trust's retained earnings reserve represents the Trust's cumulative earnings to date.

Revaluation reserve

The revaluation reserve is used to record revaluation gains/losses and impairments/ impairment reversals on property, plant and equipment (PPE) recognised in Other Comprehensive Income.

Other reserves: Merger reserve

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

Statement of Cash Flows for the Year ended 31 March 2016

	NOTE	2015-16 £000s	2014-15 £000s
Cash Flows from Operating Activities			
Operating surplus/(deficit)		**1,915**	1,770
Depreciation and amortisation	10	**2,032**	1,739
PDC Dividend paid		**(1,141)**	(1,088)
(Increase) in Trade and Other Receivables	12	**(1,497)**	(2,520)
Increase/(Decrease) in Trade and Other Payables	14	**(7,016)**	1,070
Provisions utilised	15	**(47)**	(283)
Increase/(Decrease) in movement in non cash provisions	15	**(155)**	947
Net Cash Inflow/(Outflow) from Operating Activities		**(5,909)**	1,635
Cash Flows from Investing Activities			
(Payments) for Property, Plant and Equipment		**(4,322)**	(2,424)
(Payments) for Intangible Assets		**0**	(57)
Proceeds of disposal of assets held for sale (PPE)	10	**170**	0
Net Cash (Outflow) from Investing Activities		**(4,152)**	(2,481)
Net Cash (Outflow) before Financing		**(10,061)**	(846)
NET (DECREASE) IN CASH AND CASH EQUIVALENTS		**(10,061)**	(846)
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	13	**15,744**	16,590
Cash and Cash Equivalents (and Bank Overdraft) at year end	13	**5,683**	15,744

Notes to the Accounts

1. Accounting Policies

The Secretary of State for Health has directed that the financial statements of NHS trusts shall meet the accounting requirements of the Department of Health Group Manual for Accounts, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH Group Manual for Accounts 2015-16 issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

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

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Movement of assets within the DH Group

Transfers as part of reorganisation fall to be accounted for by use of absorption accounting in line with the Treasury FReM. The FReM does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the SOCI, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Charitable Funds

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

As the Trust does not have any material Charitable Funds, no consolidation has taken place (see note 22)

1.5 Critical accounting judgements and key sources of estimation uncertainty

In the application of the NHS trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based

on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5.1 Critical judgements in applying accounting policies

The need for the application of management judgement within the Trust's accounts is limited by the nature of its transactions. 71% of the Trust's expenditure is in relation to staff costs that are paid in the month the costs are incurred.

1.5.2 Key sources of estimation uncertainty

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

The Trust's provision for the impairment of receivables

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

Accruals and provisions

In line with the framework set out by International Financial Reporting Standards, the Trust has made expenditure accruals and provisions for transactions (and other events) that relate to 2014/15 irrespective of whether cash or its equivalent has been paid.

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

Asset lives, impairment and depreciation methodology

In line with IAS 16, Property, Plant and Equipment (PPE), the Trust depreciates its Non Current PPE in line with the assets' useful economic lives. The Trust's management team believe that the economic benefits associated with such assets are broadly consumed on a straight line basis in line with the useful economic lives contained within note 1.9.

Local Government Pension Liability

The Trust employed a member of staff who transferred from Cambridgeshire PCT and Peterborough PCT as members of the Local Government Pension Scheme (LGPS). The LGPS is a defined benefit statutory scheme administered in accordance with Local Government Pension Scheme Regulations. IAS 19, Employee Benefits, aims to ensure that the financial statements of an employer reflects a liability when employees have provided a service in exchange for benefits to be paid in the future. This makes accounting for defined benefit pension schemes complex because actuarial assumptions and valuation methods

are required to measure the current value of the future obligation on the employer's SOFP. The Trust has relied on an actuary to provide these figures for inclusion in its financial statements (see note 8).

1.6 Revenue

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

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

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

1.7 Employee Benefits

Short-term employee benefits

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

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales.

The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

1.8 Other expenses

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

1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- 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 a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building (freehold and leasehold) , ward or unit, irrespective of their individual or collective cost.

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

Valuation

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

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the current value in existing use at the date of revaluation less any impairment.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Valuations are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

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

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from current value.

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

Subsequent expenditure

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

1.10 Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. 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 associated with leasehold properties and depreciated over term of the lease. Assets held under finance leases are depreciated over their estimated useful lives.

