NHS
Cambridgeshire Community Services
NHS Trust

Our story
Our people

Annual Report 2024 - 2025

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Our mission

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

Our values

- Honesty
- Empathy
- Respect
- Ambition

Our objectives

- Provide outstanding care
- Be an excellent employer
- Be collaborative
- Be sustainable

Strategic objectives	It is our ambition that by 2026:
Provide outstanding care	1. Our services are inclusive and easy to access
	2. Our services are innovative and drive improvements in outcomes for people
	3. Our services support good health and help prevent ill health
Be collaborative	4. All our services are tied into formal partnerships that improve outcomes for local people
	5. We always involve people from our local communities to help us improve our services
	6. We are leading care collaboratives in each of the systems we work within
Be an excellent employer	7. Our people feel valued and can realise their full potential
	8. Our people embrace diversity and promote an inclusive culture that challenges all forms of discrimination
	9. In meeting the needs of our services, our people can balance their work and personal commitments and are trusted to work flexibly
Be sustainable	10. We are financially resilient and support our people in developing and improving our services
	11. Our main sites have a community value and usage plan in place
	12. We take positive action to reduce the environmental impact of our services

Our services

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk	Milton Keynes	Essex
Adult services								
District nursing/community matrons			X					
Specialist nurses/long term conditions			X					
Neurorehabilitation	X							
Specialist services								
Community dental services, dental access centres and minor oral surgery	**Oral health promotion only**	X		**Minor oral surgery**	X	**(Excluding DAC)**		**Supervised tooth brushing in early years only**
Musculoskeletal services		X			X			
Sexual health and contraception services	X	X		X	X	X	X	
HIV services	X	**Huntingdonshire**		X	X	X		
Children's services								
Health visiting	X	X	X	X				
School nursing	X	X	X	X	**(see note)**			
Therapies	X	X		**Speech and language therapy**				
Community nursing	X	X	X					
Audiology	X	X	X					
Community paediatricians	X	X	X					
Children's rapid response	X		X					
Family nursing partnership		X		X				
Emotional health and wellbeing service		X		X	**(see note)**			
Continuing care	X		X				X	

Our services

Note - These services in Peterborough are provided in partnership with Cambridgeshire and Peterborough NHS Foundation Trust

Our portfolio of services in 2024/2025 was provided from the following main sites, as well as from GP surgeries and health centres, community settings such as schools, children's centres and people's own homes:

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

Cambridgeshire: Brookfields Hospital in Cambridge, Doddington Hospital, Princess of Wales Hospital in Ely, North Cambridgeshire Hospital in Wisbech, Oak Tree Centre and Hinchingbrooke Hospital in Huntingdon.

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

Milton Keynes: South Fifth Street.

Norfolk: Breydon Clinic in Great Yarmouth, Oak Street Clinic in Norwich, Vancouver House in King's Lynn and a range of community-based facilities.

Peterborough: City Care Centre, Midgate and Kings Chambers.

Suffolk: Nash House in Ipswich, Hillside in Bury St Edmunds, Newmarket Community Hospital and a range of community-based facilities.

Introduction

We are delighted to share with you the Cambridgeshire Community Services NHS Trust (CCS) annual report for 2024/25 and show the great work going on across our organisation.

Over the year we have added new services to our portfolio; started the process of joining together as an NHS group with Norfolk Community Health and Care NHS Trust (NCH&C) and strengthened local partnerships. All of this is in the backdrop of a change of Government and the signalling of an increased focus on community care, prevention and use of technology.

As always, the most important thing to us is the experience of our patients, service users and staff. So, it is fantastic to see we are still getting it right for the people cared for by us and working for us.

This year's staff survey shows improvement and we are now the top performing community Trust for eight of the nine national themes:

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

Our Friends and Family Test feedback is also highly positive. 94.31% of the 32,074 people who answered the Family and Friends Test (FFT) question said the service we provided was very good or good.

Financial pressures continue to create challenges within the Trust and across the systems we work within, and this has been felt most visibly in our iCaSH services who are funded predominantly from the local authority public health grant. Despite this our patient feedback shows the hard work of our teams has allowed us to minimise the impact on our services.

Sadly in 2024 we said goodbye to our iCaSH sexual health teams in Suffolk, who we supported to move into Provide Community Interest Company. At the same time we also welcomed new colleagues transferring from the Terrence Higgins Trust into the Trust.

Chair and Chief Executive's welcome

In November 2024 the Ely Community Diagnostics Centre at our Princess of Wales Hospital site officially opened with the support of Cambridge University Hospitals, which will enable thousands of patients to quickly and efficiently access vital diagnostic services such as MRI and CT scans without needing to travel to an acute hospital site. We also put the final stages in place ready to open our new multi-storey car park at the Princess of Wales Hospital to make it even easier for patients to access the site – including additional disabled parking, charging for electric vehicles and bicycle parking.

We've also made improvements at the North Cambs Hospital in Wisbech during the year, including a facelift for the outpatients department, a new dedicated children's area, a new rest room and showers for staff and some external refurbishments.

In Norfolk and Waveney we opened the advice, support and access service to connect children and young people with the right mental health services for them. This project brings together providers across the area and means families and referrers only need to contact the Just One Number team, who then make sure the young person receives immediate self-care resources and guidance and is referred to the appropriate provider where needed.

With partners in Bedfordshire our new virtual wards are helping people receive the care they need at home and avoid hospital stays. This approach is much better for patients who can stay in familiar surroundings and also reduces pressure on hospital services. Together with our rapid response services, we are helping to save thousands of A&E visits and bed days.

We've also been making more of our services more accessible online. More than a third of our physio appointments are now available to book online. This adds to a range of online services already available in our iCaSH services. In September we launched a new digital platform for our children's services in Bedfordshire and Luton, adding to the existing site for Cambridgeshire and Peterborough. The sites are packed with great resources to help people stay healthy, recover from health issues and provide neurodiversity support.

Importantly, both our services and the new resources we create continue to be co-produced with service users and their families. Over the last year we have worked with patient groups in our communities, worked alongside co-production groups within our services and developed new partnerships to ensure the patient voice is loud within everything we do – and we are committed to taking that work even further. See our people participation information from page 20 where you can read more about our involvement partners, working together groups, outreach work, inclusion co-production and much more.

Chair and Chief Executive's welcome

> **It is no wonder the work of our teams has been recognised nationally, resulting in us being awarded the Carer Friendly Tick by Caring Together, and being recognised in various awards including the HSJ Awards, Desmond diabetes awards and the Women in Tech Awards.**

We recognise the amazing work our people do and also the pressure they face inside and outside of work. This was brought to the fore in the summer of 2024, when the country faced civil unrest. This was a disturbing time for our people and highlighted the importance of strong networks, allyship, listening and support. During this year we've continued to support our people with an extensive package of health and wellbeing resources and through active networks for Cultural Diversity, LGBTQIA+, Long Term Conditions and Disability, Caring Responsibilities, Veteran Aware and Menopause. We've also celebrated our staff with monthly and annual awards – recognising our people for their achievements and the way they put our values into practice.

1 April 2025 is an important milestone, when we begin working as a group with Norfolk Community Health and Care NHS Trust (NCH&C). Work has already been underway this year with the appointment of our new Group Board, putting our new governance arrangements in place and creating opportunities for our people to start getting to know each other. This will be the first step in creating a specialist community health and care group, which will make things better for our patients and our staff, whilst also making our services stronger and more resilient. We're excited about the opportunities this brings, as we join two high performing trusts with similar aims and values. We look forward to an even brighter future together.

Mary Elford
Chair

Matthew Winn
Chief Executive

Thank you to our outgoing Board members

Our thanks go to all of our Board members who have guided, supported and helped the organisation to grow and thrive.

In particular we'd like to thank those stepping down from the Board at the end of 2024/25 as a result of our move to a new Group Board:

- Mary Elford, Chair
- Mark Robbins, Director of Finance
- Steve Bush, Director of Children and Young People Services
- Catherine Dugmore, Non-Executive Director
- Dr Richard Iles, Non-Executive Director
- Fazilet Hadi, Non-Executive Director
- Gary Tubb, Non-Executive Director
- Aliyyah Nasser, Non-Executive Director

Our congratulations to Mary Elford on her new role as Chair of Homerton Healthcare NHS Foundation Trust and Catherine Dugmore on her new role as Chair of West Hertfordshire Teaching Hospitals Trust.

Overview

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

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

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

During 2024/25, the Trust received its funding through integrated care boards (ICBs), NHS England and local authorities, which totalled £179 million. Many of our services are provided at a regional level and are predominantly focused on preventative care, funded by public health commissioners.

Increasingly our work is characterised by collaboration with other NHS and care providers, working together in integrated models of care for adult and children's services. Where tenders do happen, we will seek to retain and expand our services, within the clearly defined parameters approved by the Trust Board and where it is in the best interests of service users. We are however not looking to develop into new service areas beyond our current areas of expertise.

In line with the NHS Long Term Plan, the work we undertake will become more important as the NHS seeks to prevent ill health, support an ever-growing older population, deal with the increasing level of obesity (in children and adults) and manage the complexity of care required to support people to live independently in community settings. This report sets out our many achievements over the last 12 months, focusing on how we have successfully improved existing services and introduced innovation, in line with our aim to deliver services that:

- Are locally accessible - provided close to or in people's own homes
- Are provided to the highest standard by skilled and compassionate staff
- Promote good health and the prevention of ill health
- Reduce inequalities and ensure equity of access
- Are integrated across health and social care boundaries'
- Are focussed on maximising an individual's potential and independence.

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

The Trust can be affected by a variety of financial, clinical, operational and regulatory risks and uncertainties. The organisation's risk management strategy clarifies responsibility for the identification, assessment and management of risk throughout the Trust. The Board retains ultimate responsibility for the Trust's risk management framework and a formal risk management system is in place, to identify and evaluate both internal and external risks.

The Board's audit committee regularly reviews strategic risks. Component risks of the risk register are reviewed by other Board subcommittees. Further information on risk management procedures is provided within the annual governance statement on page 57.

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

Strategic objective 1 Provide outstanding care

Provide outstanding care: Looking forward to 2026

Our strategic objectives for 2025/26 are to:

- Provide outstanding care
- Be an excellent employer
- Be collaborative
- Be sustainable

Our objectives and plans are aligned to the system-wide priorities identified by our commissioners and the Integrated Care Boards (ICB). Central to this is working collaboratively with commissioners, patients, carers and partner organisations to develop high quality and safe seamless care, irrespective of organisational boundaries.

Underpinning strategies

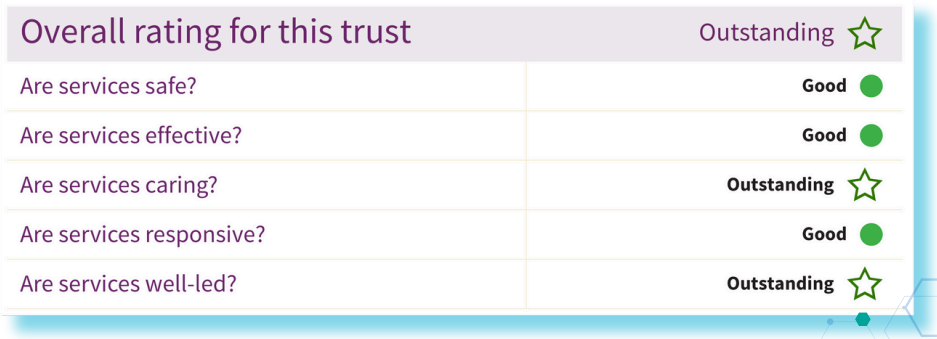
The following strategies will continue to underpin the successful delivery of our objectives:

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

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

We are proud that the CQC rated our services 'outstanding' in August 2019 following their inspection in spring 2019. No Trust wide inspection visits have taken place in 2024/25, however the organisation supported system partners in:

- Norfolk with the joint targeted area inspection focussed on domestic abuse - November 2024
- SEND (Special Educational Needs and Disabilities) inspection – Cambridgeshire (January 2025) and Bedford borough (November 2024)
- Peterborough with their focused inspection on the front door and multi-agency safeguarding hub (ILACS) in February 2025
- Luton with the focused inspection on care leavers, transitions, UASC (ILACS) in July 2024
- Bedfordshire with an NHS England visit to audiology services in January 2025
- Cambridgeshire and Peterborough with an NHS England visit to audiology services in March 2025



In reviewing our performance on providing outstanding care, we have considered:

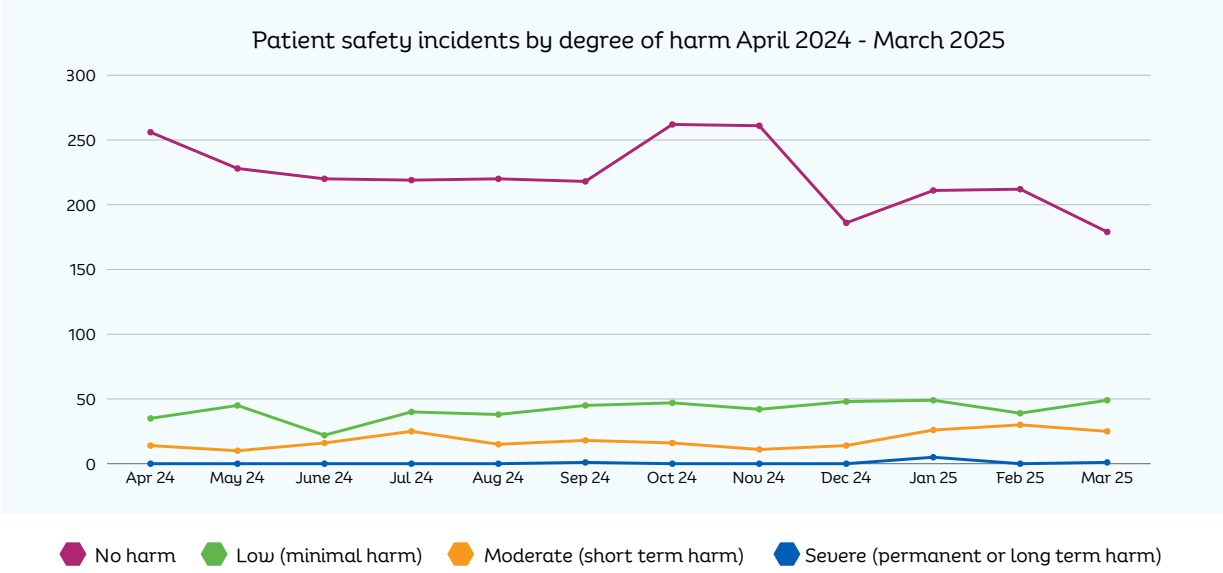
- For patient safety: incidents themes, infection prevention and control requirements; safeguarding information; information governance data; and emergency planning
- For clinical effectiveness: clinical audit outcomes and clinical effectiveness requirements; research information; and publications
- For patient experience and people participation: patient feedback, engagement, participation and co-production activities; patient advice and liaison; complaints outcomes. These have been reviewed and themes identified
- For diversity and inclusion: demographic data; health inequality needs. These have been reviewed and we have identified ways in which we can measure and monitor outcomes

Patient safety incidents

During the year we have implemented the Patient Safety Improvement Framework (PSIRF) in line with national guidelines.

During the year, 3,399 patient safety incidents and near miss incidents were reported. This is a decrease on last year's figure of 3,554, which in part is due to the changes in requirements to report certain incidents which occurred off caseload - incidents that our people found as part of their clinical visit, which are not linked to care provided by the Trust. 93.5% of the reported incidents resulted in no or low harm, 6% moderate harm and the remaining 0.5% relate to severe harm which occurred off caseload.

On 1 March 2024 the Trust went live with Learn from Patient Safety Events (LfPSE), which is part of the wider Patient Safety Strategy introduced by NHS England. Learn from Patient Safety Events (LfPSE) is a centralised system that healthcare staff can use to record patient safety events and access data and analytics about patient safety events nationwide using the NHS database.



Patient Safety Incident Investigations (PSII)

The trust reported one Patient Safety Incident Investigation (PSII) during the financial year, which related to referral to mental health services. There were a number of findings from the review which included - procedural documents were not easy to follow within the busy work setting. The improvements from the review are:

- Provide simple Standard Operating Procedures ('SOPs') that are accessible in busy service delivery.
- Audit of processes being followed in daily practice.
- Explore whether digital platforms could be introduced/enhanced to improve referral flow.
- Enhance support and supervision for practitioners to reflect service needs.
- The inclusion of subject matter experts (quality, safety, safeguarding) and support services when introducing a new service should be the Trust standard.
- Links to other specialisms (such as safeguarding) need to be made to support staff.

Local investigations

The services continue to undertake local reviews which receive oversight via the weekly safety huddle and monthly safety improvement group. The reviews are linked to the ongoing Trust wide improvement plans in line with Patient Safety Incident Response Framework (PSIRF).

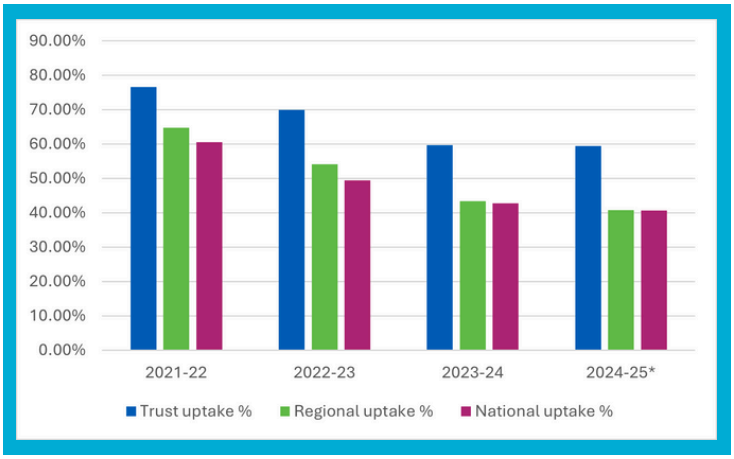
Implementation of the Duty of Candour

The Trust continues to ensure that the requirements of the Duty of Candour are consistently followed and embedded into practice, with 100% of cases completed—including clear rationale documented in instances where it is not appropriate to send a letter, such as when the nature of the incident does not warrant it.

Infection prevention and control

The most complex infection prevention and control challenges over the past year have been the continued impact of respiratory viruses such as influenza, and other organisms including Mpox, Whooping Cough and Measles. Extensive infection prevention and control arrangements have been put in place to protect both staff and service users, such as cleaning audits and standard operating procedures. The assurance framework for infection prevention and control is reviewed monthly and reported to Trust board every six months.

The Trust continues to arrange for staff vaccinations and promote our staff seasonal influenza campaign. We are recognised as one of the best NHS Trusts in the east of England region for staff uptake.



*Taken from NHS England 01.09.24 – 31.01.25

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

Modern slavery act

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

Our annual Slavery and Human Trafficking Statement for 2024/25 was approved by our Board and can be found on our website.

Safeguarding

The Trust has robust internal and external quality controls, ensuring a 'substantial' level of assurance under the NHS England Safeguarding Accountability and Assurance Framework 2024. Assurance measures include:

- Training and supervision compliance
- Audit findings and action plan progress
- Incident reviews and staffing levels

External quality controls

- Operational safeguarding and clinical group meetings in each locality to ensure that there is oversight of information to cascade and a formal route for escalation of any learning or issues identified
- Direct reporting to the strategic safeguarding group to report on safeguarding activity, identify escalations and risks and to provide assurance of good practice
- Thematic review of all incidents through the Patient Safety Incident Response Framework, resulting in quality improvement plans and workstreams.