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

A revaluation decrease that does not result from a loss of economic value or service potential is

recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.11 Leases

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

The trust as lessee

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

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

1.12 Cash and cash equivalents

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

1.13 Provisions

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

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14 Non-clinical risk pooling

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

1.15 Financial assets

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

Financial assets are initally recognised at fair value.

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

Loans and receivables

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

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

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

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

1.16 Financial liabilities

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

Other financial liabilities

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

1.17 Value Added Tax

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

1.18 Public Dividend Capital (PDC) and PDC dividend

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

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

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

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

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2015-16. These standards are still subject to HM Treasury FReM interpretation, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue for Contracts with Customers – Application required for accounting periods beginning on or after 1 January 2017, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

2. Operating segments

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

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

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

2014/15	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000
Division Level				
Cambridgeshire & Peterborough Adults & Older Peoples Services	4,096	(50,237)	(11,217)	(57,358)
Ambulatory Care Services	2,001	(16,131)	(7,487)	(21,617)
Luton Community Unit	1,566	(18,925)	(3,761)	(21,120)
Childrens & Younger Peoples Services	3,580	(20,226)	(2,599)	(19,245)
Other Services	149,258	(8,039)	(21,113)	120,106
CCS Total 2014/15	**160,501**	**(113,558)**	**(46,177)**	**766**

	2015-16 £000	2014-15 £000
Revenue from patient care activities	103,993	158,022
Other operating revenue	6,372	2,479
Operating expenses	(108,450)	(158,731)
Operating surplus	**1,915**	**1,770**
Net finance (cost)/income	(46)	(68)
Surplus for the financial year	**1,869**	**1,702**
Public dividend capital dividends payable	(1,293)	(936)
Retained Surplus for the financial year	**576**	**766**

3. Revenue from patient care activities

	2015-16 £000s	2014-15 £000s
NHS Trusts	**819**	2,091
NHS England	**12,135**	14,834
Clinical Commissioning Groups	**40,847**	101,007
Foundation Trusts	**2,733**	4,647
Department of Health	**46**	34
NHS Other (including Public Health England and Prop Co)	**1,898**	3,431
Non-NHS:		
Local Authorities	**38,053**	25,135
Private patients	**135**	307
Injury costs recovery	**72**	174
Other	**7,255**	6,362
Total Revenue from patient care activities	**103,993**	158,022

4. Other operating revenue

	2015-16 £000s	2014-15 £000s
Recoveries in respect of employee benefits	**174**	185
Education, training and research	**225**	290
Charitable and other contributions to revenue expenditure – non-NHS	**333**	1,475
Rental revenue from operating leases	**5,147**	0
Other revenue	**493**	529
Total Other Operating Revenue	**6,372**	2,479
Total operating revenue	**110,365**	160,501

5. Operating expenses

	2015-16 £000s	2014-15 £000s
Services from other NHS Trusts	**2,997**	3,686
Services from CCGs/NHS England	**304**	76
Services from NHS Foundation Trusts	**2,047**	3,463
Total Services from NHS bodies*	**5,348**	7,225
Purchase of healthcare from non-NHS bodies	**1,979**	94
Trust Chair and Non-executive Directors	**59**	54
Supplies and services – clinical	**7,862**	9,930
Supplies and services – general	**4,510**	7,550
Consultancy services	**278**	527
Establishment	**2,182**	2,455
Transport	**1,901**	3,883
Business rates paid to local authorities	**626**	1,222
Premises	**8,678**	7,834
Hospitality	**34**	13
Insurance	**20**	18
Legal Fees	**71**	232
Impairments and Reversals of Receivables	**(97)**	(23)
Depreciation	**1,983**	1,691
Amortisation	**49**	48
Internal Audit Fees	**56**	
Audit fees	**80**	220
Clinical negligence	**295**	311
Research and development (excluding staff costs)	**17**	122
Education and Training	**941**	629
Other	**767**	1,138
Total Operating expenses (excluding employee benefits)	**37,639**	45,173
Employee Benefits		
Employee benefits excluding Board members	**70,239**	112,937
Board members	**572**	621
Total Employee Benefits	**70,811**	113,558
Total Operating Expenses	**108,450**	158,731

External audit fees for 2015/16 were agreed as £66,462 excluding VAT (2014/15 £88,617 excluding VAT)

6. Operating Leases

The Trust operates from the following main properties:

- Chesterton Medical Centre, Cambridge
- Dumbleton Medical Centre, St Neots
- New Horsefair Clinic, Wisbech
- The Oaktree Centre, Huntingdon
- Healthy Living Centre, Peterborough
- Clody House, Luton
- Marsh Farm Health Centre, Luton
- Orwell Clinic, Ipswich
- Oak Street, Norwich
- Kings Chambers, Peterborough
- Meadow Lane, St Ives
- Abbey View Clinic, Bury St Edmunds
- Vancouver House, Kings Lynn
- Futures House, Luton
- Liverpool Road Health Centre, Luton
- Rivergate Centre, Peterborough
- Europa House, Great Yarmouth
- Universal House, Great Yarmouth

6.1 Cambridgeshire Community Services NHS Trust as lessee

	Buildings £000s	2015-16 Total £000s	2014-15 £000s
Payments recognised as an expense			
Minimum lease payments		**2,739**	2,312
Total		**2,739**	2,312
Payable:			
No later than one year	2,739	**2,739**	2,297
Between one and five years	8,405	**8,405**	8,545
After five years	3,627	**3,627**	10,414
Total	**14,771**	**14,771**	21,256

6.2 Cambridgeshire Community Services NHS Trust as lessor

	2015-16 £000s	2014-15 £000s
Recognised as revenue		
Rental revenue	**5,147**	0
Contingent rents	**0**	0
Total	**5,147**	0
Receivable:		
No later than one year	**3,007**	0
Between one and five years	**6,380**	0
After five years	**0**	0
Total	**9,387**	0

7. Employee benefits and staff numbers

7.1 Employee benefits

	2015-16		
	Total £000s	Permanently employed £000s	Other £000s
Employee Benefits – Gross Expenditure			
Salaries and wages	**60,001**	54,414	5,587
Social security costs	**3,901**	3,901	0
Employer Contributions to NHS BSA – Pensions Division	**6,892**	6,892	0
Termination benefits	**17**	17	0
Total employee benefits	**70,811**	**65,224**	**5,587**

	2014-15		
	Total £000s	Permanently employed £000s	Other £000s
Employee Benefits – Gross Expenditure 2014-15			
Salaries and wages	96,290	87,803	8,487
Social security costs	6,186	6,186	0
Employer Contributions to NHS BSA – Pensions Division	10,579	10,579	0
Other pension costs	476	476	0
Termination benefits	27	27	0
TOTAL – including capitalised costs	113,558	105,071	8,487

7.2 Staff Numbers

	2015-16			2014-15
	Total Number	Permanently employed Number	Other Number	Total Number
Average Staff Numbers				
Medical and dental	**95**	69	26	92
Ambulance staff	**0**	0	0	0
Administration and estates	**405**	382	23	617
Healthcare assistants and other support staff	**289**	282	7	754
Nursing, midwifery and health visiting staff	**639**	596	43	954
Nursing, midwifery and health visiting learners	**28**	2	26	63
Scientific, therapeutic and technical staff	**181**	168	13	396
TOTAL	**1,637**	**1,499**	**138**	2,876

Agency staff numbers have not been included in the note above.

7.3 Staff Sickness absence and ill health retirements

	2015-16 Number	2014-15 Number
Total Days Lost	**19,742**	31,184
Total Staff Years	**1,924**	2,854
Average working Days Lost	**10.26**	10.93
Number of persons retired early on ill health grounds	**3**	0
	£000s	£000s
Total additional pensions liabilities accrued in the year	**0**	0

7.4 Exit Packages agreed in 2015-16

	2015-16							
Exit package cost band (including any special payment element)	***Number of compulsory redundancies** Number	**Cost of compulsory redundancies** £s	**Number of other departures agreed** Number	**Cost of other departures agreed** £s	**Total number of exit packages** Number	**Total cost of exit packages** £s	**Number of Departures where special payments have been made** Number	**Cost of special payment element included in exit packages** £
Less than £10,000	1	838	0	0	**1**	**838**	0	0
£10,000-£25,000	0	0	1	17,164	**1**	**17,164**	0	0
£25,001-£50,000	0	0	0	0	**0**	**0**	0	0
£50,001-£100,000	0	0	0	0	**0**	**0**	0	0
£100,001-£150,000	0	0	0	0	**0**	**0**	0	0
£150,001-£200,000	0	0	0	0	**0**	**0**	0	0
>£200,000	0	0	0	0	**0**	**0**	0	0
Total	**1**	**838**	**1**	**17,164**	**2**	**18,002**	**0**	**0**

Exit package cost band (including any special payment element)	2014-15							
	*Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of Departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£s	Number	£s	Number	£s	Number	£
Less than £10,000	0	0	0	0	**0**	**0**	0	0
£10,000-£25,000	0	0	0	0	**0**	**0**	0	0
£25,001-£50,000	1	26,822	0	0	**1**	**26,822**	0	0
£50,001-£100,000	0	0	0	0	**0**	**0**	0	0
£100,001-£150,000	0	0	0	0	**0**	**0**	0	0
£150,001-£200,000	0	0	0	0	**0**	**0**	0	0
>£200,000	0	0	0	0	**0**	**0**	0	0
Total	**1**	**26,822**	**0**	**0**	**1**	**26,822**	**0**	**0**

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Agenda for Change Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

7.5 Exit packages – Other Departures analysis

	2015-16		2014-15	
	Agreements	Total value of agreements	Agreements	Total value of agreements
	Number	£000s	Number	£000s
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Exit payments following Employment Tribunals or court orders	1	17	0	0
Total	1	17	0	0
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period

1 non-contractual payments £17,164 was made to an individual where the payment value was more than 12 months' of their annual salary.

8. Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the 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 the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. 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 scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

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

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

c) Scheme provisions

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

On 1st April 2015 the Trust ceased responsibility for the provision of a range of services for Adults and Older People within the Cambridgeshire and Peterborough localities. This was as the result of the decision of Cambridgeshire and Peterborough Clinical Commissioning Group to change its commissioning arrangements for the following services, putting them out to open market tender:

- Urgent care for adults aged over 65 including inpatients as well as A&E services
- Mental Health Services for people aged over 65
- Adult (all people over 18) community health services for example, district nursing, rehabilitation and therapy after injury or illness, speech and language therapy, care for patients with complex wounds, support for people with respiratory disease or diabetes
- Other health services which support the care of people aged over 65.

The successful bidder was a Limited Liability Partnership, UnitingCare, which then awarded the sub-contract for the provision of the community health services to Cambridge and Peterborough NHS Foundation Trust, effective 1st April 2015. This has resulted in the loss of income to the Trust of approximately £50million, and has seen approximately 1,350 staff transfer between the two organisations. Assets and Liabilities relating to the services prior to this date have remained with CCS with the exception of an immaterial transfer of working balances relating to the future operation of the services.

As at 1st April 2015 one employee was a member of the Local Government Superannuation Scheme, which is a defined benefit pension scheme. This member left the Trust on 29th February 2016. The scheme assets and liabilities attributable to that employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within investment revenue. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Actuarial gains and losses during the year are recognised in the Income and Expenditure reserve and reported as an item of other comprehensive income.

The LGPS is a defined benefit statutory scheme administered in accordance with the Local Government Pension Scheme Regulations. The Trust became an admitted body to the scheme effective on 1 April 2010.

Financial transactions arising from contributions to and the costs of the scheme, along with the changing valuation of the assets of the scheme affect the Statement of Comprehensive Income, the Statement of Changes in Taxpayers Equity, and both Reserves and Non Current Trade Payables within the Statement of Financial Position.

Contribution rates are determined by the scheme's actuary based on triennial actuarial valuations. The last full valuation was at 31 March 2013.

The liabilities of the Cambridgeshire County Council pension scheme attributable to the Trust are included in the Statement of Financial Position on an actuarial basis using the projected unit method i.e. an assessment of the future payments that will be made in relation to retirement benefits earned to date by employees, based on assumptions about mortality rates, employee turnover rates etc, and projections of earnings for current employees.

The post-retirement mortality assumptions are in line with Club Vita analysis carried out by the Actuaries as part of the formal funding valuation as at 31 March 2013. These are a bespoke set of VitaCurves specifically tailored to the membership profile of the Fund and based on the data provided for the purposes of the last formal valuation. These are in line with the CMI 2010 model assumng the rate of longevity

improvements has reached a peak and will converge to a long term rate of 1.25% p.a.