Children's Safeguarding Training				
Training	**% achieved 2022 / 2023**	**% achieved 2023 / 2024**	**% achieved 2024 / 2025**	**Increase or decrease**
Level 1 - Mandatory for all staff.	97%	97%	98.00%	Increased
Level 2 - Mandatory for all clinical and non clinical staff in regular contact with parents, children and young people.	95%	97%	97.60%	Increased
Level 3 - Mandatory for all staff predominantly working with children, young people and adults.	87%	89%	91.25%	Increased
Adult Safeguarding Training				
Level 1 - Mandatory for all staff.	97%	97%	97.80%	Increased
Level 2 - Mandatory for all clinical and non clinical staff in regular contact with parents, children and young people.	94%	97%	97.70%	Increased
Level 2 - Mandatory for all clinical and non clinical staff in regular contact with parents, children and young people and adults.	81%	86%	89.00%	Increased

Training compliance target has been agreed by the Board as 90% for most of the mandatory training, with some exceptions related to national expectations such as Prevent. Robust governance is in place to support service directors to ensure compliance with safeguarding training is prioritised for all staff. Safeguarding training compliance has improved across all levels in the 2024-25 period and although Level 3 adult safeguarding training is below the 90% compliance target, the trajectory is improving.

Safeguarding supervision

Safeguarding supervision is an opportunity for support, challenge and learning around safeguarding cases, which are often sources of significant stress for practitioners leading to burnout and reported vicarious trauma.

Adhoc safeguarding supervision is available to all staff and mandated safeguarding supervision is offered to some staff groups in children's services. Compliance with mandated safeguarding supervision is monitored quarterly and reported locally at operational safeguarding groups.

Reflective/restorative safeguarding sessions are available to staff in iCaSH and adult services. Adult services in Luton are now being offered formal safeguarding supervision. Safeguarding adults and children have seen increased complexity in the risk levels that are now managed at a lower level of statutory intervention. The safeguarding teams are all able to access restorative supervision for themselves to enable them to deal with the vicarious trauma they are exposed to through their daily work.

Audits

- Annual audits now include safeguarding node use, referrals and escalations
- NHS Safeguarding Integrated Data Dashboard (SIDD) is the reporting route for prevent duty, children in care and safeguarding provider toolkit data
- Mental Capacity Act audit identified areas for improvement, with an action plan monitored through QISCOM
- Safeguarding data is now integrated into quality dashboards for improved oversight and service understanding

External quality controls

- Operational safeguarding and clinical group meetings in each locality to ensure that there is oversight of information to cascade and a formal route for escalation of any learning or issues identified
- Direct reporting to the strategic safeguarding group to report on safeguarding activity, identify escalations and risks and to provide assurance of good practice
- Thematic review of all incidents through the Patient Safety Incident Response Framework, resulting in quality improvement plans and workstreams.

Learning from incidents

A quarterly learning paper summarises safeguarding reviews, incidents and governance insights. This is cascaded through operational meetings, added to the intranet and shared with the Executive Team for oversight.

Resilience arrangements, including Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity Management (BCM)

The Trust demonstrated continued readiness and preparedness throughout 2024/25. Key highlights include:

- Through established incident response frameworks, the Trust responded to 91 incidents, and the strategic on-call team answered 28 calls. Response often included the provision of mutual aid to other organisations and always included opportunity for debriefing and the identification of and learning from lessons.

Learning from incidents cont.

- 43 CCS colleagues attended 11 training opportunities, whilst 34 colleagues participated in 26 exercises across all systems in which we operate.
- The successful delivery of actions agreed in September 2022 saw the Trust assessed as 'substantially compliant' against the NHS England EPRR core standards in 2024. Work will continue to build upon this achievement within the coming financial year.
- Delivery of a transformative business continuity management (BCM) project continued. It was identified as a key project for development with Norfolk Community Health and Care Trust (NCH&C) counterparts. It is essential that solutions and strategies implemented for this foundational workstream are jointly developed between the two organisations to ensure a robust and seamless approach is maintained across both organisations. Work on this will continue into 2025/26.
- The Trust board received and approved new adverse weather, infectious disease, EPRR communications and protected individuals plans in September 2024. All other plans were developed in line with lessons identified and relevant guidance.
- A new satellite incident coordination centre (ICC) was established at the Trust's Cringleford site, Norwich. This will support those teams in the Norfolk and Suffolk area but will also support the incident management team (IMT) when responding to any Trust wide, regional or national incidents.
- The Trust's accountable emergency officer and the Trust's EPRR lead attended local health resilience partnership (LHRP) meetings across all Trust localities at their respective levels of delegated responsibility.
- Collaboration across integrated care systems (ICS) was a focus for the resilience team in 2024/25. This included the EPRR lead becoming a member of the national task and finish group responsible for the tri- annual review of the NHS England EPRR core standards.

During 2025/26 key workstreams will include the integration of resilience arrangements between CCS and NCH&C and the continued implementation of the annual workplan.

Case Study
Patience, Perseverance and Smiles: Tackling Dental Anxiety Together

It's estimated that 53% of the UK population feels fear or anxiety when visiting the dentist, with 17% experiencing dental phobia so severe they avoid appointments altogether*. This can have serious consequences for both oral and mental health.

Susan Peart, a dental nurse with over 40 years' experience in our special care dental service, works with children and adults whose needs mean routine dental care is unsuitable. Her role is to support patients with phobias, additional needs, or disabilities to feel comfortable receiving treatment.

"When patients are referred into our service, they're often very anxious or anti-dental. Part of my role is to acclimatise them and help remove those fears" explains Susan.

One young man with autism initially requested all his teeth be removed, refused to brush, and would not communicate. Over three months of short, regular appointments, Susan built trust. Now he allows his mum to brush his teeth twice daily, no longer wants extractions, and has agreed to see a therapist for cleaning.

Similarly, Susan supported a young girl who was too afraid to enter the clinic. Through weekly visits focusing first on conversation, then gentle treatment, she accepted Duraphat varnish to strengthen her teeth. Now, she comes willingly, chats, and sits in the chair – progress that will prepare her for future treatment.

Susan also supports older patients. One gentleman in his eighties, brushing independently but inadequately, agreed to let carers assist after Susan explained the health risks. With this support, and cleaning sessions, he now has a better chance of keeping his teeth long-term. According to Susan, dental anxiety is more common than people think:

"People often arrive in severe pain, shaking or crying, but to see them leave saying, 'Thanks a lot!' – that makes my heart go boom."

After four decades, Susan still finds joy in helping people overcome their fears and improve their oral health.

"I go home buzzing if one of my patients does something they weren't able to before. That's what keeps me going."

*Results from a 2018 Dental Phobia survey

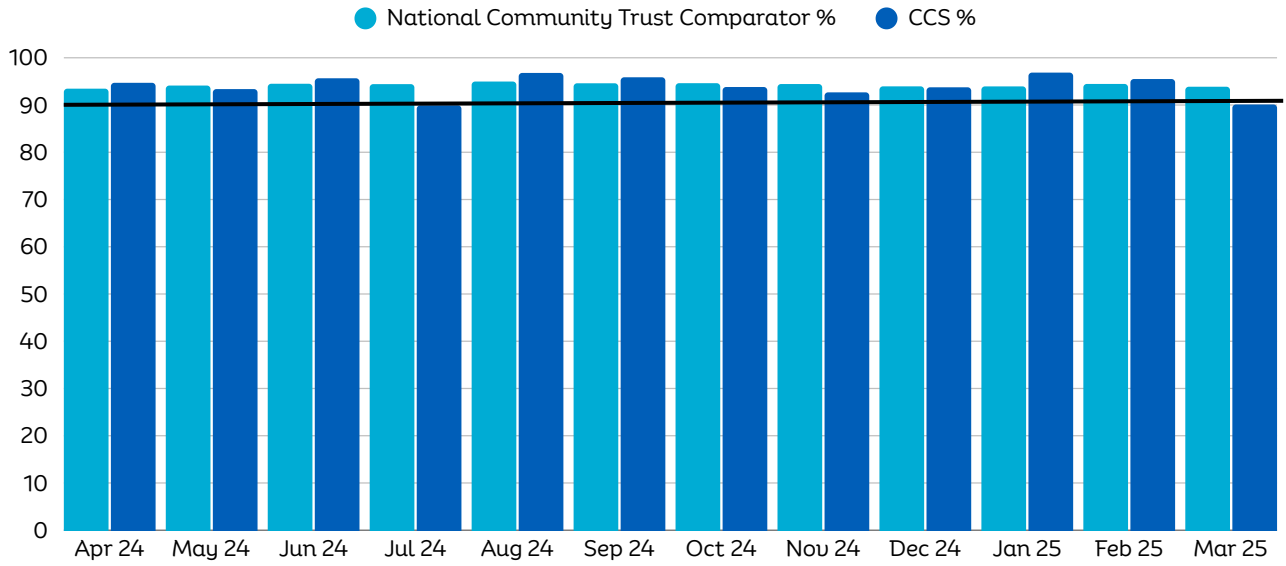
Patient experience and people participation

The involvement of service users and their carers supports the Trust to improve the things that matter most, to those we serve. We want to hear from people who use our services to ensure they are involved in shared decision making and co-production projects.

Service user feedback

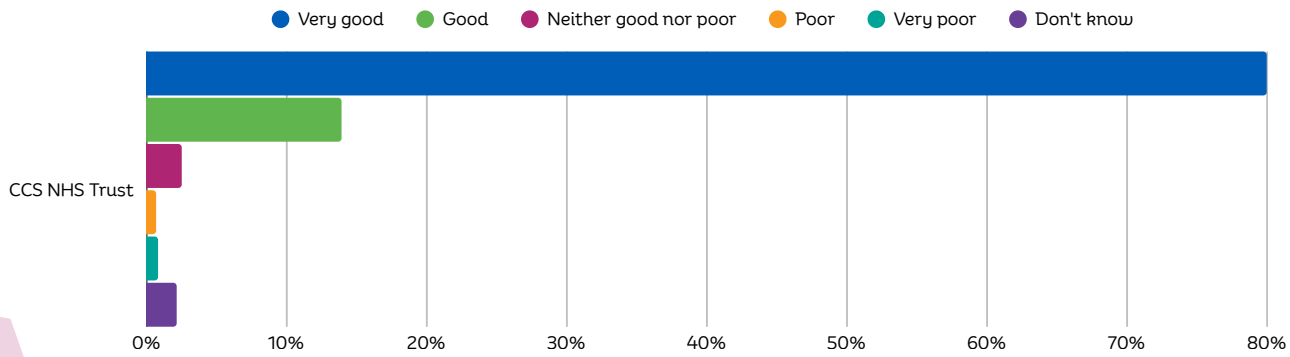
Service users and carers are routinely asked to provide feedback via the Friends and Family Test (FFT). This was incredibly positive in 2024-25 with 93.88% of the 34,791 people who answered the Family and Friends Test (FFT) question saying the service provided was very good or good. We review all comments made by service users to see if there are any actions that we can take to improve their experience. Services with a poor FFT score are also flagged in our committee reporting.

The chart below shows how the Trust compares to the average score for Community Trusts across the country.



We are above the average score for community trusts and the Trust's target in all months except July 2024.

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



Compliments

47,736 positive comments and compliments were received by services during the year. We received 131 positive comments for every formal and informal complaint received.

Improving services using service user feedback: You said, we did

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

Beds and Luton Adults	
Luton Treatment Centre is a big clinic and so having more directions in the building would be better.	We have now put-up extra signage to help patients and visitors navigate the centre.
A patient requested Wi-Fi access for Luton Treatment Centre visitors.	We have created posters to provide the guest Wi-Fi code.
Invitation letters to diabetes education classes should include a reminder to bring any hearing and visual aids.	We have undertaken a review of the invitation letters and have added a line reminded patients to bring what they need.

Beds and Luton Children's	
Parents find it difficult to understand the difference between occupation therapists and physiotherapists.	A flowchart has been produced and shared to explain the difference.
Parents do not like the word 'discharge'.	We drafted changes to the wording in reports to share with the parent carer forum.
Service users would like information on preparation for adulthood.	Action agreed to develop the preparing for adulthood section on the website in conjunction with work across the Trust.

Cambridgeshire Children's	
Parents and carers told Pinpoint that they would like to have easier access to the occupational therapy service, rather than need to wait for a referral to be made by another professional.	The occupational therapy service set up a telephone advice line, enabling professionals, parents and carers to access guidance for children and young people aged 0 – 19 about self-care, play, and learning opportunities.

Dental	
A patient thought the appointment was for wisdom tooth removal, however it was for a consultation rather than treatment.	We are now sending emails with information leaflets to ensure patients are aware that the appointment might be for an assessment and/or treatment.
Can reception have a stylus pen for signing on the tablet forms to help patients that have problems with their hands.	New stylus pens for signing on tablet forms at reception have been purchased for all sites.

iCaSH	
Service user commented that there was nowhere to hang coats and bags in the toilet.	We have purchased and installed coat hooks for all toilet facilities across all our sites.
Can sex education talks include information about where the iCaSH building is and how to get an appointment?	Clinic and appointment information was added as part of sex education talks.

Musculoskeletal Physiotherapy	
A patient told us they would have liked a scan or x-ray.	Posters have been placed in all waiting areas to explain when scans may and may not be appropriate
It would have been helpful to have an appointment sooner.	We have employed new staff and regularly review the rotas to ensure we make the best use of clinical time.
The directions to the clinic could be improved.	Google maps for each site are now available on our website along with what3words locations.

Norfolk and Waveney Children's Services	
A parent requested that staff wait a little longer for parents to join the video call due to unexpected delays e.g. baby feed or nappy change.	Staff now wait a minimum of 15 minutes past the appointment time for a family to join the video call.
A parent phoning into the services was unsure who they were speaking to on the phone and what their role was.	All team members were reminded to share their name and role clearly with service users at the beginning of calls.
A parent commented that it would be more helpful if a message could be left with an approximate day/time the service would be calling back to prevent missed calls whilst at work and waiting for a call back.	Administrators were reminded to share approximate call-back times with families when leaving message. Text message presets were set up for staff to send to inform service users that they had called, when they will call again and other ways to access the service.
We received feedback from a youth support organisation regarding young people being able to access validated and safe information around sports related supplements.	This information was added to our FYI website.

Patient stories

Patient stories provide insight to the Trust Board into how service users experience our services, identifying excellence and most importantly areas where we can make improvements. This feedback is incredibly powerful, and recommendations are identified by the Board to further improve the overall service user experience.

Patient stories this year included:

- A parent shared the challenges she had faced, as a new mum, feeding her baby. She outlined the positive impact of the support she had received from the infant feeding team as she tried to balance the perceived pressures to breastfeed with her own mental wellbeing.

- A service user told the Trust Board about the challenges that she faced after becoming a quadruple amputee as a result of contracting Covid and then sepsis. She outlined the positive impact of the support she had received from the Bedfordshire neurotherapy services as she tried to adjust to the challenges of life without feet or hands. In helping to adapt her home environment, the service was able to introduce her to a number of digital solutions to help with daily routine tasks working in partnership with other services and organisations.

- A celebratory story from the Bedfordshire orthoptic team was heard from a parent who described their interaction with the clinician, highlighting the patience and understanding shown when their son was measured for glasses. The parent also suggested that it would be beneficial for families to have additional support at the clinic to welcome children and families and help with the smooth running of the clinic. An eye clinic volunteer role was created in response to this feedback and was approved by the parent before being launched as a new volunteer role and opened for recruitment.

People participation (patient and public engagement)

Our co-production team supports our services to regularly seek involvement and participation from people who use our services and our local communities to improve service delivery. Below is a summary of some of the activities undertaken throughout the last year.

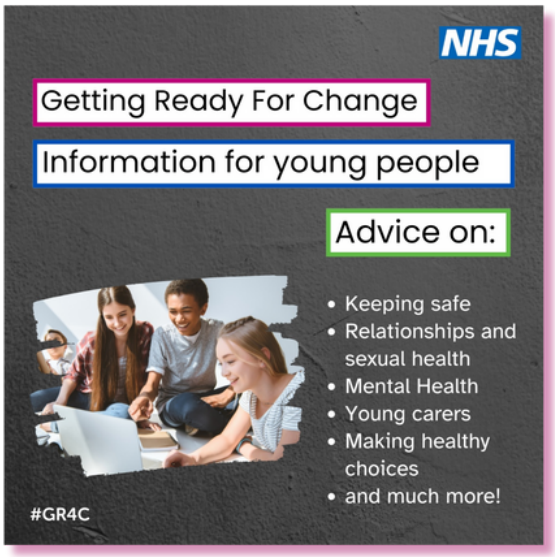
Patient involvement partners

Patient involvement partners are members of our community, including parents/carers and young people, who join in with us on exciting projects and co-production initiatives. They do not need to have any prior knowledge or specialist expertise/experience and are paid for their time.

Some of the activities our Involvement Partners may be involved in are:

- Attending and participating in a meeting to share ideas for service improvements.
- Being part of a project group to design new service development.
- Co-designing and co-delivering training for our team members.
- Joining an interview panel to interview our new recruits.
- Providing feedback on new initiatives or written materials.

Cambridgeshire Children and Young People's Services



The Healthy Child Programme "Getting Ready for Change" project held two engagement events with young people. Thirty two young people attended a session at Huntingdon Regional College, and 13 pupils attended an on-site session at Vista Academy in Littleport with a focus on special educational needs and disabilities. During the sessions the existing questionnaire was reviewed and feedback gained on how it could be adapted for young people with special educational needs and disabilities.

In order to better understand experience of care two working together groups were held with six young people attending the first session, and nine the second. During the sessions the young people were asked about their experience of the service and participants openly shared their thoughts about what would, and would not, work for the implementation of support in schools.

Twenty students from a central Peterborough school supported the recruitment of a new Peterborough mental health support team. Students met with candidates on a one-to-one basis and observed a candidate group presentation session. The scores allocated by each student were combined on an equal weighting with the formal interview scores.

Bedfordshire and Luton Children's Services

Special Educational Needs and Disabilities (SEND) health focus week

The annual SEND health focus week took place in June 2024. This initiative, hosted by Cambridgeshire Community Services in Bedfordshire and Luton and in partnership with local parent carer forums and Child and Adolescent Mental Health Service (CAMHS), aims to inform, educate, engage and empower.

This involved:

- Ten online events held across five days, covering a range of topics based on community feedback.
- Topics included 'preparing for adulthood,' 'gender identity and neurodiversity,' and 'misconceptions of tics and Tourette's'.
- 516 attendees, an increase of 135 from last year.
- Sessions featured clinicians and lived experience speakers to ensure expert insight and relatability.

Feedback from attendees of SEND Health Focus Week:

> "My son has found it so nice to see an adult he can relate to. His words were 'wow, they really understand themselves, and I don't yet."

> "One of the presenters was exactly like my daughter, making me realise she is a classic case of a girl with ADHD who has masked it for years."

Image kindly provided by one of our health inclusion specialist health visitors in BLMK, as part of work with the Gypsy, Roma and Traveller community for culturally relevant photos.

Health inclusion project – supporting the Gypsy, Roma, and Traveller (GRT) community

In collaboration with the health inclusion team, the co-production team has worked to improve healthcare access for the Gypsy, Roma and Traveller (GRT) community in central Bedfordshire. Staff visited GRT sites to gather insights on healthcare barriers. Engagement strategies were adapted to suit the community with one-to-one conversations rather than focus groups.

There has been an increase in immunisation uptake and improved access to 0-19 health services in the GRT community. Work continues with NHS England to develop audio-based educational materials on immunisations, addressing cultural and literacy challenges. Plans to create further audio-based materials on a variety of health-related topics.

Norfolk Children and Young People's Health Services

My parenting journey

Just One Norfolk website pages "my parenting journey 0-5yrs" have been co-designed with service users and staff from the clinical service, communications and digital teams.

FYI website

The FYI website was presented to more than 30 young people at a joint Youth in Mind and Youth Advisory Board summer workshop. The Healthy Child Services Young People's Working Together Group also met in August and was attended by 17 young people. The young people reviewed the website and were asked how easy it was to find information and guidance on health matters. The voice of the young people and their feedback will continue to be used for ongoing development and review of FYI website.

Involvement partners and recruitment for mental health support teams

17 students from the Kings Lynn Academy completed recruitment training in order to support in the recruitment for the mental health support team. This involved co-producing questions to be asked on the day of interview, which took place in July.

Consequently, students interviewed 23 candidates via a system of speed interviews and a group scenario activity. Scoring from the young people's interview session was taken into consideration for the final decision.