The major assumptions used by the actuary were:

	At 31/03/16	At 31/03/15
Rate of increase in salaries	4.20%	4.30%
Rate of increase in pensions in payment	2.20%	2.40%
Discount rate	3.50%	3.20%

The assets in the scheme and the expected rate of return were:

	Long-term rate of return expected at 31/03/16	Long-term rate of return expected at 31/03/16
Equities	3.50%	3.20%
Bonds	3.50%	3.20%
Property	3.50%	3.20%
Cash	3.50%	3.20%

The expected return on assets is based on the long term future expected investment return for each asset class as at the beginning of the period (i.e. as at 1 April 2015 for the year to 31 March 2016).

The average future life expectancies at age 65 are summarised below:

	31/03/16	
	Male	Female
Current Pensioners	22.5 years	24.5 years
Future Pensioners	24.4 years	26.9 years

	31/03/15	
	Male	Female
Current Pensioners	22.5 years	24.5 years
Future Pensioners	24.4 years	26.9 years

The scheme assets and liabilities attributable to those employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value and the liabilities at present value of the future obligation.

Present value of defined benefit obligation	2015/16 £000s	2014/15 £000s
Opening defined benefit obligation as at 1 April	16,351	13,724
Current Service Cost	0	403
Past Service Cost	0	0
Effect of settlements *	(11,260)	0
Interest Cost	161	588
Actuarial losses	(429)	2,171
Other experience	(120)	(71)
Contributions by employee	1	80
Benefits paid	(126)	(544)
Closing Defined Benefit Obligation at 31 March	4,578	16,351

** Effect of settlements – see following page*

Reconciliation of opening and closing fair value of plan assets:

Fair value of plan assets	2015/16 £000s	2014/15 £000s
Opening fair value of plan assets as at 1 April	13,457	12,192
Effect of settlements *	(9,909)	0
Net interest	115	520
Actuarial gains / (losses)	0	0
Contributions by employer	196	293
Contributions by employee	1	80
Benefits paid	(126)	(544)
Return on assets excluding amounts included in net interest	(201)	916
Closing value of plan assets at 31 March	3,533	13,457

Movement in net pension liability during the year:

	2015/16 %	2015/16 £000s	2014/15 %	2014/15 £000s
Deficit in the scheme at beginning of the year		(2,894)		(1,532)
Movement in year:				
Current and past service cost	0		(403)	
Contributions	196		293	
Expected (loss) on plan assets net of interest	(46)		(68)	
Net amount charged to the year's Statement of Comprehensive Income		150		(178)
Actuarial gain /(loss) on scheme assets (charged to Retained Earnings)		1,699		(1,184)
Scheme deficit at the end of the year		(1,045)		(2,894)

Fair value of plan assets comprises:

	2015/16 %	2015/16 £000s	2014/15 %	2014/15 £000s
Equity Securities	12.09%	427	36.42%	4,901
Private Equity	7.77%	275	7.09%	954
Investment funds and unit trusts	78.09%	2,759	43.49%	7,199
Cash and cash equivalents	2.05%	72	2.99%	403
Total		3,533		13,457

The current service cost of £0 (2014/15 £403,000) has been recognised within the Trust's operating expenses (note 5) under 'Employee benefits'.

The net interest was a cost of £46,000 (2014/15 cost of £68,000) has been recognised as a finance cost (note 10) on the face of the Statement of Comprehensive Income.

The 2015/16 in year net actuarial gain of £348,000 has been included in the Statement of Taxpayers' Equity and in the Statement of Comprehensive Income as an other comprehensive income item.

The difference between the current service cost and the employer contributions to the scheme has been included in the Trust's cash flow statement as an operating cost which does not result in an in year cash transaction.

IAS19 requires a five year history to be shown disclosing the present value of the scheme liabilities, the fair value of the scheme assets and the surplus or deficit in the scheme (plus any experience adjustments). The Trust joined the LGPS scheme with effect from 1 April 2010. A four year history of the Trust's LGPS pension asset/liability is shown below:

	31/03/2016 £000s	31/03/2015 £000s	31/03/2014 £000s	31/03/2013 £000s	31/03/2012 £000s
Fair Value of Employer Assets	3,533	13,457	12,192	18,551	15,352
Present Value of Defined Benefit Obligation	(4,578)	(16,351)	(13,724)	(19,586)	(16,289)
Deficit	(1,045)	(2,894)	(1,532)	(1,035)	(937)

9. Better Payment Practice Code

9.1 Measure of compliance

	2015-16 Number	2015-16 £000s	2014-15 Number	2014-15 £000s
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	**22,996**	**40,962**	27,891	41,074
Total Non-NHS Trade Invoices Paid Within Target	**19,910**	**36,354**	23,296	35,751
Percentage of NHS Trade Invoices Paid Within Target	**86.58%**	**88.75%**	83.53%	87.04%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	**1,358**	**9,938**	1,960	13,665
Total NHS Trade Invoices Paid Within Target	**1,128**	**8,790**	1,584	11,928
Percentage of NHS Trade Invoices Paid Within Target	**83.06%**	**88.45%**	80.82%	87.29%

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

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

During 2015/16 there was no cost incurred by the Trust as a result of Late Payment of Commercial Debts (2014/15, nil)

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10.1. Property, plant and equipment

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

Revaluation Reserve Balance for Property, Plant & Equipment

	Land £000's	Buildings excluding dwellings £000's	Plant & machinery £000's	Transport equipment £000's	Information technology £000's	Furniture & fittings £000's	Total £000's
At 1 April 2015	5,009	12,274	0	0	0	0	**17,283**
Movements (specify)	0	0	0	0	0	0	**0**
At 31 March 2016	**5,009**	**12,274**	**0**	**0**	**0**	**0**	**17,283**

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

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the Statement fo Financial Position date. In practice the Trust will ensure there is a full quinquennial valuation and an interim caluation 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 indicies and where material fluctuations occur, will engage the services of a professional valuer to determine appropriate adjustments to the valuations of

assets to ensure that book values reflect fair values. Fair values are determined as follows:

- Land and non specialised buildings – market value for exisitng use/modern
- Specialised building – Depreciated Replacement Cost

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

The Valuer's opinion of market value was primarily derived using comparable recent market transactions on arm's length terms

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

The disposals other than for sale in the above note relate to assets that the Trust still held within its accounts, but no longer used and therefore these have been included as disposals in year. All assets were of nil Net Book Value and therefore this had no impact on the Statement of Financial Position.

10.2 Property, plant and equipment prior-year

2014-15	Land £000's	Buildings excluding dwellings £000's	Plant & machinery £000's	Transport equipment £000's	Information technology £000's	Furniture & fittings £000's	Total £000's
Cost or valuation:							
At 1 April 2014	11,623	32,234	5,526	10	872	1,040	**51,305**
Additions Purchased	0	2,146	288	0	274	106	**2,814**
Disposals other than for sale	0	0	(4,322)	(9)	(348)	(814)	**(5,493)**
Revaluation	86	2,069	0	0	0	0	**2,155**
Impairments/negative indexation charged to reserves	0	(17)	0	0	0	0	**(17)**
At 31 March 2015	**11,709**	**36,432**	**1,492**	**1**	**798**	**332**	**50,764**
Depreciation							
At 1 April 2014	0	1,208	4,730	9	388	846	**7,181**
Disposals other than for sale	0	0	(4,322)	(9)	(348)	(814)	**(5,493)**
Charged During the Year	0	1,324	204	0	135	28	**1,691**
Transfers (to)/from Other Public Sector Bodies under Absorption Accounting	0	0	0	0	0	0	**0**
Net Book Value at 31 March 2015	**11,709**	**33,900**	**880**	**1**	**623**	**272**	**47,385**
Asset financing:							
Owned – Purchased	11,709	33,900	880	1	623	272	**47,385**
Total at 31 March 2015	**11,709**	**33,900**	**880**	**1**	**623**	**272**	**47,385**

10. Economic life of Property, plant and equipment

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

11. Commitments

The Trust did not have any material contracted capital or other financial commitments at 31 March 2016 (2015, nil), other than those recognised in the Trust's Statement of Financial position.