Ambulatory care

Dental working together group

The dental healthcare working together group meets bimonthly and members use their lived experience to address issues and improvements for the service.

The activities of the group this year have included:

- Creation of an online dental passport for special care dentistry patients.
- Co-production of patient outcome measure questions for the service users.
- A workshop on inclusion; what it means to our service users and how we can help.
- A workshop on Change NHS to feedback to the government ideas and thoughts on how the NHS could improve.
- Co-production of a new leaflet for children and young people about sedation.

MSK outreach Peterborough

Analysis of 2021 Census data showed that the South Asian community make up 14.3% of the Peterborough population, but in clinic the community represented only 5.28% of service users seen.

Staff in DynamicHealth have been working closely with members of the British Islamic Medical Association and mosques in Peterborough, to plan sessions about DynamicHealth self-referral and ways of keeping healthy.

In October 2024, two senior physiotherapists and the co-production lead visited the Husaini Islamic Centre in Peterborough. The team presented to the group on accessing the service and managing musculoskeletal health and followed this by dividing into male and female groups so that they could discuss any individual concerns and seek advice.

81% of those who provided feedback found the session had increased their understanding of musculoskeletal health and how to access services.

iCaSH "know before you go" films

The iCaSH team have co-produced walkthrough films of the clinics with a service user for people to view prior to coming for an appointment. The aim was for the films to give a service user's perspective of visiting a clinic and show the viewer how to access the clinic, what it looks like and what an appointment might look and feel like. This is to help reduce the anxiety that a service user might feel before coming to their appointment.

The films will be used on the iCaSH website and social media channels to promote accessibility. One service user commented that the "website video meant I knew exactly what to expect."

Bedfordshire and Luton adult services

Self-management resources for patients with a diagnosed lung condition

The community respiratory team and pulmonary rehabilitation programme worked with service users to co-produce a set of printable self-help tools for patients with lung conditions. These service users can sometimes experience a flare up or worsening of their condition. The tools provide clinically accurate, accessible information that patients can follow with confidence.

Bereavement resource and information pack

Staff from the specialist palliative care team and nine involvement partners formed a task and finish group to co-produce a practical resource for bereaved families of patients who had received care from the Luton adult's service.

The involvement partners reflected on their own experience of being bereaved and the challenges in the finding information, for example which agencies to notify of death, which equipment has to be returned and where to find emotional support.

Much of this information is available online from various sources, involvement partners wanted a resource that offered information specific to the Luton area from a single source. Staff wanted to standardise the information they provided.

Two online working group meetings were facilitated by the co-production team and service lead for cancer, palliative and end of life care to agree content. The resource is now available on the Trust website.

Patient advice and liaison service (PALS) and formal and informal complaints

The table below summarises the total number of complaints (formal and informal) and PALS enquiries we received in 2024/2025 compared to previous years.

	2020/21	2021/22	2022/23	2023/24	2024/25
Formal complaints	49	83	99	93	83
Informal complaints	245	408	323	320	281
PALS Enquiries and Signposting	969	1274	871	1048	1010

Patient advice and liaison service (PALS)

In 2024/2025 the PALS received and satisfactorily resolved 1,374 contacts.

Informal complaints

Complaints are managed informally if they can be resolved quickly through local resolution processes. This is either within the clinical setting or by the Patient Advice and Liaison Service (PALS). Local resolution is achieved through discussion by telephone and sometimes a letter from the service manager. Our services resolved 281 informal complaints this year.

Formal complaints

The Trust received 83 formal complaints in 2024/25 year. All formal complaints are investigated, and the complainant receives a formal letter of response from the Trust. The letter details the outcome of the investigation, areas of learning and actions taken by the Trust. In certain circumstances Trust representatives arrange to meet with the complainant or their representatives.

Learning from complaints

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

Children's services

Parental complaint about lack of feeding support when baby dropped by two weight centiles from birth to eight months and when they expressed concern about breast milk supply.

As a result of this complaint the following actions were agreed:

- Growth monitoring refresher information will be included in Ppofessional development sessions for all staff.
- Training will be provided for the staff involved in the complaint by their line managers.
- 0-19 Healthy Child Programme staff will be invited to attend a session to raise awareness of the importance of using a motivational interviewing approach within their clinical practice.
- Templates on the clinical system will be updated to ensure staff are recording the necessary information in line with the records management policy.
- Staff will be reminded that text messages should be used for appointment reminders and non-clinical information and should not be used for sharing sensitive information with families.

Adults services

A service user made a complaint that the waiting time for an appointment with DynamicHealth was too long and delayed care being provided, there was no contact from the service during the waiting time and communication was poor. This resulted in the complainant being unable to make informed choices and a delay in surgery.

As a result of the complaint, information sent to service users whilst on the waiting list has been reviewed and up to date waiting time information is now available on the service website. Staff have been reminded to signpost service users to the waiting time information and to clearly explain that referral is for an initial assessment and consultant opinion rather than on to a waiting list for surgery.

Volunteering

Volunteering has multiple benefits, for the people who access our services, for our volunteers, for our staff and for the wider community. We are delighted that our volunteer service has grown significantly this year, with volunteers contributing more than 3,000 hours of volunteering to the Trust, an increase of more than 1,000 hours compared to last year. Thank you to all our volunteers who give us the gift of their time and make such a difference.

We receive applications for volunteer roles from all sections of the community across all our services.

This year, our breastfeeding buddies in Bedfordshire began providing breastfeeding support on the maternity wards in Luton and Dunstable Hospital and Bedford Hospital, as a result of partnership working between the Trust and Bedfordshire Hospitals NHS Foundation Trust. Providing early feeding support for families is vital. The buddies are able to help parents get feeding off to a great start and signpost them to the community support available in our breastfeeding support and social groups once they are discharged from hospital.

We have been delighted to welcome volunteers to new roles to support our neuro rehabilitation, heart failure and 0-19 teams in Bedfordshire, as well as our children's physiotherapy service in Cambridgeshire. In Norfolk, as part of a new project, we have recruited volunteers to provide infant feeding peer support within the local community.

Valuing our volunteers

The Trust has a quarterly valuing our volunteers award, volunteers can be nominated by staff, other volunteers, people who access our services and members of the public. This year, the award was won by two breastfeeding buddies, a speech and language therapy volunteer and a reception/welcomer volunteer – nominated by members of staff and fellow volunteers.

Our annual Trust awards shortlisted two volunteers who were recognised for the way they went above and beyond in their volunteer role – the winners were Laura, a breastfeeding buddy, and Scott, who has supported our pulmonary rehab service, falls team and neuro rehab teams in the past year.

Our annual volunteer survey provided us with overwhelmingly positive feedback from our volunteers. They were asked to tell us three words that described their experience of volunteering with us - the word cloud below was created from their feedback:

This has been a fantastic year for the volunteering service. Over the coming year, we will continue to promote and create volunteering opportunities within our services, aiming to enhance patient experience and ensure that volunteers have a positive experience of volunteering for the Trust.

Equality, diversity and inclusion (patient experience)

We've continued to build on the work we started in 2023/24 to improve how we collect demographic data. This work is supported by the Trust wide working together group, who help us track and review progress. To support understanding, we created a short film for staff that explains why these questions matter. Since then, we've seen more teams using the demographic questions template and equality questionnaire throughout 2024/25.

We've also reviewed how we provide interpretation and translation services and completed a scoping exercise to identify where improvements could be made. As a result, a new provider has now been procured to strengthen and expand the support available.

Equality delivery system

- The equality delivery system is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The equality delivery system was developed by the NHS (launched in November 2011) for the NHS, taking inspiration from existing work and good practice.

- Implementation of the equality delivery system will help the Trust to meet the requirements of the Public Sector Equality Duty (section 149) set out within the Equality Act 2010.

- The equality delivery system is an improvement tool for patients, staff, and leaders of the NHS. It supports NHS organisations in England in active conversations with patients, public, staff, staff networks, community groups and trade unions. It supports the review and development of the NHS approach in addressing health inequalities through three domains: services, workforce and leadership. It is driven by data, evidence, engagement and insight.

- The equality delivery system report gives an overview of the organisation's most recent implementation and grades and is published on the Trust's website.

The objectives / outcomes planned for 2025-26 are listed below:

Domain 1: Commissioned or provided services

- Improve access to interpretation and translation services, to improve communication.
- Improve understanding of accessible information standards across the Trust and use knowledge to improve standards of care.
- Continue to work on action from 2024/25: Reduce service-user Did Not Attend (DNAs) in Luton adult respiratory service by enhancing accessibility of communication methods with SMS text appointment reminders and the facility for service-users to respond.
- Embed monitoring of the demographic data capture work.
- Embed the Trust's learning disability and learning difficulty inclusion and accessibility strategy.
- Scope how the use of demographic data on Datix reports could support and inform service improvement.
- Enhance service improvement within the family nurse partnership by systematically gathering qualitative data from 'how is it going between us' conversations and capturing all co-production work.
- Share key learnings from the family nurse partnership annual review, with the goal of fostering continuous improvement and recognising both positive feedback and expert contributions.

Domain 2: Workforce health and well-being

- When at work, staff are provided with support to manage obesity, diabetes, asthma, Chronic Obstructive Pulmonary Disease (COPD) and mental health conditions.
- When at work, staff are free from abuse, harassment, bullying and physical violence from any source.
- Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.
- Staff recommend the organisation as a place to work and receive treatment.

Domain 3: Inclusive leadership

- To continue the roll out of the inclusive leadership programme across the Trust over the next 18 to 24 months.
- Year 3 service plans to continue to identify their contributions towards addressing health inequalities.
- Trust Board and senior leaders to continue to take a leading role in the delivery of the Trust's ambitions in inclusive leadership.

Using data to improve patient experience and reduce inequalities

Our Trust wide Intelligence Hub (iHub) integrates national and regional public health profiles with demographic data collected within our services. This combined resource supports the Data Saves Lives strategy by providing timely, secure, and actionable insights to clinicians and service leads, enabling informed decision-making and effective service planning.

The iHub is already shaping improvements across services. For instance, our Population Health app brings together public health, demographic, and service data, helping services plan for the future and tackle health inequalities.

Information within the iHub is tailored to service and user needs. For example, Cambridgeshire and Peterborough Healthy Child Services are using it alongside local authority data to explore health inequalities in mandated health visiting checks. By examining factors such as deprivation indices, family size, ethnicity, and other protected characteristics, services are influencing both the data available and its application - ensuring insights drive targeted action.

Examples of iHub in practice:

DynamicHealth service transformation

Key achievements:

- Transitioned to a proactive, data-led model, enhancing responsiveness.
- Improved workload prioritisation and staff activity reporting.
- Developed early warning systems for surge management and long-wait mitigation.
- Enhanced data quality for internal reporting and benchmarking.
- Provided personalised support, refining diagnostics and referrals.

Quality and continuous improvement service lead:

> **The collaborative iHub work has been invaluable, enabling us to transition to a proactive and responsive service.**

Nutrition and dietetics: tackling health inequalities

Key achievements:

- Simplified access to insights via the Population Health app, enabling data-driven decision-making.
- Supported the health inequality working group in using data to address disparities.
- Used demographic profiling to identify and prioritise vulnerable groups in Luton and South Bedfordshire.
- Enabled targeted interventions, improving outcomes for under-served populations.

Public health nutritionist:

> **The Population Health app has made data more accessible and actionable, allowing us to better understand demographic needs and focus our efforts where they are most needed.**

Clinical effectiveness

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

Summary of all clinical audit activity for 2024/2025

Audits are undertaken to ensure compliance with national guidance, patient records, serious incidents, and clinical standards. All services and specialities have participated in clinical audits in 2024/2025.

70 **clinical audits were registered and completed during 2024/25**

20 **audits currently in progress and continuing through to 2025/26**

All completed audit reports are published on the Trust's knowledge hub intranet page to share learning.

To meet legal and statutory requirements relating to health records, the Trust is required to audit its health records. All service areas took part in the Trust's annual record-keeping audit, retaining the ten Trust-agreed core standards for documentation, with additional service specific criteria to support clinical practice and in 2024/25 this included monitoring of health promotion activity.

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

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

Research active Trust

We are committed to supporting and participating in research. This includes studies listed on the National Institute for Health Research (NIHR) national database, as well as studies that are not on the database but are approved by a national ethics committee. While we have not recruited as many participants this year, with a total of 124, we have still made significant progress and earned the NIHR Research Capability Funding (RCF) in recognition of our continued contributions to research.

Research culture

We encourage staff to think about research in their clinical role. Everyone has a part to contribute to research, and this can be from identifying potential participants, which fit the inclusion criteria, to giving the intervention. Staff who are more interested in research management can be responsible for the study within a clinical area by being a Principal Investigator (PI).

Research opportunities for staff

- NIHR Fellowships, such as the Full Pre-doctoral Clinical and Practitioner Academic Fellowship (PCAF) award. One of our physiotherapists was undertaking this award which completed last summer. This fellowship sets the foundations for getting prepared to write a NIHR PhD application for funding.

- We work closely with the Regional Research Delivery Network (RRDN). There are opportunities for staff to obtain funding the RRDN for various programmes of work. We have had staff join the green shoots programme which is training to be a Principal Investigator for a specific study within their clinical area. We have two consultants who have obtained RRDN leadership roles which cover the East of England area.

- Smaller pots of money are available from the RRDN, such as Patient and Public Involvement and Engagement (PPIE) grants and we have been awarded one of these to support a consultant exploring the lack of research in women's sexual health.

- We offer a course called the Research Champions Programme (RCP) which gives staff an introduction to research and to think about how they will use research within their clinical areas. The programme has been evaluated, and the results are encouraging. Staff find it useful, and many have gone on to be involved in the NIHR portfolio studies and impacted on recruiting into the studies. One signed up to be a Principal Investigator.

Research opportunities for students and newly qualified staff

We introduce undergraduate nursing and AHP students to the basics of research via a short one-day course on what it means to do clinical research within a community Trust. We also delivery a session on the preceptorship course to give an overview of research.

External students who wish to do research, such as clinical psychology trainees, are supported. We also have a PhD student working with staff who qualified abroad and exploring their experiences of working with the NHS.

Research opportunities for patients

Patients can take part in research by feeding back on research (PRES Survey), reading about research in our translated summaries and commenting on early-stage research grants.

Collaborations with other stakeholders, NHS Trusts and academic institutions

RRDN funds several of our research facilitators. We also work with local universities and with Integrated Care Boards (ICB).

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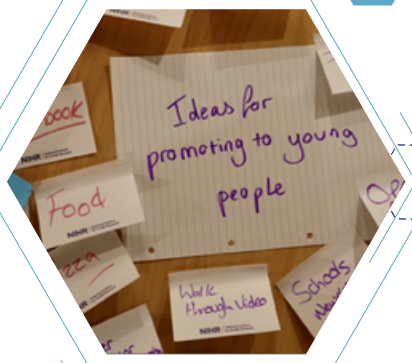

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1 Attending picnic in the park Luton to highlight research. Event sponsored from a RRDN PPIE grant.

2 Research facilitators at a Healthwatch event engaging with young people.

3 Ideas from young people at the Healthwatch event.

4 Some of his year's research champions completing their programme.

5 One of the NIHR 'Red for Research' events held throughout the Trust.

Case Study
Building better access: The digital evolution of children's health in Bedfordshire and Luton

Over the past year Bedfordshire Luton Children's Health, sister site to the record-breaking Cambridgeshire Peterborough Children's Health was constructed and launched. Making the most of the co-produced advice content, services went through numerous design sessions to build their own locally specific digital front door and online offer culminating in a successful November launch.

The new platform has had a very encouraging start with particular interest in the newly-designed 'Neurodiversity Support Pack' which was upgraded with the help of the local parent carer forums.

Bedfordshire Luton Children's Health has incorporated 283 pages from two websites and redesigned them into 178 pages of curated content for families. This 37% reduction also includes lots of new information and offers which has allowed many services to benefit from quick wins during the project. The digital footprint is much leaner yet offers so much more to local communities.

Children's Health is now being embedded operationally as the new central digital point for our Bedfordshire and Luton Children's Services.

2024 national NHS staff survey

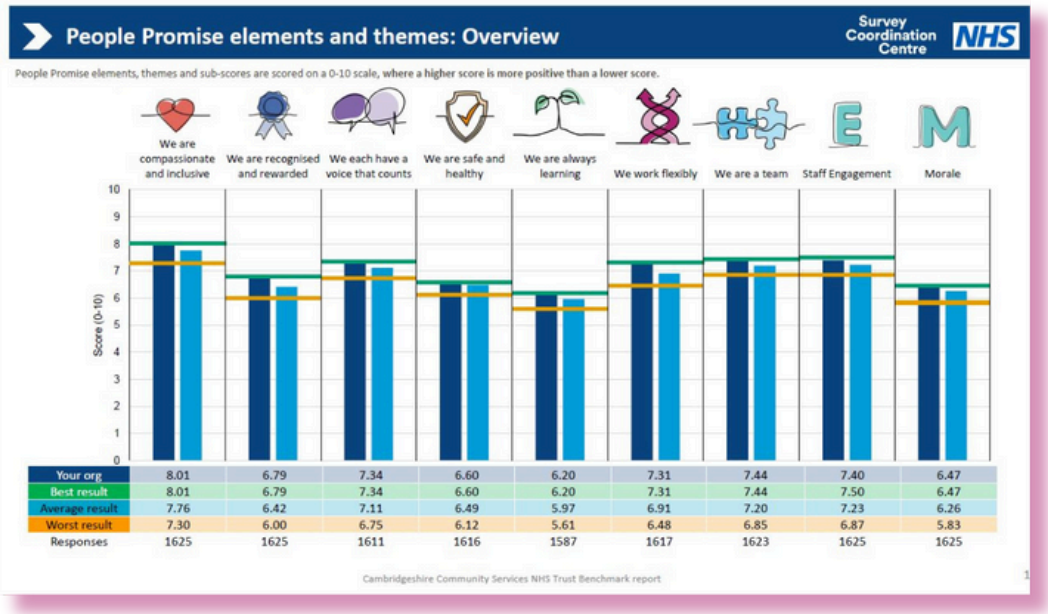
61% or 1,627 of our workforce completed the survey and the results (benchmarked against 14 other community trusts nationally) are aligned to the seven elements of the People Promise, which sets out in the words of our NHS people what would make the NHS the best place to work, plus two additional themes: staff engagement and staff morale.

Survey highlights

We are the best performing community Trust nationally for eight of the nine themes:

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

For staff engagement, we were just 0.1 mark below the best performing community trust nationally.



Supporting our workforce: equality and diversity focus in 2024/25

The Trust remains committed to supporting our workforce, with a strong focus on equality and diversity.

Cultural intelligence and inclusive leadership

In 2024, 12 CCS staff across three cohorts completed the "leading for inclusivity" programme by Above Difference as part of the ICS approach. Participants shared key learning with the Trust Board, Wider Executive Team and at Trust induction.

Above Difference also facilitated sessions at our Leadership forum and Dental Conference. The Cambridgeshire and Peterborough ICB has agreed to recruit six system-wide participants for a facilitators programme starting in May 2026, including one from CCS. This initiative will be embedded in the 2025/26 people strategy implementation plan and other diversity workstreams.

High impact diversity targets

The Trust aligns with all six national high impact diversity targets, with annual self-assessments shared with regional Equality, Diversity and Inclusion teams to foster best practices. Additionally, the Trust published its first ethnicity and disability pay gap report based on March 2024 data.

Staff networks and intersectionality

Our staff networks continue to thrive, meeting regularly with a core group of attendees. Chairs, now "Advocates," actively engage with other networks to promote intersectionality.

De-biasing recruitment: no more tick boxes

The Trust revised its 2021 action plan to address ongoing disparities in recruitment outcomes for culturally diverse applicants. Key actions include:

- Providing interview questions in advance (early 2025 rollout) to support inclusivity and improve candidate performance.
- Implementing value-based interview questions, ensuring at least one of these questions is included in all panels.
- Reviewing selection criteria to remove unconscious bias and updating policies accordingly.
- Promoting diversity on interview panels with clear guidance for managers.

Armed forces covenant and volunteer engagement

The Trust is on track to achieve gold Employment Recognition Scheme (ERS) accreditation, extending paid leave for reservists. We continue to welcome diverse volunteers, advertising roles widely and reviewing demographic data to ensure inclusivity.

Addressing inappropriate patient behaviour

Following NHS England's new violence prevention framework (Dec 2024), the Trust is reviewing its policies. Incident reports are reviewed at executive level, with tailored interventions such as counselling, expectation letters, training and security reviews. An active campaign encourages reporting via Datix, with annual analysis informing improvement efforts.

Career development for culturally diverse staff

The 2022 staff survey shows a 23% disparity in career progression experiences for culturally diverse staff. A set of initiatives and improvements were undertaken and we are pleased that that disparity has reduced to 19.5% in 2023. Further work continues to improve on this.

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

2024/25 objectives include:

- Expanding inclusive leadership development within the Cambridgeshire and Peterborough ICS and CCS.
- Reviewing people management processes to eliminate bias.
- Implementing actions from the "too hot to handle" report on workplace racism.
- Advancing the Trust's 2024/25 anti-racism plan.
- Developing leaders' confidence in supporting all staff, including those with disabilities.
- Meeting the diversity stretch target.

Reasonable adjustments and disability support

A revised "My CCS adjustments" passport now includes a disability-specific version, integrated into policies with staff network support.

Gender pay gap and future pay reporting

The Trust published its gender pay gap report and continues to support female career progression while increasing opportunities for young men in entry-level roles. From 2025, ethnicity and disability pay gap reports will be published with action plans.

Sexual safety in the workplace

The Trust signed the NHS Sexual Safety Charter in 2024, aligning policies to reinforce zero tolerance for sexual misconduct. Awareness campaigns encourage reporting, with e-learning available to support staff handling such cases.

Neurodiversity in the workplace

Launched in 2024, our neurodiversity guidance promotes inclusivity, offering practical tools and signposting support. October's CCS neurodiversity celebration week featured powerful lived-experience sessions, increasing engagement and support requests.

Support following 2024 racially motivated civil unrest

Following unrest in summer 2024, the Trust provided safe spaces, counselling and occupational health support for affected staff. These sessions were well received, helping staff process unprecedented racial hostility.

The Trust remains committed to embedding equality, diversity, and inclusion across all aspects of our workforce strategy.

Case Study
Support that stands out: Achieving the Carer Friendly Tick Award

With one in seven people now balancing work and caring responsibilities, supporting working carers has never been more vital. In November 2024, we were proud to be awarded the Carer Friendly Tick by Caring Together Charity, recognising our commitment to creating an inclusive and compassionate workplace.

The judging panel praised our “gold standard” Employment Adjustments Passport, describing it as a model of best practice. Our policies on paid carers leave and the creation of the Caring Responsibilities Network were also highlighted as key steps in supporting colleagues with caring roles.

Launched in September 2023, the network brings together staff with a wide range of caring responsibilities - including parental leave, caring for loved ones, or supporting others as allies. It provides a safe, supportive space to share experiences, offer advice, and access resources.

> Achieving this accreditations a testament to our commitment to creating an inclusive workplace where all staff feel valued and empowered. We understand the unique challenges faced by colleagues who are also carers, and we’re dedicated to providing the flexibility, understanding and resources they need to thrive, both in their roles and in their caregiving. No one should ever feel they have to choose between their career and caring for someone they love.

Angela Hartley,
Deputy Director of Workforce

Freedom to speak up

- Speaking up is about anything which gets in the way of providing good care or affects an employee's working life. When things go wrong, we need to make sure that lessons are learnt, and things are improved. If we think something might go wrong, it is important that all staff feel able to speak up to stop potential harm. Even when things are good, but could be even better, staff should feel able to say something and be confident that their suggestion will be used as an opportunity for improvement.

- Freedom to Speak Up is about encouraging a positive culture where people feel they can speak up, their voices will be heard, and their suggestions acted upon. Speak Up, Listen Up and Follow Up is a key component of the Trust's culture.

- The Trust has many channels for speaking up within the organisation. Outside the line manager and human resources route, staff may choose to speak up directly to the freedom to speak up guardian or through the community of freedom to speak up champions who volunteer for the role across different services.

- The annual NHS staff survey also provides staff with the opportunity to speak up. A key theme of the NHS people promise is 'We each have a voice that counts.' The Trust always scores high in this domain, and in 2024/25 is the best performing community Trust nationally in this area.

- There are currently 26 freedom to speak up champions across the Trust, who expressed an interest in becoming an advocate to support staff and have been trained in role. The champions are supported by the freedom to speak up guardian who is the Trust secretary.

- The work is supported by the deputy chief executive, and the audit committee chair may provide independent support if required. The champions meet with the guardian and the deputy chief executive annually, to discuss themes and learning, and to inform the agreed actions for the forthcoming year.

- On a quarterly basis the Trust reports all concerns raised directly through the freedom to speak up route to the national guardian's office. The office leads, trains and supports a network of freedom to speak up guardians in England and conducts speaking up reviews to identify learning, and support improvement of the speaking up culture of the healthcare sector.

- All staff complete 'speak up' mandatory training when they join the Trust. Core training is essential for all employees and covers what speaking up is and why it matters. It will help learners understand how to speak up and what to expect when they do.

- The Trust has supported other Trusts to improve their capability in freedom to speak up and the freedom to speak up guardian is also supported in the East of England region through a community of practice peer group.

National recognition and awards

- Prestigious Carer Friendly Tick award – The Trust was awarded this award by the Caring Together Charity, recognising our dedication to supporting staff with caring responsibilities through inclusive workplace initiatives and policies. The award's judging panel commended CCS for its "exemplary" Employment Adjustments Passport, noting it as a model of best practice and "gold standard" support. The Trust's policies on paid carers leave and the formation of a caring responsibilities network were highlighted as standout contributions to carer support within employment.

- National Preceptorship Interim Quality Mark – This was awarded in recognition of our exceptional support for professionals who are newly registered, internationally trained, returning to practice and undergoing a transition in role as they adapt to being confident, competent practitioners.

- GOLD Baby Friendly status for 2024 – Awarded to Bedfordshire and Luton 0-19 services - reflecting the ongoing dedication to high-quality care, supported by evidence submitted to UNICEF, demonstrating leadership, culture, monitoring, and progression.

- Protecting babies project shortlisted for HSJ award - The 'Protecting Babies - All Babies Cry' project was developed by Norfolk and Waveney Children and Young People's Health Services in partnership with the Norfolk Safeguarding Children Partnership and Norwich City Football Club and was shortlisted for the reducing inequalities and improving outcomes for children and young people award.

- Women in Tech Excellence Awards 2024 - Ruth McLaren, Clinical Systems Manager, and Carol McIndoe, Equality, Diversity and Inclusion Lead for Patient Experience, were shortlisted for the "Diversity and Inclusion Initiative of the Year". The innovative initiative led by Ruth and Carol was designed to help identify and tackle health inequalities by allowing comprehensive demographic data to be captured from patients and service users across the Trust.

- BLMK AHP awards – Aisha Raja, Hattie Snowden and Catie Blanchard were winners at the Bedfordshire, Luton, and Milton Keynes Allied Health Practitioner (AHP) Faculty awards to celebrate AHPs' day.

- NHS England award - Nicola Foreman and our children's occupational therapy team in partnership with local parent carer forum Pinpoint Cambridgeshire were awarded an NHS England special recognition honour for SEND excellence in co-production. After listening to parents and carers share their views and experiences, the occupational therapy team developed a programme to support children and young people with sensory differences to be ready to learn.

- National apprenticeships award - Antara Mubbashira selected as a finalist for the East of England in the National Apprenticeship and Skills Awards 2024.

- Queens Nurses - We welcomed 10 new Queen's Nurses to the Trust. Queen's Nurses serve as leaders and role models in community nursing, delivering high-quality healthcare across the country. The application and assessment process to become a Queen's Nurse is rigorous and requires clear commitment to improving care for patients, their families, and carers.

- Innovation in nursing award - Toyin Oluwaniyi-Asaaju, SCPHN in the children's continuing healthcare team in Bedford, has been awarded the 'Innovation in Nursing' award at the recent Nigeria Nurses Charitable Association UK.

- MBE for promoting the interests of disabled people - Fazilet Hadi, Non-Executive Director, was awarded an MBE in the King's New Year Honours List for services to promoting the interests of disabled people.

- National dental role - Eva King, dental surgeon, was appointed to a national role for the Research Delivery Network for oral and dental speciality lead, seconded to the University of Leeds. This is the first time anyone within the Trust has achieved this prestigious national role.

- Appointment as assistant professor of dental education - Dr Thomas O'Connor, Special Care Dentist, was recently appointed Assistant Professor of Dental Education, University of Cambridge. Thomas will be course director for the new postgraduate certificate / diploma / master's in dental education, in addition to his current position as course director on the master's in clinical medicine. His work on education standards for dentists working under general anaesthetic has also been incorporated into the Getting It Right First Time (GIRFT) national report on hospital dentistry/community dental services, published in January 2025.

- Staff survey success - We were the best performing community trust nationally for eight of the nine survey themes; we are compassionate and inclusive, we are recognised and rewarded, we each have a voice that counts, we are safe and healthy, we are always learning, we work flexibly, we are a team and morale

- Shine a light - Every month we celebrate our people through our shine a light awards, with nominations by colleagues and service users. Winners have included Musculoskeletal Physiotherapists, a Family Public Health Nurse, a Health Visitor, Educational Mental Health Practitioners, a Consultant in HIV, a Clinical Nurse Specialist and many more.

- Valuing our volunteers award – Each quarter we celebrate our volunteers across the Trust and winners this year. Winner this year include a breastfeeding buddy, a speech and language therapy volunteer and a reception/welcomer volunteer.

- Staff awards and long service – We received 119 nominations in total across 15 categories a fantastic way to celebrate our staff, along with staff who completed apprenticeships and those who have achieved long service milestones, totalling more than 3,360 years of dedicated service to the NHS.

Attracting and retaining a quality workforce: Looking forward to 2025/26

Looking forward into 2025/2026, the Trust will support staff as we move into a group model with colleagues in Norfolk Community Health and Care NHS Trust and we will seek to engage with all staff to shape the culture of the group.

Case Study
Faster Diagnoses, Closer to Home: Ely's New Community Diagnostic Centre Opens

Charlotte Cane, MP for Ely and East Cambridgeshire, joined patients and staff in November 2024 to celebrate the official opening of the new Ely Community Diagnostics Centre (CDC).

Situated at the Princess of Wales Hospital in Ely, the brand new state-of-the-art equipment and facilities is enabling thousands of patients to quickly and efficiently access vital diagnostic services such as MRI and CT scans, without the need to travel to an acute hospital site such as Addenbrooke's.

The Princess of Wales Hospital site, managed by CCS, brings together services from primary, secondary and community health care providers – from GP services through to specialist diagnostic and treatment services – right in the heart of the community.

Ely CDC is one of two new centres - Wisbech Community Diagnostics Centre opened in 2023 at North Cambridgeshire Hospital, and both centres are playing a crucial role in speeding up the diagnosis of conditions such as cancer and cardiovascular disease.

Strategic objective 3 Be an excellent employer

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

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

Trust wide

- Partnership campaigns: The Trust's communications team is engaged with all three integrated care systems in developing campaigns to promote messages to make best use of NHS services and resources, vaccination programmes and public health messaging.
- Co-production: We have worked with service users, patients, local communities, staff and partner organisations to shape and improve future service provision, enhancing accessibility and ensuring our services reflect the diverse populations we serve.

Bedfordshire, Luton and Milton Keynes (BLMK)

We have continued to develop the Bedfordshire wide hospital avoidance model, which includes the following three elements:

- Unscheduled care hub - acting as a co-ordinating hub for unscheduled care across Bedfordshire.
- Urgent Care Response teams provide urgent assessment, treatment and support (within two-hours) to people (over the age of 18) in their own home who are experiencing a health or social care crisis and who might otherwise be admitted to hospital.
- Virtual wards - Part of a system-wide project to deliver the virtual ward programme, working in partnership with Bedfordshire Hospitals NHS Foundation Trust and East London NHS Foundation Trust and delivering alongside our remote monitoring partner Doccla. Virtual wards allow patients to get the care they need at the place they call home, safely and conveniently, rather than being in hospital.
- We are an active member of the Bedfordshire Care Alliance, which is focused on driving improvements in hospital admissions and discharge rates.
- We have launched a new Bedfordshire and Luton Children's Health website https://bedslutonchildrenshealth.nhs.uk/ The new website combines general and specialist NHS advice for families with children and young people. Its modern design is quick to access and easy to use on a phone, tablet or laptop and has a selection of accessibility tools. Information on the site has been through a rigorous clinical assessment process and produced in clear simple language.

Norfolk and Waveney

- Our Norfolk Healthy Child Service works within the Family Hub model alongside core partners Early Childhood and Family Service (ECFS) and Norfolk County Council Community & Partnership teams. Together we provide a seamless and timely response to families requesting support. We also participate in the family hub workstream around parenting support, infant feeding, parent and infant relationships and adults with learning needs.

- Our partnership Start4Life Pilot Project was run in West Norfolk locality from June 24 to March 25. This was run in conjunction with Family Hubs, Norfolk County Council's Early Childhood and Family Service and midwifery. Families with additional vulnerabilities (mental health, learning disability, English as second language/migrant families) were identified and additional support with parenting was offered.

- Working with our partners, we launched the Norfolk and Waveney Advice, Support and Access Children and Young People's Mental Health Services. Providers in Norfolk worked together to create a single access route for 0 - 25-year-olds, simplifying access and helping people access support and advice more quickly.

- Our children's services worked with partners including Norwich City FC to normalise babies crying and give guidance to parents on what to do when they feel overwhelmed. The All Babies Cry' project was developed in partnership with the Norfolk Safeguarding Children Partnership and was shortlisted for the HSJ's reducing inequalities and improving outcomes for children and young people award.

Dental services

- Our teams run the My Smile programme, which is a quality mark awarded to early years settings. To be accredited, nurseries, receptions and pre-schools are supported to run daily toothbrushing sessions to show children how to brush their teeth properly and make it fun, make sure snacks and drinks are tooth friendly and encourage families to visit the dentist regularly. In Cambridgeshire and Peterborough the scheme has been extended to include family hubs who have been awarded the My Smile Quality Mark.

- Dr Thomas O'Connor, Special Care Dentist, was recently appointed Assistant Professor of Dental Education at the University of Cambridge. Thomas will be course director for the new postgraduate certificate / diploma / master's in dental education, in addition to his current position as course director on the master's in clinical medicine.

- We work in partnership with the Peterborough Light Project where we have created a pathway for the homeless to access dental services and oral health advice in a manner that suits them.

- We have worked in partnership with Suffolk and North East Essex ICB for people with autism, learning disabilities and dementia to access our services in Suffolk.

- In January 2025 we were delighted to start a new partnership with Essex County Council to provide supervised toothbrushing in South Essex early years settings. The programme will help thousands of children aged between 3 and 5 years old to develop positive brushing habits. The national scheme is also in collaboration with Colgate-Palmolive, which is providing free Colgate toothbrushes, toothpaste and educational materials to help families continue good work at home.

iCaSH services

- We continued to work in partnership with the Terrence Higgins Trust (THT) – the UK's leading HIV and sexual health charity – to support people living with HIV and help people using our services to achieve good sexual health. These partnerships continued across Norfolk until 31 May 2024 and in Milton Keynes until 30 June 2024, when both outreach teams transferred into our iCaSH service.

- The prevention and outreach service in Cambridgeshire will be transferring to iCaSH from 1 April 2025, and the THT team will TUPE transfer to iCaSH.

- iCaSH are also working with the acute Trusts and ICBs in Bedfordshire, Peterborough, Huntingdon and Norwich as part of the research grant funded Emergency Department blood-borne virus screening pilot.

DynamicHealth service

- Senior physiotherapists successfully spearheaded a community initiative in partnership with Hussaini Islamic Centre Peterborough, aimed at enhancing awareness of musculoskeletal health within the South Asian community. Overall, the project fostered a strong sense of community support and empowerment, highlighting the importance of accessible healthcare information in diverse community settings.

- We work in partnership with the Peterborough Light Project where we have created a pathway for the homeless fortnightly musculoskeletal clinics using primary care premises in collaboration with GPs and nurses.

- We hosted our first Community Appointment Day at the KingsGate Conference Centre in Peterborough, introducing a new, person-centred approach to musculoskeletal care. Delivered in a non-clinical setting, the event brought together a range of services including assessments, rehabilitation, and support from partners such as Vivacity, Age UK, and Talking Therapies under one roof. Attendees followed a guided pathway tailored to their needs, supported by personalised booklets and a friendly, multidisciplinary team. Feedback was highly positive, highlighting the seamless experience, welcoming environment, and the benefit of accessing multiple services in one location.

- We've also been working closely with communities who've previously experienced barriers to access due to cultural reasons and been co-producing new approaches with them.

Cambridgeshire & Peterborough Integrated Care System

4 Priorities:

Priority 1: Ensure our children are ready to enter education and exit, prepared for the next phase of their lives

We want to help local children get the best out of their education during their formative years. This includes making sure that every child is ready to start going to school, when they reach the right age to do so, and supporting children's physical and mental wellbeing so they can have a positive experience whilst in school.

We want to reduce the number of young people aged 16 and 17 who are not in education, employment or training. We are also working to reduce inequalities for children – giving every child the best possible start in life, regardless of their personal circumstances or background.

Priority 2: Create an environment to give people the opportunity to be as healthy as they can be

We know there are lots of different factors that will impact a person's health during their lives. This includes health behaviours such as diet, infrastructure including access to public transport, socio-economic factors like wealth and level of education, and availability of green spaces and clean air. Together, these factors make up the environment that affects a person's ability to live a healthy, happy life.

As a partnership of Voluntary, Community and Social Enterprise organisations, local authorities, and NHS partners, we want to improve both opportunities for better health that the NHS provides and wider factors that impact health.

Priority 3: reduce poverty through better employment, skills and housing

Poverty has a severe negative impact on people's ability to live as healthy and happy a life as possible. That's why we're committed to reducing poverty, through better employment, skills and housing.

Together, our partnership as an ICS employs thousands of people across the local area. As a group of large employers, we recognise that we have a direct role to play to treat our staff well. We are also working with wider partner organisations on the economy, housing, employment, and health.

Priority 4: Promote early intervention and prevention measures to improve mental health and wellbeing

The mental health and wellbeing of our local people is as important to us, as their physical wellbeing. That's why we've committed to promoting early intervention and prevention measures to improve the mental health of local communities. By focusing on early intervention and prevention, we can help people improve their mental wellbeing before their mental ill health becomes more severe.

As part of this work, we're working to improve the mental health of children and young people – reducing the number of young people in our area who need to be referred to mental health services. We're also working to improve people's understanding of the things they can do to support their own mental health and wellbeing, and increase awareness of how and where people can get help when they need it.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

5 Priorities:

Start Well
Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.

Live Well
People are supported to engage with and manage their health and wellbeing.

Age Well
People age well, with proactive interventions to stay healthy, independent and active as long as possible.

Growth
We work together to help build the economy and support sustainable growth.

Reducing Inequalities
In everything we do we promote equalities in the health and wellbeing of our population.

Improving lives together
Norfolk and Waveney Integrated Care System

3 Goals:

To make sure that people can live as healthy a life as possible
This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.

To make sure that you only tell your story once
Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have, which medication they are on. Services have to work better together.

To make Norfolk and Waveney the best place to work in health and care
Having the best staff and supporting them to work well together will improve the working lives of our staff and means you will get high quality personalised and compassionate care.

Strategic objective 4 Be an excellent employer

Sustainable development

Our green champions continue to increase awareness of environmental impacts, and this work has increased the regional and national profile of the work from some of our team. Our dedicated webpage on our staff intranet and the service specific messages and advice continue to share good practice and ideas.

We are committed to reducing the need for patients to travel, with increased digital functionality through our digital platforms, enhancing self-care advice and information and, where possible, we continue to explore opportunities to increase the social inclusion of our premises and deliver clinics as close as possible to people's homes.