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12.1 Trade and other receivables

	Current	
	31 March 2016 £000s	31 March 2015 £000s
NHS receivables – revenue	**4,559**	5,243
Non-NHS receivables – revenue	**7,148**	3,852
Non-NHS prepayments and accrued income	**2,480**	3,882
PDC Dividend prepaid to DH	**0**	152
Provision for the impairment of receivables	**(336)**	(433)
VAT	**470**	279
Total current	**14,321**	12,975

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

12.2 Receivables past their due date but not impaired

	31 March 2016 £000s	31 March 2015 £000s
By up to three months	**3,382**	1,738
By three to six months	**748**	230
By more than six months	**1,531**	253
Total	**5,661**	2,221

13. Cash and Cash Equivalents

	31 March 2016 £000s	31 March 2015 £000s
Opening balance	**15,744**	16,590
Net change in year	**(10,061)**	846
Closing balance	**5,683**	15,744
Made up of		
Cash with Government Banking Service	**5,676**	15,734
Cash in hand	**7**	10
Cash and cash equivalents as in statement of financial position	**5,683**	15,744
Cash and cash equivalents as in statement of cash flows	**5,683**	15,744

14. Trade and other payables

	Current		Non-current	
	31 March 2016 £000s	31 March 2015 £000s	**31 March 2016 £000s**	31 March 2015 £000s
NHS payables – revenue	**4,210**	4,327	**0**	0
NHS payables – capital	**0**	0	**0**	0
NHS accruals and deferred income	**826**	824	**0**	0
Non-NHS payables – revenue	**4,336**	4,749	**0**	0
Non-NHS payables – capital	**0**	577	**0**	0
Non-NHS accruals and deferred income	**5,183**	10,819	**241**	282
Tax	**1,211**	1,826	**0**	0
Other	**0**	0	**1,045**	2,894
Total	**15,766**	23,122	**1,286**	3,176
Total payables (current and non-current)	**17,052**	**26,298**		

15. Provisions

	Total £000s	Legal Claims £000s	Restructuring £000s	Other £000s
Balance at 1 April 2015	**1,713**	137	20	1,556
Arising during the year	**385**	30	0	355
Utilised during the year	**(47)**	(17)	0	(30)
Reversed unused	**(540)**	(120)	(20)	(400)
Balance at 31 March 2016	**1,511**	**30**	**0**	**1,481**
Expected Timing of Cash Flows:				
No Later than One Year	**133**	30	0	103
Later than One Year and not later than Five Years	**529**	0	0	529
Later than Five Years	**849**	0	0	849

Amount Included in the Provisions of the NHS Litigation Authority in Respect of Clinical Negligence Liabilities:	
As at 31 March 2016	882
As at 31 March 2015	0

Other: Dilapidations

The Trust occupies a number of properties on short term leasehold agreements. There are a number of lease covenants requiring that during and on expiry of the leases, the properties need to be maintained in 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 the correct condition. Sweett UK Limited were appointed by the Trust to advise on this.

Legal Claims

The Trust is involved in a tribunal case, the outcome of which is uncertain or unknown but based on advise the Trust has calculated its best estimate of amounts required to settle the case.

NHSLA

The Trust received a statement from the Litigation Authority which advised the Trust to provide against 6 cases being assessed under the Liability to Third Parties Scheme.

16. Financial Instruments

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. Trust treasury activity is subject to review by the Trust's internal auditors.

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.

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 2016 are in receivables from customers, as disclosed in the trade and other receivables note.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the strategic health authority. 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.

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.

16.2 Financial Assets

	Loans and receivables £000s	Total £000s
Embedded derivatives	0	**0**
Receivables – NHS	4,559	**4,559**
Receivables – non-NHS	7,148	**7,148**
Cash at bank and in hand	5,683	**5,683**
Other financial assets	0	**0**
Total at 31 March 2016	**17,390**	**17,390**
Embedded derivatives	0	0
Receivables – NHS	5,243	5,243
Receivables – non-NHS	3,852	3,852
Cash at bank and in hand	15,744	15,744
Other financial assets	0	0
Total at 31 March 2015	24,839	24,839

16.3 Financial Liabilities

	Other £000s	Total £000s
Embedded derivatives	0	**0**
NHS payables	5,036	**5,036**
Non-NHS payables	9,519	**9,519**
Other borrowings	0	**0**
PFI & finance lease obligations	0	**0**
Other financial liabilities	0	**0**
Total at 31 March 2016	**14,555**	**14,555**
Embedded derivatives	0	0
NHS payables	4,184	4,184
Non-NHS payables	4,749	4,749
Other borrowings	0	0
PFI & finance lease obligations	0	0
Other financial liabilities	0	0
Total at 31 March 2015	8,933	8,933

17. Events after the end of the reporting period

After the accounting dat of 31 March 2016 the Trust ceased responsibility for the provision of the Peterborough Out of Hours (OOH) service and the Luton Sexual Health service. The OOH service transferred as the Trust had given notice to the CCG as it was determined to not fit with the Trust portfolio of services and strategic direction. The service transferred to Herts Urgent Care (HUC). The Trust was unsuccessful in the Luton Sexual Health service tender and this service has transferred to the Luton and Dunstable NHS Foundation Trust.