2024/25 was the final year of our Green Plan and during the early part of 2025/26 we will jointly develop with NCH&C a further 3 year Green Plan, focussing on key improvement initiatives and opportunities to continue to enhance the awareness across our people and service users.

Our new plan will include programmes of work with a focus on carbon reduction and:

- Workforce and leadership
- Net zero clinical transformation
- Suggested clinical focus areas
- Digital transformation
- Medicines
- Travel and transport
- Estates and facilities
- Supply chain procurement
- Food and nutrition
- Adaptation

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

Development of services provided

Group model

The Trust, in partnership with Norfolk Community Health and Care NHS Trust, is establishing a group model from April 2025. A programme board oversees governance, workforce, communications, organisational development and business case development. We are working with NHS England to ensure a smooth transition and compliance with governance and legal requirements.

Key partnerships and alliances

- Bedfordshire Care Alliance (BCA): The Trust remains a key member, with the Luton service director as joint programme director, driving six initiatives focused on improving system flow and enabling care at home.
- Children's and maternity accountable business unit: strengthened collaboration with north and south partnerships, focusing on deploying the health utilisation model ('new care model').
- Norfolk CYP strategic alliance: a single vision was endorsed in August 2024, integrating previous workstreams to enhance support for emotional wellbeing, mental health, and neurodiversity. Implementation continues through 2025/26.

Contracts overview

The Trust enters the financial year with a planned turnover of £156 million. Several commissioners have renewed agreements under the Provider Selection Regime (PSR), with key contracts including:

- Cambridgeshire and Peterborough ICB: community specialist children's and musculoskeletal (MSK) services extended to March 2026.
- Bedfordshire, Luton and Milton Keynes ICB: 0-19 and children's community services awarded for seven years (April 2025–March 2032, with extension options to 2034). adult community service extended to March 2026.
- Norfolk County Council: Healthy child programme extended to September 2026.
- Minor oral surgery contracts: Extended across Cambridgeshire, Peterborough, Norfolk, Waveney, and Suffolk to March 2026.
- Special care dentistry and general anaesthetic services: Cambridgeshire and Peterborough contracts expire September 2026, Suffolk in May 2027.
- First contact practitioners (ARRS): Agreements with 12 Cambridgeshire and Peterborough PCNs extended to March 2026.
- Section 75 agreements: Various agreements under review for potential provider selection regime (PSR) application.
    - Cambridgeshire occupational therapy extended to March 2026.
    - Suffolk County Council speech and language therapy extended to August 2027.
    - Norfolk and Waveney speech and language therapy expires August 2026.
- iCaSH services: Awarded via section 75 agreements in Cambridgeshire, Peterborough, and Norfolk under PSR direct award route, running to March 2031 (with extension options).
- Healthy child programme: Awarded in Cambridgeshire and Peterborough under PSR direct award route, initially two years, extendable to March 2031.

Recent tender wins and bids

- Essex supervised toothbrushing programme: Contract from January 2025 to March 2027.
- Cervical screening and opportunistic immunisations: Five-year NHS England contract starting April 2025.
- MSK services: Bid submitted in partnership with Bedfordshire Hospitals FT and Milton Keynes University FT for Bedfordshire, Luton and Milton Keynes.

Additional service contracts

- Strategic estates management: CBRE (Hard FM) and OCS (Soft FM) contracts extended.
- Pharmacy services: Fairview Pharmacy awarded contract under PSR for three years (April 2025–2028), extendable to 2031.
- Logistics: GSG contract extended to September 2026 for service model review.
- ICT services: NHS SBS/Sopra Steria contract continues until October 2029.
- Pathology services: awarded to HSL under PSR direct award route C, initially three years (March 2028), extendable to March 2030.

Case Study
Breaking Barriers: CCS Shortlisted for Women in Tech Excellence Awards

A drive to deliver more inclusive, patient-centred care led to the development of an innovative tool - earning us national recognition and a shortlist spot for Diversity and Inclusion Initiative of the Year.

The nomination at the Women in Tech Excellence Awards 2024 celebrated the demographic questions template, designed to routinely collect key information from patients aged 13 and over. This simple yet effective approach enabled staff to better understand each individual's needs and tailor support accordingly.

This positive recognition reflects the Trust's ongoing efforts to use digital innovation to improve patient experiences and ensure equitable access to care for all.

> "There are shocking disparities in health outcomes, and we developed the demographic questions template to help us understand patients' individual needs—so we can better tailor care and reduce inequalities."

Carol McIndoe, Equality, Diversity and Inclusion Lead for Patient Experience

> "Being shortlisted for this award is a testament to the innovative work we're doing to use digital tools to address health inequalities and improve patient experiences across our services."

Mark Crannage, Associate Director of Business Information and Digital Systems

Financial assessment

2024/25 was again a challenging year financially for the Trust and across the whole of the health sector but we have managed to successfully deliver a £53k surplus. The continued impact of increasing activity levels and pay and non-pay cost inflation have been a real pressure to achieving this, but despite these challenges, the Trust's strong governance and financial management regime has enabled it to deliver its portfolio and maintain financial balance.

Key messages for the year are set out below:

- The Trust maintained its high level of financial governance, recognised by the internal auditors giving an opinion of 'reasonable assurance' over the Trust's financial systems, budget control and financial improvement.
- The Trust has a responsibility to pay its suppliers in line with the payment terms agreed at the time of purchase. Failure to do this harms the reputation of the Trust and the wider NHS, as well as damages supply sources and strains relationships with suppliers.
- The Trust continues to adopt the national NHS better payment practice code. The target set is that at least 95% of all trade payables should be paid within 30 days of a valid invoice being received or the goods being delivered, whichever is later – unless other terms have been agreed previously. The Trust's detailed performance against this target for NHS and non-NHS trade payables is set out in note 18 in the annual accounts and is also shown in the table below. Its performance in relation to both non-NHS and NHS payables improved during the year. The Trust will continue to work to improve its performance against target.

Better Payment Practice Code (30 day target)		
2024/25	**Number**	**£'000**
Non-NHS Payables		
Total Non-NHS Trade Invoices Paid in the Year	12,869	82,021
Total Non-NHS Trade Invoices Paid within Target	11,617	76,134
Percentage of Non-NHS Trade Invoices Paid within Target	90.30%	92.80%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	571	4,156
Total NHS Trade Invoices Paid within Target	445	3,213
Percentage of NHS Trade Invoices Paid within Target	77.90%	77.30%

- The Trust's 2024/25 accounts have been externally audited by Bishop Fleming LLP. External audit fees for 2024/25 were agreed as £113,350 excluding VAT (2023/24 fees with Bishop Fleming LLP £109,500 excluding VAT).

- The Trust is a member of the NHS Pension Scheme. The scheme is unfunded with defined benefits. Full details of the treatment of the Trust's pension policy can be found in note 9 of the annual accounts. The remuneration and staff report on page 82 shows the salary and pension entitlements of the directors of the Trust.

- There have been no accounting policy changes during 2024/25. Critical accounting judgements and key sources of estimation of uncertainty are shown in note 1.19 and 1.20 of the accounts.

- The Trust has spent £9.9 million in 2024/25 (2023/24 £9.8 million) on items that come within the NHS management costs definition. This represents 5.34% (2023/24 5.53%) of total turnover for the financial year.

- The Freedom of Information Act (FOIA) gives individuals the right to ask any public sector organisation for the recorded information they have on any subject. Most requests are free but, in some cases, individuals may be asked to pay a small amount for photocopies or postage. The Trust has complied with Treasury's guidance on setting charges for information.

- So far as the directors are aware, there is no relevant audit information of which the auditors are unaware. Directors have taken all the steps they ought to have taken in order to make themselves aware of any relevant audit information, and to establish that the auditors are aware of that information.

- The directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. It is expected that 2025/26 will be a greater financial challenge to previous years, however revenue and cash flow forecasts support the conclusion that the Trust is a 'going concern'. For this reason, directors continue to adopt the 'going concern' basis in preparing the accounts. To obtain further detail of our financial performance, please write to:

  Director of Finance and Resources
  Cambridgeshire Community Services NHS Trust
  Unit 7 & 8, Meadow Lane, St Ives, PE27 4LG

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

Contracts for services

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

Financial outlook

The financial plan for CCS has been informed by the NHS financial framework for 2025/26, the allocation and agreement of resource distribution within the Cambridgeshire and Peterborough (C&P) system and agreed contracted income from other NHS and non-NHS Commissioners.

The financial regime for 2025/26 continues to include commissioning via contracted values to inform direct allocations from NHS commissioners and the continuation of services provided to Local Authority Public Health commissioners. System allocations have been informed by a combination of the block contract funding, a reduction in and removal of non-recurrent allocations received during 2024/25, adjustments for movement to capitation-based funding, and uplifts in cost and funding for forecast growth and inflation.

The Trust's service portfolio for 2025/26 will not change materially and the overall initial expenditure budget totals £177m. On 26 March 2025, the Board approved a balanced plan for 2025/26, with a requirement to deliver a 4.7% efficiency target and to mitigate funding and cost pressures. This plan will be subject to change if there is a subsequent agreement with staffing groups regarding pay for 2025/26, and funding uplifts from Local Authority commissioners.

The Trust has a core capital plan of £6.5 million for 2025/26.

Signed:

Matthew Winn, Chief Executive

Accountability report

Corporate governance report

Directors' report 2024/2025

The Trust's Board of executive and non-executive directors is responsible for overseeing the development of strategic direction and compliance with all governance, probity and assurance requirements.

Details of the Trust's chair, chief executive, executive directors and non-executive directors are set out later in the governance statement on page 67, together with information on membership of the Trust's Board and its sub-committees.

Information on personal data related incidents, where these have been formally reported to the information commissioner's office, are incorporated in the performance report on page 3.

Compliance statement

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

Statement of the chief executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance.
- Value for money is achieved from the resources available to the trust.
- The expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them.
- Effective and sound financial management systems are in place.

Annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and 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 entity's auditors are aware of that information.

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.

Signed:

Matthew Winn, Chief Executive
24 September 2025

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 HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the 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.
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

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

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

By order of the Board.

Signed:

Matthew Winn
Chief Executive

25 June 2025

Signed:

Mark Robbins
Director of Finance and Resources

25 June 2025

Certificate on summarisation schedules

Trust Accounts Consolidation (TAC) Summarisation schedules for Cambridgeshire Community Services NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2024/25 have been completed and this certificate accompanies them.

Finance Director Certificate

1. I certify that the attached TAC schedules have been compiled and are in accordance with:

   - The financial records maintained by the NHS Trust.
   - Accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual.
   - The template NHS provider accounting policies issued by NHS England, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.

2. I certify that the TAC schedules are internally consistent and that there are no validation errors*.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust.

Mark Robbins, Director of Finance
25 June 2025

Chief Executive Certificate

1. I acknowledge the accompanying TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS England.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.

Matthew Winn, Chief Executive
25 June 2025

* If you are unable to eliminate validation errors after discussions with your auditors and contacting NHS England then amend this accordingly.
** Please insert the 'except for' clause only if applicable.

Case Study
Co-Producing Change: OT Team Honoured for SEND Excellence

NHS England special recognition honour for SEND excellence in co-production.

Congratulations to our children's occupational therapy (OT) team who in partnership with local parent carer forum Pinpoint Cambridgeshire were awarded an NHS England special recognition honour for SEND excellence in co-production.

Parents and carers were given the opportunity to share their children and young people's sensory needs and their concerns that schools had a very mixed, little, or no understanding of these needs.

After listening to these concerns, the OT team developed a training package used within educational settings to support children and young people with sensory differences to be ready to learn within a potentially challenging environment.

To date:

- 33 schools have received face-to-face training (over a 12-month period), reaching 536 teachers.
- Parents/carers have told the OT service that they feel reassured when their schools have received this training and they can see it being embedded into their child's school day.
- 471 people have visited the online live video recording.
- More than 1,000 people have visited the OT training package.

Photo left to right: Nicola Foreman, Children's Occupational Therapy Clinical Lead, a representative from NHS England and Linda Green from Pinpoint

Governance statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Cambridgeshire Community Services NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Cambridgeshire Community Services NHS Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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

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

The risk and control framework

The Care Quality Commission (CQC) rated the Trust 'Outstanding' after their 2019 inspection and I can confirm the Trust is fully compliant with the registration requirements of the CQC. Overall our staff tell us through the NHS staff survey that working in the Trust is a positive experience and our results place us as a leading community provider nationally. These achievements reflect the fantastic people in our organisation and the positive culture across the Trust.

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

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

The Trust was rated outstanding in the following domains:

Well-led

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

Managers at all levels in the Trust had the right skills and ability to run a service providing high-quality, sustainable care.

Caring:

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

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

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

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

- Adult services.
- Children and young people's services.
- Dental services.
- Integrated Contraception and Sexual Health (iCaSH) services.
- DynamicHealth

The Trust continues to implement a quality improvement framework for the Trust's approach to quality governance. Quality improvement is based on the CQC's five domains and their key lines of enquiry. All our services have completed a self-assessment based on these five domains. This is supported by an internal programme of peer reviews to support the services to celebrate their successes and identify actions for improvement.

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

- Clinical audit and effectiveness.
- Quality Impact Assessments.
- Patient Safety Incident Investigations and complaints.
- Professional practice.
- Patient experience.
- Quality performance.
- Safeguarding.
- Learning from Deaths.

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

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

https://www.cambscommunityservices.nhs.uk/about-us/priorities-and-how-we-are-doing/performance/care-quality-commission

UK Corporate Governance Code

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

The Board is compliant with the main principles of the NHS code of governance for NHS provider trusts including:

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

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

Trust Board

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

Our Board meet the requirements of the Fit and Proper Person Test Framework and a description of each director's skills, expertise and experience is available on the Trust's public website (https://www.cambscommunityservices.nhs.uk/about-us/who-we-are-and-what-we-do/board-members).

Our Board Members' Register of Interests for 2024/25 is available on the Trust's public website (www.cambscommunityservices.nhs.uk/about-us/who-we-are-and-what-we-do/board-members/register-of-board-interests).

During the past year, the Trust Board met six times in public and invited questions from the public via our website and social media channels. All Board meetings were appropriately constituted and were quorate. Agendas and minutes of the meetings are available to the public via the Trust's website. The table shown in Annex 1 (page number TBC) of this governance statement sets out attendance levels by each director, for all Trust Board sub-committee meetings.

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

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

Board Development Programme

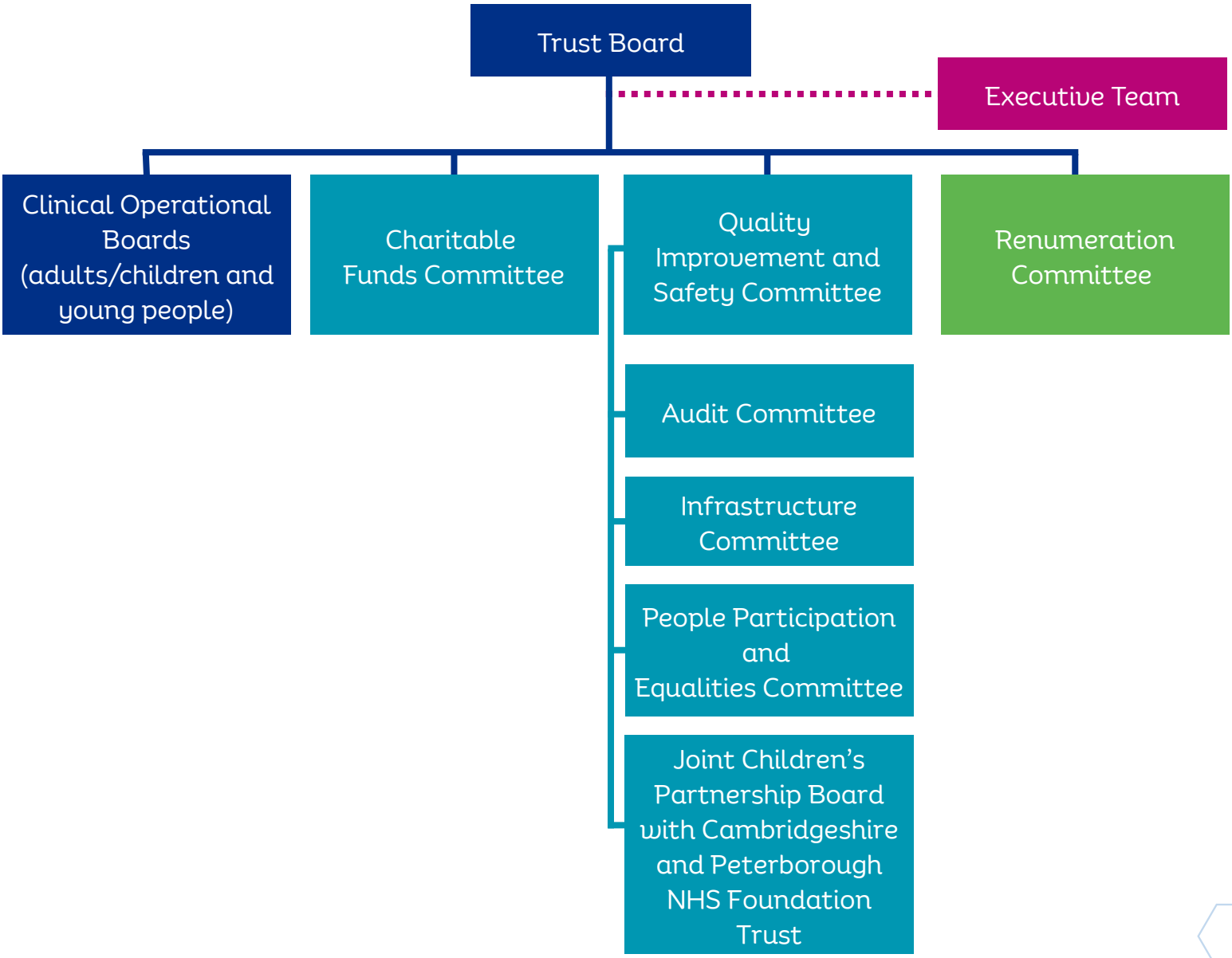
The Board Development Programme for 2024/25 covered the following areas:

Theme	Areas of focus
Patient experience and engagement	Quality Impact Assessment (QIA) and Equality Impact Assessments (EIA) process and our approach to the safe reduction in services (for Non-Executive Directors)
Staff experience and engagement	Cultural inclusivity Cultural change, including anti-racism pledge
Strategic issues	Review of Trust strategy 2023/26 and five supporting strategies and ambitions Business development parameters Financial / efficiency plans for 2024/25 and future years Collaboration: • Bedfordshire Hospitals • Norfolk and Waveney Children and Young People's Strategic Alliance • Bedfordshire Public Health Priorities • Cambridgeshire Children and Young People's Services Integrated Care System developments: • Bedfordshire, Luton and Milton Keynes, • Cambridgeshire and Peterborough • Norfolk and Waveney Group Model (Building Trust Programme) developments Review of strategic risks on the Board Assurance Framework Emerging Risk Radar Overview of productivity changes 2019/24 Well-led Action Plan 2024/25 Digital developments, including AI (Artificial Intelligence) and cyber security Project Management Training (for Non-Executive Directors)

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

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

The Trust undertook an annual review of the Board and sub-committee terms of reference to improve governance processes within the Trust. The revised governance arrangements were approved by the Board in March 2024.



Executive directors and their senior managers are responsible for maintaining effective systems of control on a day-to-day basis. A full governance framework has been developed providing Board and committee terms of reference including escalation points for all sub-committees. Each committee also has an annual cycle of business setting out its agenda for the year. The Board and each committee undertake an annual assessment of their own effectiveness and ensure that the required standards are achieved.

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, emerging risks, specific risks arising from the integrated business plan and risks to financial processes and control. It is also responsible for the Board Assurance Framework and reviewing the effectiveness of risk management arrangements through the internal audit programme and monitoring the implementation of recommendations from those audits.

The committee is constituted in accordance with the provisions of the NHS Audit Committee Handbook and has overseen the audit of 2024/25 accounts, the annual governance statement, the development of internal and external audit plans and the risk management and internal control processes, including control processes around counter fraud.

During 2024/25, the committee met four times. In addition to the above, the committee reviewed all reports from completed internal audit assignments for the 2024/25 work plan, which had been agreed by the committee at the start of the year.

Head of internal audit opinion 2024/25

For the 12 months ended 31 March 2025, our head of internal audit opinion for Cambridgeshire Community Services NHS Trust is as follows:

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

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

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

Counter fraud, anti-bribery and corruption

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

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

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

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

Infrastructure committee

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

The issues considered by the committee during the year included:

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

Clinical Operational Boards

The following clinical operational boards were in place:

- Adult services.
- Children and young people's services.

The clinical operational boards (COBs) for adult services and children and young people's services each met six times this year to support the Board. The COBs undertake integrated analysis and highlight areas of concern requiring the Board's attention and/or action, specifically focused on assurance of quality, safety and patient experience, staff support and morale, key risks, exceptions and escalations. By sharing, disseminating and celebrating outstanding practice, our COBs are also a key part of ensuring a learning culture at CCS.

Quality improvement and safety committee

The quality improvement and safety committee support the Board to foster a culture of continuous improvement to:

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

The committee met four times and considered a range of quality improvement themes.

Remuneration committee

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

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

People participation and equalities committee

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

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

The Joint Children's Partnership Board's role is to have oversight of the partnership work and provide assurance to both the Trust Boards of CCS and CPFT regarding the integrated service for children, young people and families in Cambridgeshire and Peterborough provided by both organisations. The committee met once this year where it was agreed to disestablish this committee going forward.

Charitable funds committee

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

The risk and control framework

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

- Further development of the Board Assurance Framework including the development of an Emerging Risk Radar.
- Substantial assurance achieved on the Trust's 'risk maturity' internal audit review. The audit confirmed that the Trust's controls were well designed and complied with, including the policies and procedures in relation to risk management and governance. The controls which the Trust relies on to manage risks were suitably designed and consistently applied and effective.

The Trust has a risk management policy which is available to all staff. The policy was revised in April 2023 to include issue management and describes the Trust's overall risk and issue management approach as well as key responsibilities for managing risks and issues within the organisation. This includes the ways in which risks and issues are identified, evaluated and controlled. It identifies strategic operational risks and issues and how they should be identified, recorded and escalated, and highlights the open and honest approach the Board expects with regards to risk management. The Trust's risk management policy describes the process for standardised assessment of risks and issues, including assessment of likelihood and consequence. During 2024/25 a review of how the process of issue management had embedded across the Trust provided assurance that the process had integrated well alongside the risk reporting process.

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

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

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

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

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

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

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

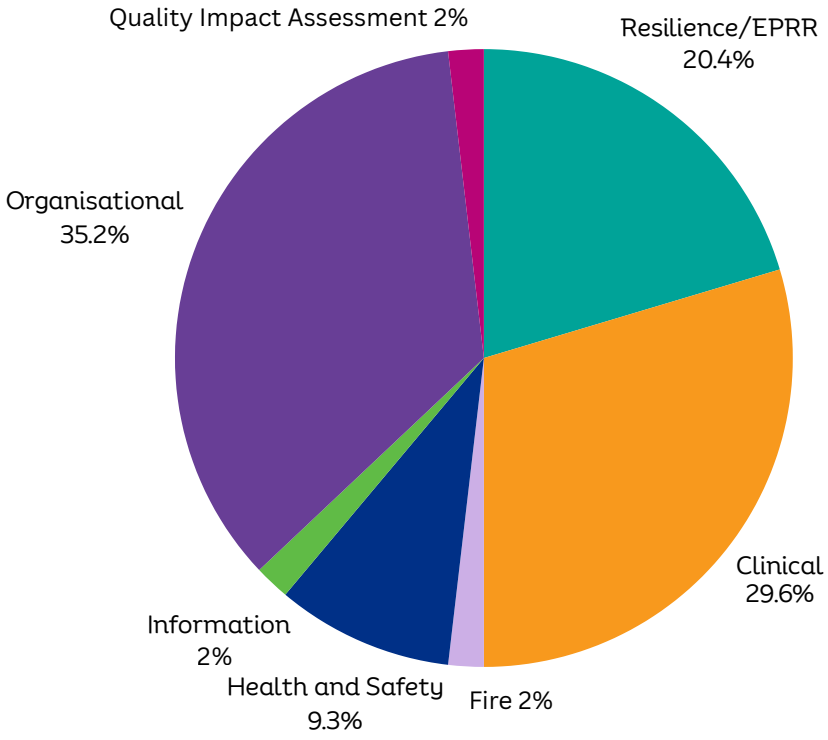
The Trust has risk registers that track and monitor clinical risks which are escalated to the Board via sub-committees, in line with the Trust's escalation framework. Key strategic risks for 2024/25 are shown in the table below.

Risk ID	Strategic Risk Description	Risk Score (As at 31 March 2025)
3475	There is a risk that if Cambridgeshire and Peterborough Integrated Care System and the Trust fail to secure funding for the redevelopment of the Princess of Wales Hospital, Ely, this would prevent the facilities and infrastructure being upgraded and as a result impact on the quality of care provided.	12
3654	There is a risk that the implementation of the group model arrangements could lead to reduced board, executive and management oversight and support for the delivery of current plans, leading to poor patient care and performance failures.	4
3655	There is a risk that the executive capacity required to deliver the transaction to support the move to a new/single organisation will result in failure to deliver the current quality, operational, workforce and financial performance and plans.	6
3656	If stakeholders withdraw their support, there is a risk that the group model programme and transaction could not be delivered and therefore impact the performance and delivery of the existing services of the Trust and sustainability in the future.	6
3682	There is a risk that conflicts of interest between both CCS and NCHC Boards could exist at both at an individual board member and organisational level that would then lead to poor governance and a risk that the transaction leading to a single organisation	9
3534	There is a risk that outcomes for patients and experience for staff will be adversely affected if we are unable to maximise the benefits of collaborative working across the different systems in which we work.	8
3653	There is a risk that clinical quality and patient safety could be compromised if the following areas are not managed/mitigated. • gaps in staffing/staff morale • group model planning, • financial pressures and cost efficiencies • compliance with regulatory bodies is not managed and mitigated	12
3562	There is a risk that safeguarding support for services across all localities is unable to be managed within the staffing capacity available and that this may lead to staff and services making safeguarding decisions about children, young people and adults.	12
3619	There is a risk that if staff morale falls the delivery of high-quality care may be adversely affected.	8
3620	There is a risk that should a service experience a high level of unplanned absence and/or vacancies the delivery of high-quality care may be adversely affected.	8
3514	There is an increased risk of a cyber-attack upon the Trust which could result in a potential loss or disablement of services which would directly impact patients, service users and staff.	12
3621	There is a risk that due to increasing inflationary pressures and a challenging efficiency target, the Trust may not deliver a balanced financial plan for 2024/25 which could impact on the delivery of services.	8

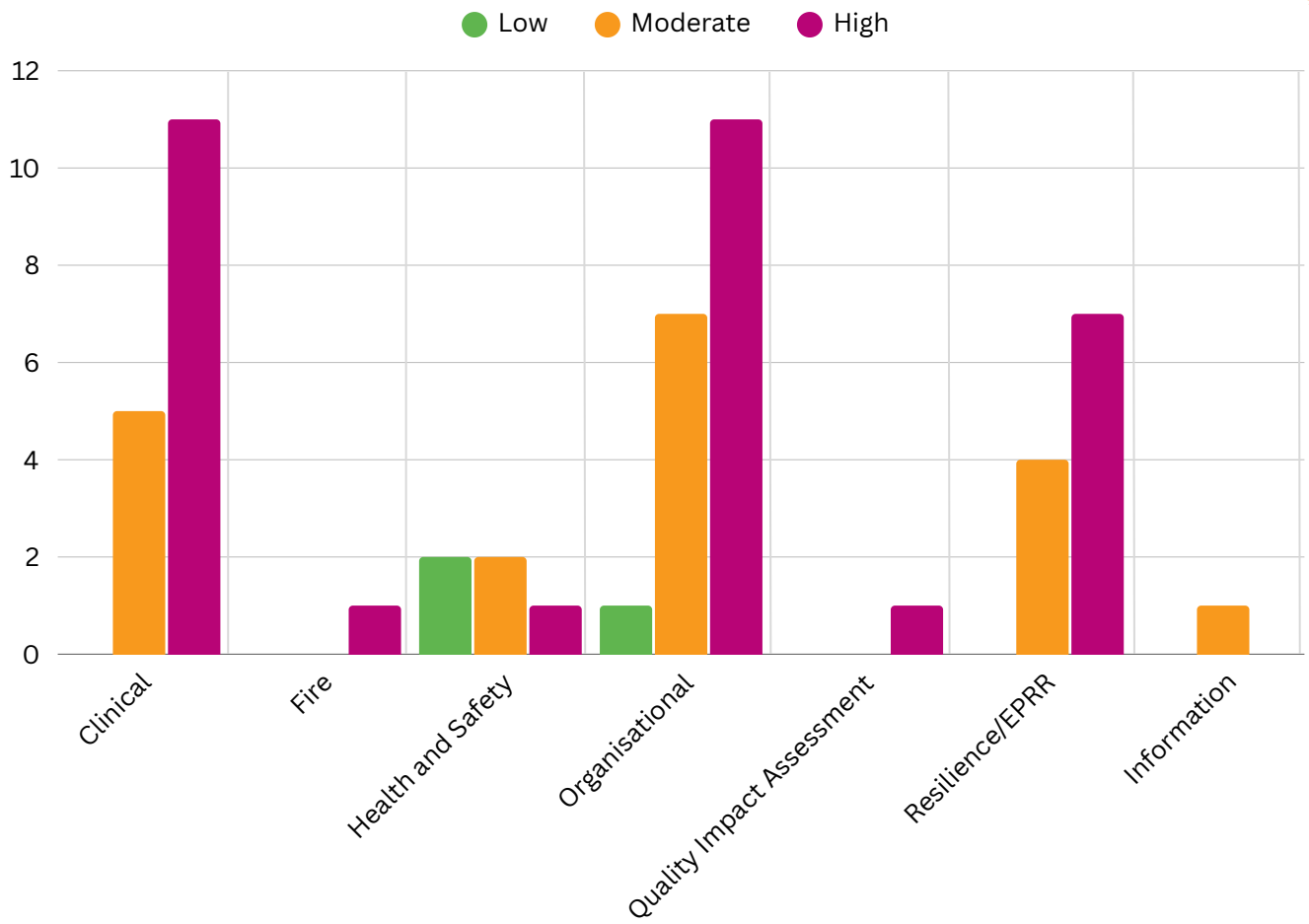
As of 31 March 2025, the Trust had 54 open risks. The charts below present an overview of all open risks.

Risks by risk type

- Fire (1)
- Quality Impact Assessment (1)
- Information (1)
- Health and safety (5)
- Resilience/EPRR (11)
- Clinical (16)
- Organisational (19)



Risks by risk type and risk level (current)



A mandatory Trust induction session covers both clinical and non-clinical risk, an explanation of the Trust's approach to managing risk and how individual staff can assist in minimising risk. Additional support is provided to individuals and teams via both the clinical and corporate governance functions.

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

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

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

- Service-related schemes via Clinical Operational Boards
- Corporate support functions schemes via the Trust Board and the Financial Opportunities and Savings Group
- Transformation and service redesign schemes
- Estates schemes via the Infrastructure Committee

Supporting staff and staff engagement

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

- Provided access to physical and emotional wellbeing resources, including risk assessments and tailored support for shielding staff.
- Delivered mindfulness and personal resilience training as part of the Live Life Well programme.
- Held regular virtual engagement sessions with the executive team across all services.
- Launched a network of trained wellbeing champions; continued support for freedom to speak up champions.
- Introduced innovative recruitment approaches in hard-to-fill areas.
- Offered coaching and mentoring for leaders, managers, and team leads, with actions informed by staff feedback.
- Reviewed training needs and delivered development programmes virtually using Microsoft Teams.
- Promoted and supported effective appraisal, career, and personal development processes.
- Maintained flexible working options, family-friendly policies, and special leave arrangements.
- Supported staff in taking breaks and carrying over leave where necessary.
- Continued bi-monthly Joint Consultative Negotiating Partnership meetings with trade unions, focusing on HR policy and pandemic response.
- Maintained a confidential support line for staff experiencing bullying or harassment; upheld a zero-tolerance stance on workplace violence.

Mandatory training

The Trust continued to:

- Improve access to e-learning for mandatory training subjects including through a staff telephone / Teams call helpdesk.
- Review and amend our Trust induction based on staff feedback.
- Run virtual Trust induction programmes. Our chief executive and/or our deputy chief executive attended all sessions to welcome new employees into the Trust.
- Maintained a high level of training compliance.

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

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

Attracting and retaining a quality workforce

- Undertaking a Trust wide training needs analysis across clinical and non-clinical roles.
- Developing clinical staff in quality improvement and redesign, with bespoke leadership programmes for services undergoing transformation.
- Collaborating with integrated care system partners on workforce planning, retention, and the implementation of new roles such as nursing associates and reservists.
- Expanding apprenticeship opportunities in line with the Health Education England Grow Your Own initiative and the apprenticeship levy.
- Rolling out preceptorship training aligned with updated professional standards.
- Continuing delivery of the Chrysalis, Stepping Up, and Mary Seacole leadership programmes, with wider access across integrated care systems.
- Embedding a coaching and mentoring culture, with further investment in health coaching and mentor training.
- Implementing the 2023–2026 People Strategy, focused on engagement, inclusion, retention, recruitment, and wellbeing.
- The Trust remains fully compliant with Care Quality Commission registration requirements.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

Case Study
Finding the Right Words: Supporting Emotions After Stroke

Our staff and service users have worked in partnership to develop three easy read factsheets to support those struggling to manage their feelings and experiencing communication difficulties following a stroke.

Three common feelings that can present post a stroke are anxiety, sadness and anger and a dedicated factsheet has been produced for each, giving practical advice on how someone should navigate their emotions.

During the past year, a stroke counsellor and a speech and language therapist, with the assistance of five involvement partners, prepared the printed resources.

The staff met with the partners in their homes initially and took the following approach:

- Invited involvement partners with aphasia for comments on each factsheet.
- Invited the partners to score the factsheets on how well the content and information was presented.
- Staff then met with the partners as a group to reflect on scores, share opinions and take the partners' recommendations forward.

To quality assure the factsheets, a member of the communications team supported staff by checking that the content was appropriately formatted so that readers could process the information without difficulty. Staff have begun planning how the information in the sheets can be presented as visual and audio resources too, recognising that patients in this cohort have a range of communication needs and all consume information differently.

Photo – Bedfordshire adults neuro rehabilitation team

Declaration of interests

The Trust has published on its website (www.cambscommunityservices.nhs.uk/about-us/who-we-are-and-what-we-do/board-members/register-of-board-interests) an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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

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

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the adaptation reporting requirements are complied with.

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

Despite the last year continuing to be another challenging year across the whole of the health sector, the Trust achieved a breakeven position. The Trust's strong governance and financial management regime has enabled it to deliver its portfolio and maintain financial balance.

Key messages for the year are set out below:

- The Trust maintained its high level of financial governance, recognised by the internal auditors giving an opinion of 'reasonable assurance' over the Trust's financial systems, budget control and financial improvement.
- The Trust has a responsibility to pay its suppliers in line with the payment terms agreed at the time of purchase. Failure to do this harms the reputation of the Trust and the wider NHS, as well as damaging supply sources and straining relationships with suppliers.
- The Trust continues to adopt the national NHS Better Payment Practice Code. The target set is that at least 95% of all trade payables should be paid within 30 days of a valid invoice being received or the goods being delivered, whichever is later – unless other terms have been agreed previously. The Trust's detailed performance against this target for NHS and non-NHS trade payables is set out in note 24 in the annual accounts. Its performance in relation to both non-NHS and NHS payables improved during the year. The Trust will continue to work to improve its performance against target.

Data quality and governance

The Trust's data quality group reviews the accuracy of data and reports to the Trust Board. A records management clinical audit is carried out on an annual basis.

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

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

Review of effectiveness

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

The Board's role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed. Trust objectives for 2024/25 were as follows:

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

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

Significant issues

There was no significant internal control issues identified during 2024/25.

Conclusion

There has been no evidence presented to me or the Board to suggest that at any time during 2024/25, 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 NHS Code of governance for NHS provider trusts and the UK Corporate Governance Code, which are applicable to the Trust.

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

Signed:

Matthew Winn, Chief Executive 24 September 2205

Case Study
Stronger Together: Tackling MSK Inequalities Through Community Partnership

Senior physiotherapists Darshana Jain and Kailash Kumar successfully spearheaded a community initiative in partnership with a local mosque in Peterborough, aimed at enhancing awareness of musculoskeletal (MSK) health within the South Asian community.

Recent studies show the South Asian population are more at risk of developing an MSK condition compared to other ethnic groups and that only 5.28% of the Peterborough South Asian population attend MSK services, despite them representing 14.8% of the population.

Darshana and Kailash organised a community event which included interactive presentations in Urdu about the importance of understanding common musculoskeletal issues and prevention strategies, as well as question and answer sessions. Participants received advice to help them self-manage their MSK conditions and were signposted to resources on the DynamicHealth website.

Feedback was overwhelmingly positive, and the project fostered a strong sense of community support and empowerment, highlighting the importance of accessible healthcare information in diverse community settings.

Photo left to right: Darshana Jain, Senior Physiotherapist and Debbie Goodland, Co-Production Lead for Ambulatory Services

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

The table below sets out the number of meetings attended by each Board member during 2024/25. Where membership of Board sub-committees changed during the year, these are reflected in the attendance levels shown below indicating that individuals may not have been members of sub-committees for the full year, or where directors attended meetings on an ad hoc basis as 'ex officio' members.

Name and position	Board Meetings in public	Joint children's Partnership Board	Audit Committee	Quality Improvement and Safety Committee	Remuneration Committee	Charitable Funds Committee	Infrastructure Committee	Audits Clinical Operational Board	Children's Clinical Operational Board	People Participation and Equalities Committee
Mary Elford (Trust Chair)	6(6)	-	-	1*	1(1)	2(2)	1*	1*	1*	4(4)
Steve Bush (Director of Children and Young People's Services)	5(6)	1(1)	-	-	-	-	-	-	6(6)	-
Catherine Dugmore (Non-Executive Director and Senior Independent Director)	5(6)	-	4(4)	-	1(1)	-	-	1(6)	-	-
Anna Gill (Non-Executive Director and Vice Chair)	6(6)	1(1)	1*	4(4)	-	-	-	1*	6(6)	4(4)
Fazilet Hadi (Non-Executive Director)	5(6)	-	4(4)	-	1(1)	-	-	5(6)	-	4(4)
Rachel Hawkins (Director of Corporate Affairs)	6(6)	-	4(4)	-	-	-	3(4)	-	-	-
Kate Howard (Chief Nurse)	6(6)	1 (1)	2 (4)	3(4)	-	-	-	-	6(6)	4(4)
Richard Iles (Non-Executive Director)	6(6)	-	3 (3) **	3(4)	-	-	3(4)	-	5(6)	-
Aliyyah-Begum Nasser (Non-Executive Director)	3(6)	-	0(1) **	0(4)	-	-	-	6(6)	-	-
Anita Pisani (Deputy Chief Executive and Director of Workforce)	6(6)	-	-	3(4)	*	2(2)	-	6(6)	-	4(4)
Mark Robbins (Director of Finance and Resources)	6(6)	-	3(4)	-	-	2(2)	4(4)	-	-	-
Gary Tubb (Non-Executive Director)	5(6)	-	-	-	-	2(2)	4(4)	-	4(6)	-
Dr David Vickers (Medical Director)until 30 September 2024	3(3) **	-	-	2(2) **	-	-	-	2(3) **	-	-
Matthew Winn (Chief Executive)	5(6)	-	-	-	*	-	-		-	-
Dr Caroline Kavanagh (Medical Director) from 1 October 2024	3(3) **	-	-	1(2) **	-	-	-	0(3) **	-	-

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

* Denotes attendance to observe only. ** Denotes appointment or committee membership either ended or started during the financial year.