18. Related party transactions

The Department of Health is regarded as a related party. During the year, Cambridgeshire Community Services NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. The Trust also had transactions with other government bodies which are regarded as related parties. These entities are:

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

Pension Schemes

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

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

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

There have been transactions in the ordinary course of the Trust's business with an organisation with which Directors of the Trust are connected. The Chief Executive is a Board member of the local Education and Training board and Chair of the Cambridgeshire and Peterborough workforce partnership, both hosted by Health Education England. The Chairman is the Chair of Cambridge Housing Society. The Medical Director is Trustee for East Anglia's Childrens Hospices.

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

The Trust is corporate Trustee for the children's charity Dreamdrops and the Community Services. This has not been consolidated within the Trust's accounts on the grounds on materiality, with the unaudited results for 2015/16 being £91k of income generation and a closing fund balance of £893k.

Prior year 2014/15

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Local Area Teams – East Anglia	0	10,699	0	(54)
Local Area Teams – Hertfordshire and South Midlands	0	4,135	0	968
Bedfordshire CCG	0	1,389	0	27
Cambridgeshire and Peterborough CCG	76	80,906	552	2,446
Luton CCG	0	16,589	0	185
Cambridgeshire and Peterborough NHS Foundation Trust	287	363	72	91
Hinchingbrooke Health Care NHS Trust	3,644	1,952	674	0
Ipswich Hospital NHS Trust	521	0	360	0
Cambridge University Hospitals NHS Foundation Trust	1,691	802	1,035	337
Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust	737	2,339	296	184
South Lincolnshire CCG	0	595	0	77
West Norfolk CCG	0	662	0	54
Peterborough and Stamford NHS Foundation Trust	1,316	690	988	82
Luton Borough Council	214	3,608	0	0
Suffolk County Council	19	4,699	0	10
Peterborough City Council	54	1,413	0	522
Cambridgeshire County Council	592	14,324	82	191
Huntingdonshire District Council	1,419	0	0	0
Health Education England	0	3,683	0	349
NHS Property Services	2,572	0	688	0
HM Revenue and Customs	6,186	0	1,826	0
NHS Pension Scheme	10,579	0	0	0

19. Financial performance targets

The Trust was established as an independent NHS Trust on 1st April 2010 and can therefore only provide 6 years of historic performance.

19.1 Breakeven performance

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

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS [organisation]'s financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

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

19.2 Capital cost absorption rate

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

19.3 External financing

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

	2015-16 £000s	2014-15 £000s
External financing limit (EFL)	**10,061**	846
Cash flow financing	**10,061**	846
External financing requirement	**10,061**	846
Under/(over) spend against EFL	**0**	0

19.4 Capital resource limit

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

	2015-16 £000s	2014-15 £000s
Gross capital expenditure	**3,744**	2,871
Less: book value of assets disposed of	**(170)**	0
Charge against the capital resource limit	**3,574**	2,871
Capital resource limit	**3,750**	3,000
(Over)/underspend against the capital resource limit	**176**	129


Kate Granger
Matthew Winn
Chief Executive

Glossary for Key Performance Indicators

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

Term	Definition
GUM	Genito Urinary Medicine.
HCW	Healthcare worker.
HPV Immunisations	Human Papilloma Virus, a vaccine for cervical cancer.
iCASH	Integrated Contraception and Sexual Health.
IUD	Intrauterine device or coil.(Contraceptive).
IUS	The IUS (intrauterine system), a hormonal contraceptive.
LAC	Looked After Children and Young People.
LARCs	Long-Acting Reversible Contraception.
Men ACWY	The Men ACWY vaccine protects against four types of meningitis.
MMR	Measles, mumps and rubella (German measles) vaccine.
MRSA	Methicillin-resistant Staphylococcus aureus.
MSM	Men who have sex with men.
NBV	New Birth Visit.
NHSE	NHS England.
OT	Occupational Therapy.
PN Discussion	Post Natal Discussion.
RTT Waits	Referral to Treatment Waiting Times.
SCPHN	Specialist community public health nursing.
SRH	Sexual and reproductive health.
STI	Sexually transmitted infection.

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

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