Name	Title	Sub-committee members (* indicates chairs of that committee)
Mary Elford (Chair)	Chair	Charitable Funds Committee; Remuneration Committee; People Participation and Equalities Committee
Steve Bush	Director for Children and Young People's Services	Children and Young People's Clinical Operational Board; CCS/CPFT Joint Children's Partnership Board
Catherine Dugmore	Non-Executive Director and Senior Independent Director	Audit Committee*, Remuneration Committee*, Adults Clinical Operational Board.
Anna Gill	Non-Executive Director and Vice Chair	Children and Young People's Clinical Operational Board*; Quality Improvement and Safety Committee; People Participation Committee; CCS/CPFT Joint Children's Partnership Board*.
Fazilet Hadi	Non-Executive Director	Adults Clinical Operational Board; Audit Committee; People Participation and Equalities Committee*.
Rachel Hawkins	Director of Corporate Affairs	Audit Committee; Infrastructure Committee.
Kate Howard	Chief Nurse	Children and Young People's Clinical Operational Board; Quality Improvement and Safety Committee; CCS/CPFT Joint Children's Partnership Board; People Participation and Equalities Committee.
Dr Richard Iles	Non-Executive Director	Quality Improvement and Safety Committee*, Children and Young People's Clinical Operational Board; Infrastructure Committee, Audit Committee (from 01.07.2024).
Aliyyah-Begum Nasser	Non-Executive Director	Adults Clinical Operational Board*; Quality Improvement and Safety Committee; Audit Committee (up to 30.06.2024)
Anita Pisani	Deputy Chief Executive and Director of Workforce	Charitable Funds Committee; Adults Clinical Operational Board; Quality Improvement and Safety Committee; People Participation and Equalities Committee
Mark Robbins	Director of Finance and Resources	Charitable Funds Committee; Infrastructure Committee; Audit Committee
Gary Tubb	Non-Executive Director	Charitable Funds Committee*; Infrastructure Committee*; Children and Young People's Clinical Operational Board
Dr David Vickers	Medical Director (up to 30.09.2024)	Adults Clinical Operational Board; Quality Improvement and Safety Committee.; CCS/CPFT Joint Children's Partnership Board
Matthew Winn	Chief Executive	No committee assignments
Dr Caroline Kavanagh	Medical Director (from 01.10.2024)	Adults Clinical Operational Board; Quality Improvement and Safety Committee

Remuneration and staff report 2024/2025

Membership of the remuneration, terms of service and nominations committee (not subject to audit)

Name	Position
Catherine Dugmore	Non-Executive Director Chair of Committee
Fazilet Hadi	Non-Executive Director
Mary Elford	Chair of the Board

In attendance for relevant discussions only:
Matthew Winn Chief Executive (in attendance for relevant discussions only)
Anita Pisani Deputy Chief Executive (in attendance for relevant discussions only)
Sarah Feal Assistant Director of Corporate Governance (in attendance for relevant discussions only)

Policy on the remuneration of senior managers

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

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

No remuneration was waived by members and no compensation was paid for loss of office during the financial year ended 31 March 2025. No payments were made to co-opted members and no payments were made for golden hellos. The Trust does not have any staff members on performance related pay systems.

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

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

Policy on performance conditions

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

Policy on duration of contracts, notice periods and termination payments

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

Service contracts (not subject to audit)

Name	Position	Date of contract	Unexpired term (if applicable)	Early termination terms	Notice Period
Matthew Winn	Chief Executive	4 Jan 2010	N/A	N/A	3 months
Caroline Kavanagh	Medical Director (From 1st July 2024)	7 Jan 2024	N/A	N/A	3 months
Mark Robbins	Director of Finance and Resources	5 Jan 2015	N/A	N/A	3 months
Anita Pisani	Director of Workforce and Transformation and Deputy CEO	6 Jan 2012	N/A	N/A	3 months
Kate Howard	Chief Nurse	19 Oct 2020	N/A	N/A	3 months
Rachel Hawkins	Director of Corporate Affairs	11 Jan 2019	N/A	N/A	3 months
Steve Bush	Director of Children and Young People's Services	20 Jun 2022	N/A	N/A	3 months

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 2025 are given in the tables on the following four pages.

Remuneration 2024/2025 (subject to audit)

2024/25						
Name	**Position**	**Salary (bands of £5,000)**	**Expense payments (taxable) total to nearest £100 ******	**Bonus payments (Bands of £5,000)**	**All pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**
Mary Elford	Chair	40 - 45	200	0	0	40 - 45
Aliyyah-Begum Nasser	Non Executive Director	10 - 15	0	0	0	10 - 15
Gary Tubb	Non Executive Director	10 - 15	0	0	0	10 - 15
Anna Gill	Non Executive Director	10 - 15	400	0	0	15 - 20
Fazilet Hadi	Non Executive Director	10 - 15	0	0	0	10 - 15
Catherine Dugmore	Non Executive Director	15 - 20	0	0	0	15 - 20
Richard Iles	Non Executive Director	10 - 15	100	0	0	10 - 15
Matthew Winn	Chief Executive * & ***	90 - 95	200	10 - 15	82.5 - 85	185 - 190
David Vickers	Medical Director **	95 - 100	0	0	0	95 - 100
Caroline Kavanagh	Medical Director (from 1st July 2024) **	60 - 65	0	0	215 - 217.5	280 - 285
Mark Robbins	Director of Finance and Resources ***	125 - 130	700	0	7.5 - 10	135 - 140
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation ***	150 - 155	400	0	20 - 22.5	180 - 185
Kate Howard	Chief Nurse	125 - 130	100	0	20 - 22.5	145 - 150
Rachel Hawkins	Director of Governance and Service Redesign	90 -95	600	0	0	90 - 95
Steve Bush	Director of Children and Young People’s Services	120 - 125	0	0	10 - 12.5	130 - 135

2023/24						
Name	**Position**	**Salary (bands of £5,000)**	**Expense payments (taxable) total to nearest £100**	**Bonus payments (Bands of £5,000)**	**All pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**
Mary Elford	Chair	40 - 45	200.00	0.00	0.00	40 - 45
Aliyyah-Begum Nasser	Non Executive Director (from 1st July 2023)	5 - 10	0.00	0.00	0.00	10 - 15
Oliver Judges	Non Executive Director (to 30th June 2023)	0 - 5	0.00	0.00	0.00	10 - 15
Gary Tubb	Non Executive Director	10 - 15	400.00	0.00	0.00	15 - 20
Anna Gill	Non Executive Director	10 - 15	0.00	0.00	0.00	10 - 15
Fazilet Hadi	Non Executive Director	10 - 15	0.00	0.00	0.00	15 - 20
Catherine Dugmore	Non Executive Director	10 - 15	100.00	0.00	0.00	10 - 15
Richard Iles	Non Executive Director	10 - 15	200.00	10 - 15	82.5 - 85	185 - 190
Gurjote Sehmbi	Non Executive Director (to 31st December 2023)	0 - 5	0.00	0.00	0.00	95 - 100
Matthew Winn	Chief Executive * & ***	140 145	0.00	0.00	215 - 217.5	280 - 285
David Vickers	Medical Director **	155 - 160	700.00	0.00	7.5 - 10	135 - 140
Mark Robbins	Director of Finance and Resources ***	125 - 130	400.00	0.00	20 - 22.5	180 - 185
Anita Pisani	Deputy Chief Executive & Director of Workforce and Transformation ***	145 - 150	100.00	0.00	20 - 22.5	145 - 150
Kate Howard	Chief Nurse	120 - 125	600.00	0.00	0.00	90 - 95
Rachel Hawkins	Director of Governance and Service Redesign	95 - 100	0.00	0.00	10 - 12.5	130 - 135
Steve Bush	Director of Children and Young People's Services	115 - 120	0.00	0.00	135 - 137.5	250 - 255

* Matthew Winn and Caroline Kavanagh's posts are shared 50/50 with Cambridgeshire Community Services NHS Trust. Caroline Kavanagh commenced in post with both organisations on the 1st of July 2024. Total remuneration in 2024-25 across both Trusts was £185,000 - £190,000 for Matthew Winn and £125,000 - £130,000 for Caroline Kavanagh.

** David Vickers was employed as both a paediatric consultant and Medical Director at the Trust, until 31 October 2024, when he ceased his Medical Director post. His salary includes his role as a paediatric consultant (£95,000 - £100,000). He is not covered by the pension arrangements during the reporting year.

*** On 1 April 2015, the government made changes to public service pensions schemes which treated members differently based on their age. The public service pensions remedy puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Part 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Part 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called rollback.

**** Expenses Payments in 2023/24 were reviewed and restated from the published Annual Report. The additional values did not impact the total bandings. Matthew Winn, Mark Robbins, Anita Pisani, Kate Howard, and Rachel Hawkins were affected by the Public Services Pension Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values for pensions related benefit are not disclosed in the remuneration table but are substituted with a zero.

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

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

Fair Pay: Subject to audit

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

The banded remuneration of the highest paid director in Trust in the financial year 2024-25 was £157,500 for salary and allowance and £157,500 including bonuses (2023-24, £142,500 for salary and allowance and £147,500 including bonuses). This represents a 10.53% increase on salary and a 10.53% increase on salary including allowances and bonuses. The average salary of the employees of the entity for 2024-25 was £39,955 (2023-24 £38,206). This represents a 4.58% increase in average salary. The relationship to the remuneration of the organisation's workforce is disclosed in the below table. Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the organisation's workforce

Year	25th percentile total remuneration ratio	25th percentile salary ratio	Median total remuneration ratio	Median salary ratio	75th percentile total remuneration ratio	75th percentile salary ratio
2024-25	1.00 to 5.53 (1 being the mid point of highest paid director £157,000 divided by the 25th percentile of employee remuneration £28,492)	1.00 to 5.53 (1 being the mid point of highest paid directory £157,500 divided by the 25th percentile of employee remuneration £28,492)	1.00 to 4.25 (1 being the mid point of the highest paid director £157,500 divided by the 50th percentile of employee remuneration £37,077)	1.00 to 4.25 (1 being the mid point of highest paid director £157,500 divided by the 75th percentile of employee remuneration £47,092)	1.00 to 3.34 (1 being the mid point of highest paid director £157,500 divided by the 75th percentile of employee remuneration £47,092)	1.00 to 3.34 (1 being the mid point of highest paid director £157,500 divided by the 75th percentile of employee remuneration £47,092)
2023-24	1.00 to 5.97 (1 being the mid point of highest paid director £147,500 divided by the 25th percentile of employee remuneration £25,147)	1.00 to 5.67 (1 being the mid point of highest paid director £142,500 divided by the 25th percentile of employee remuneration £25,147)	1.00 to 4.17 (1 being the mid point of highest paid director £147,500 divided by the 50th percentile of employee remuneration £35,392)	1.00 to 4.03 (1 being the mid point of the highest paid director £142,500 divided by the 50th percentile of employee remuneration £35,392)	1.00 to 3.37 (1 being the mid point of the highest paid director £147,500 divided by the 75th percentile of employee remuneration £43,742)	1.00 to 3.26 (1 being the mid point of the highest paid director £142,500 divided by the 75th percentile of employee remuneration £43,742)

The ratios have remained consistent when compared to 23/24 with the 25th percentile reducing, the median increasing and 75th percentile remaining consistent for 24/25. The employee remuneration has increased in the two comparative years, this is due to the 5.5% agenda for change pay increase in 24/25. The increase in the highest paid director is due to the Chief Executive's secondment being for a full year in 2024/2025 and only part year in 2023/24, making the highest paid director in 2024/25, the Deputy Chief Executive.

In 2024/2025, three employees (2023/24 comparator five employees) received remuneration in excess of the highest paid director. Remuneration ranged from £22,369 to £182,036 (2023/24 £20,375 to £183,022).

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

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

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

Review of tax arrangements of public sector appointees (not subject to audit)

For all off-payroll engagements as of 31 March 2025, for more than £245 per day and that last longer than six months:

Number of existing engagements as of 31 March 2024	Number
Of which, the number that have existed	
for less than 1 year at the time of reporting	0
for between 1 and 2 years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

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

For all new off-payroll engagements or those that reached six months in duration, between 1 April 2024 and 31 March 2025, for more than £245 per day and that last longer than six months:

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

Number of new engagements, or those that reached six months in duration, between 1 April 2024 and 31 March 2025	Number
Of which....	
No. not subject to off-payroll legislation(2)	0
No. subject to off-payroll legislation and determined as in-scope of IR35(2)	0
No. subject to off-payroll legislation and determined as out of scope of IR35(2)	0
No. of engagements where the status was disputed under provisions in the off-payroll legislation	0
Of which: no. of engagements that saw a change to IR35 status following review	0

Exit packages (subject to audit)

The Trust has had one exit packages in 2024/2025 which were all compulsory redundancies (2023/24 comparator two exit packages).

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Whole numbers only	£s	Whole numbers only	£s	Whole numbers only	£s	Whole numbers only	£s
Less than £10,000	0	0	0	0	0	0	0	0
£10,000 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	0	0	1	£39,831	1	£39,831	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	**0**	**0**	**1**	**£39,831**	**1**	**£39,831**	**0**	**0**

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

Signed:

Matthew Winn, Chief Executive, 25 April 2025

Pension Benefits – 2024/2025 (subject to audit)

2024/25		Real increase during the reporting year in pension at pension age (bands of £2,500)	Real increase during the reporting year in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2025 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2024 (to nearest £1,000)	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025 (to nearest £1,000)
Name	**Title**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Steve Bush	**Director of Children and Young People's Service**	0 - 2.5	0	25 - 30	65 - 70	497	11	559
Rachel Hawkins	**Director of Governance**	0	0	40 - 45	115 - 120	997	0	1,062
Kate (Lydia) Howard	**Chief Nurse**	0 - 2.5	0	40 - 45	110 - 115	872	21	967
David Vickers*	**Medical Director**	0	0	0	0	0	0	0
Caroline Kavanagh**	**Medical Director**	7.5 - 10	20 - 22.5	70 - 75	185 - 190	1,360	217	1,761
Anita Pisani	**Deputy Chief Executive**	0 - 2.5	0	60 - 65	155 - 160	1,309	26	1,441
Mark Robbins	**Director of Finance**	0 - 2.5	0	50 - 55	135 - 140	1,139	10	1,241
Matthew Winn**	**Chief Executive Officer**	**5 - 7.5**	**2.5 - 5**	**60 - 65**	**150 - 155**	**1,201**	**89**	**1,394**

*David Vickers chose not to be covered by the pension arrangements during the reporting year.
**The posts occupied by Matthew Winn and Caroline Kavanagh are shared 50/50 with Norfolk Community Health and Care NHS Trust. The above table discloses their full pension values.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.
Further to the above, entities considering it informative to expand upon the reasons as to why significant variation is found between pension related benefits calculated, may wish to insert a paragraph similar to the following but including only pertinent factors for their entity:

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

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

Staff report (subject to audit)

This staff report is based on the average number of staff in post throughout 2024/2025 i.e., 2,300 whole time equivalents, including staff employed across Bedfordshire, Cambridgeshire, Luton, Milton Keynes, Peterborough, Norfolk and Waveney, and Suffolk.

The Trust's 12 month rolling turnover figure was 10.83%.

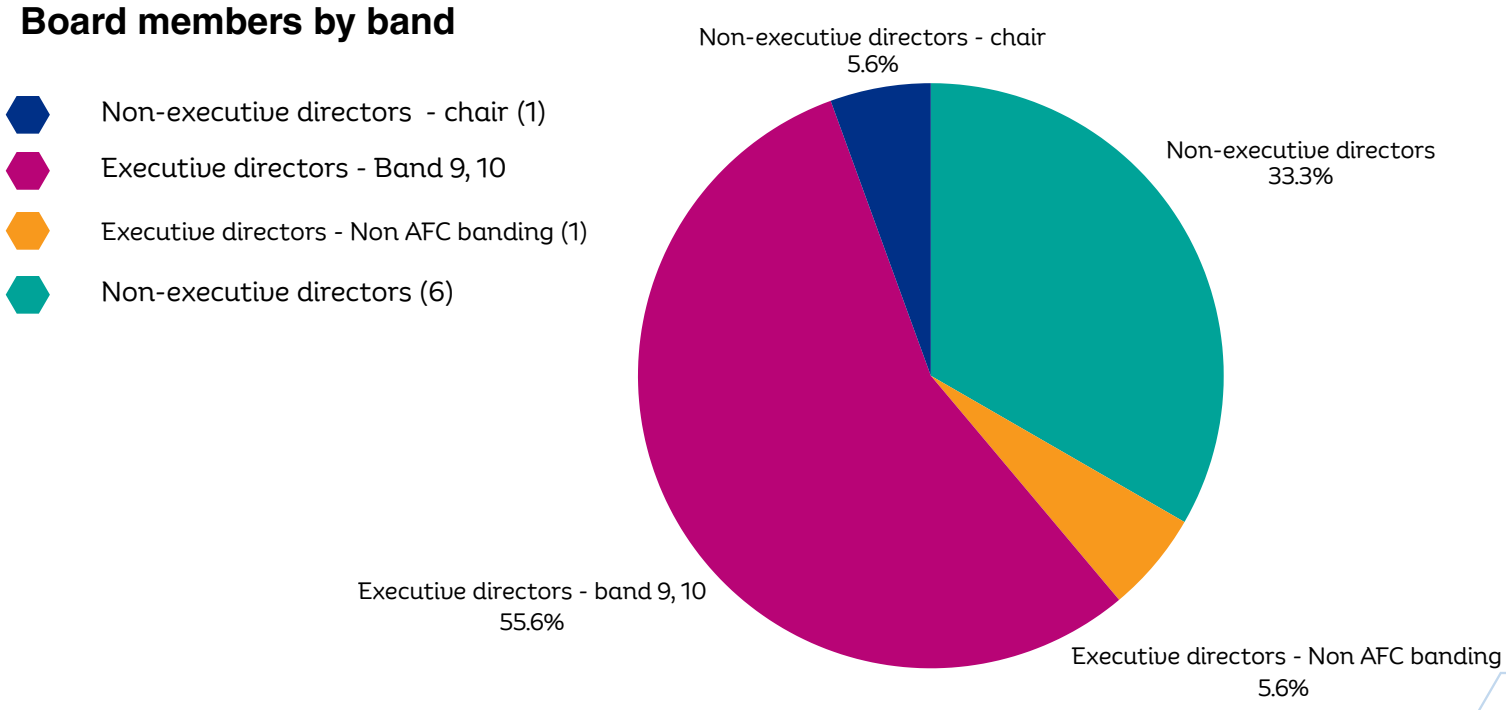
The following table shows an analysis of the average whole time equivalent staff split between staff groups, showing both permanently employed and other groups, for 2024/2025 and 2023/2024 for the prior year.

Average staff	Total current year	Permanently employed	Other	Total prior year	Permanently employed	Other
Medical and dental	95	85	10	115	96	19
Ambulance staff	0	0	0	0	0	0
Administration and estates	663	627	37	716	579	137
Healthcare assistants and other support staff	668	597	71	706	569	137
Nursing, midwifery and health visiting staff	830	822	8	918	833	85
Nursing, midwifery and health visiting learners	27	8	19	17	4	13
Scientific, therapeutic and technical staff	449	436	13	400	389	11
Healthcare science staff	5	5	0	4	4	0
Total average numbers	2737	2580	158	2876	**2474**	**402**
Staff engaged on capital projects (included above)				0	0	0

The following table shows an analysis of pay costs for 2024/2025 split between permanently employed and other.

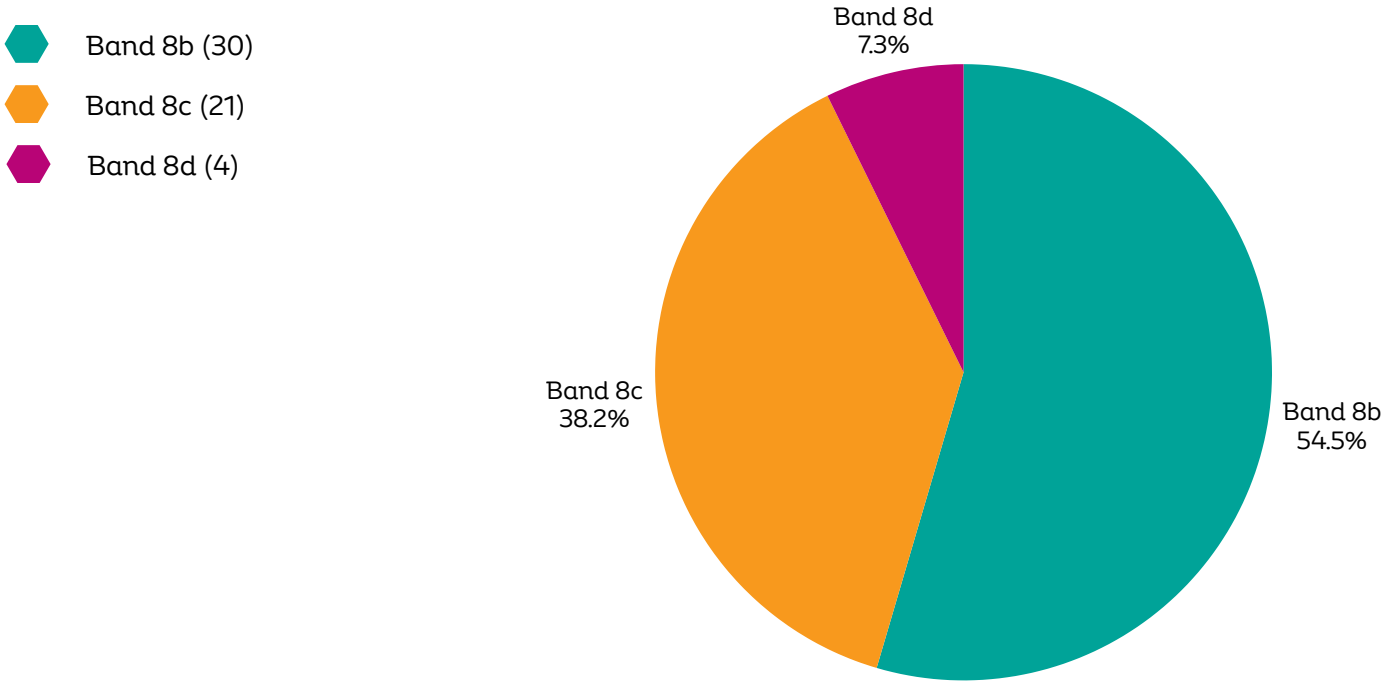
Employee benefits current year - gross expenditure	2024 - 2025		
	Total £000s	**Permanently employed £000s**	**Other £000s**
Salaries and wages	96,606	94,779	1,827
Social security costs	9,680	9,680	0
Apprenticeship levy	465	465	0
Employer contributions to NHS pension scheme	20,574	20,574	0
Termination benefits	40	40	0
Total employee benefits	**127,365**	**125,538**	**1,827**

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



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

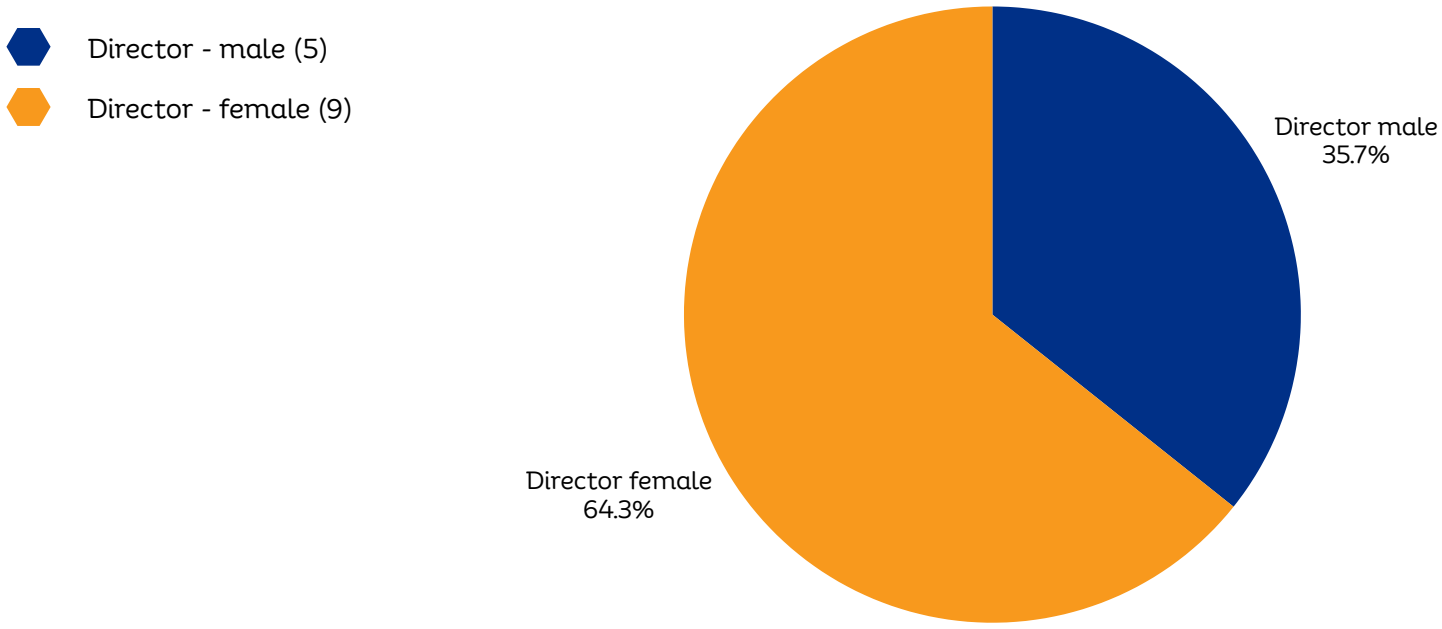
Band distribution - senior managers (excluding directors)



Analysis of gender distribution within our workforce

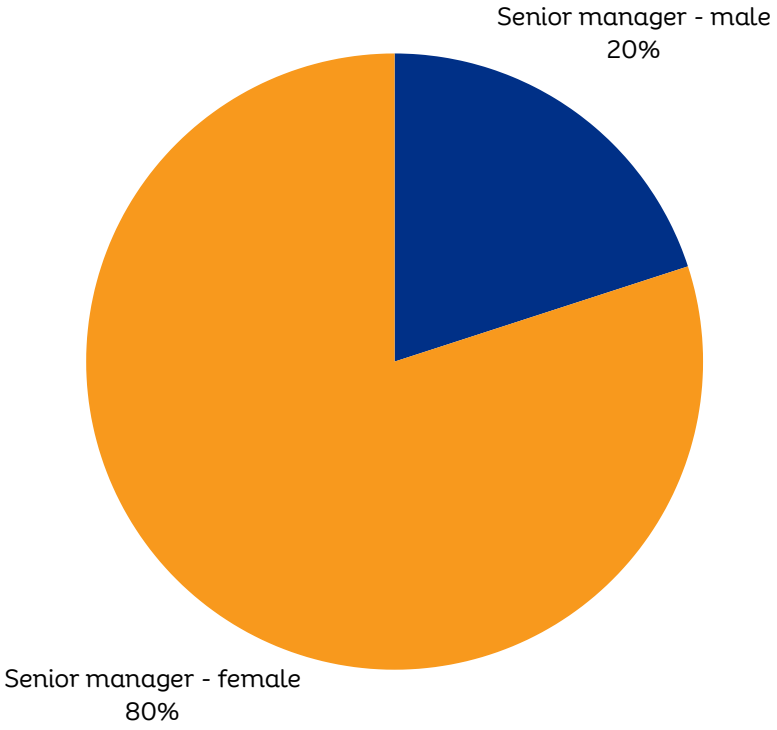
The following charts set out the gender distribution across the Trust. Whilst Trusts are required to report on workforce gender, the national staff record system (ESR) from which the data informing the pie charts below is taken, currently only asks staff to identify their biological sex. We will continue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

Gender distribution - directors (including executive and non-executive directors)



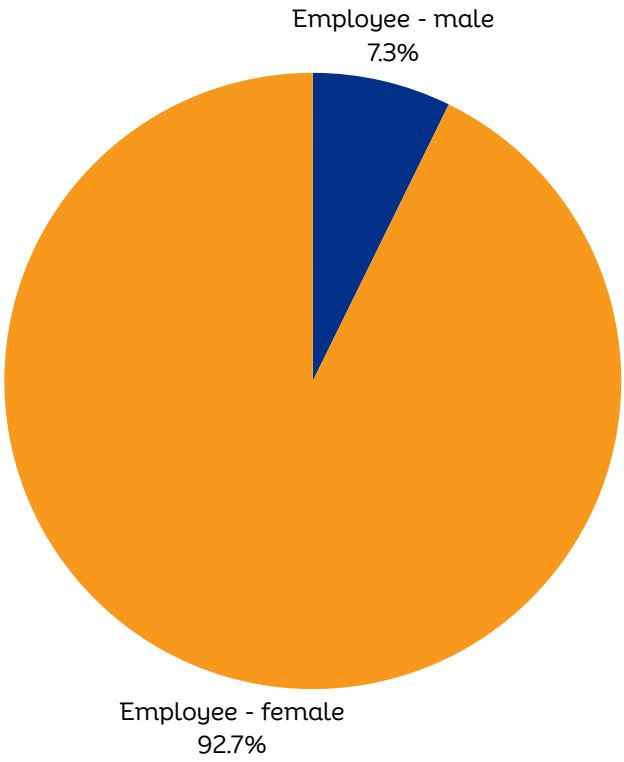
Gender distribution - senior managers (excluding directors)

- Senior manager - male (11)
- Senior manager - female (44)



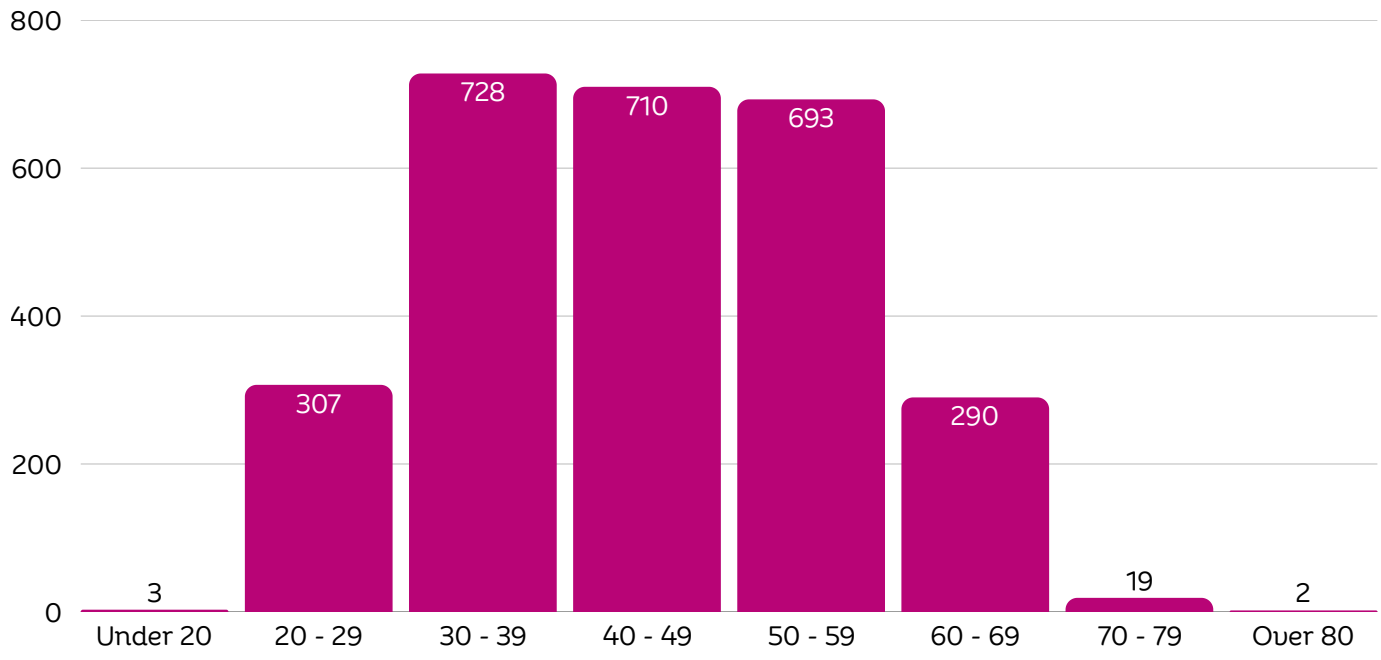
Gender distribution - employees (headcount)

- Employee - male (200)
- Employee - female (2552)

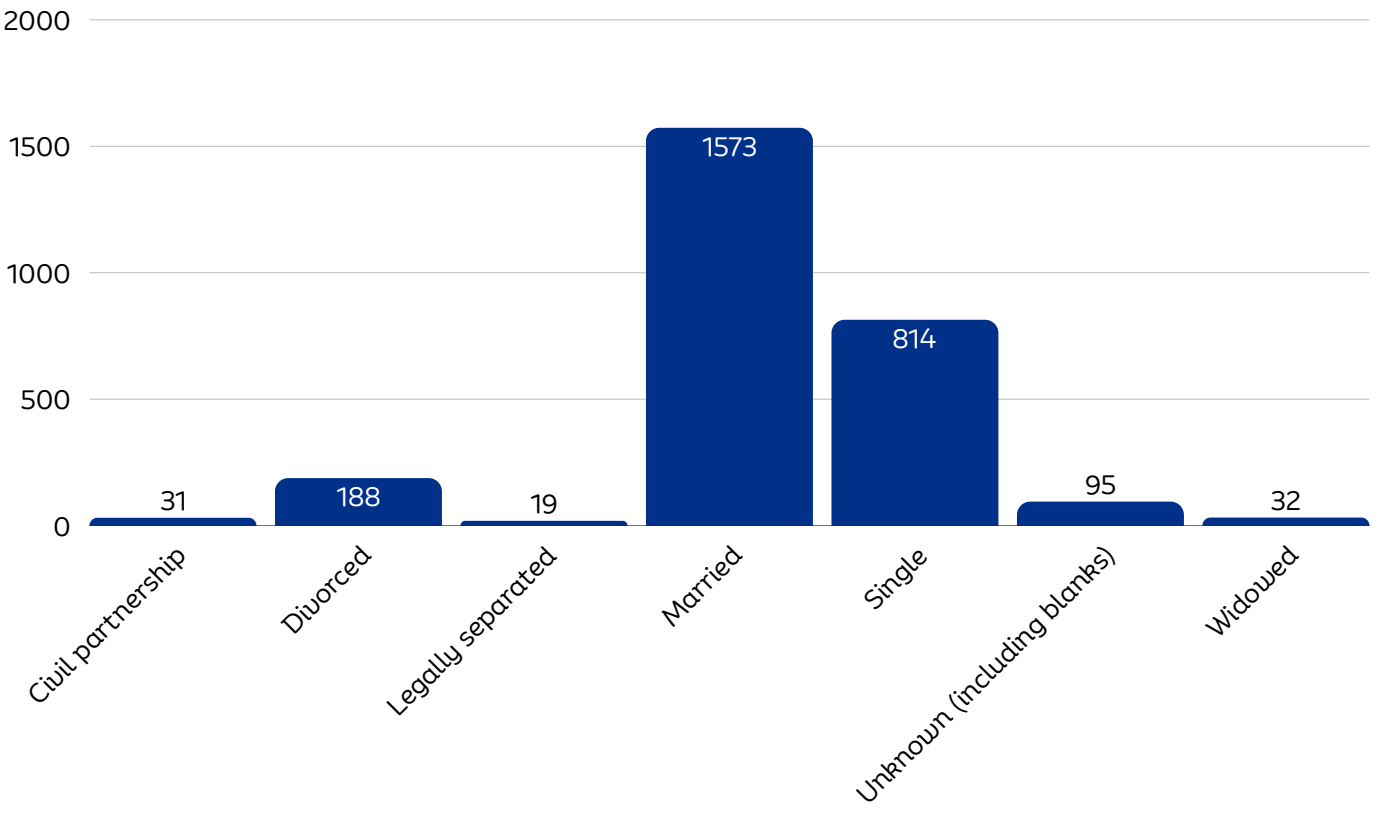


As part of the Trust's commitment to promoting and ensuring inclusion and diversity across our workforce, we analyse workforce data against eight of the nine protected characteristics set out in the Equality Act 2010. The gender distribution charts/tables set out below relating to age, marriage and civil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

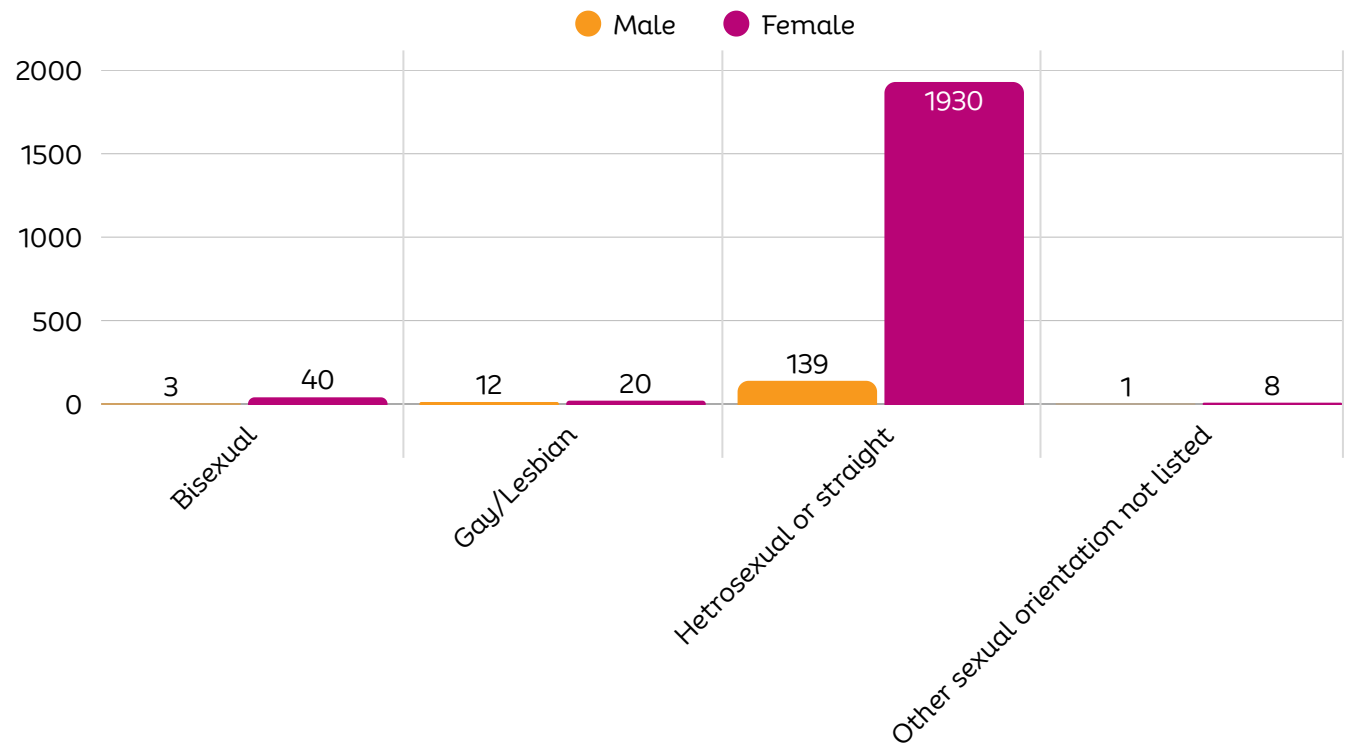
Age of staff



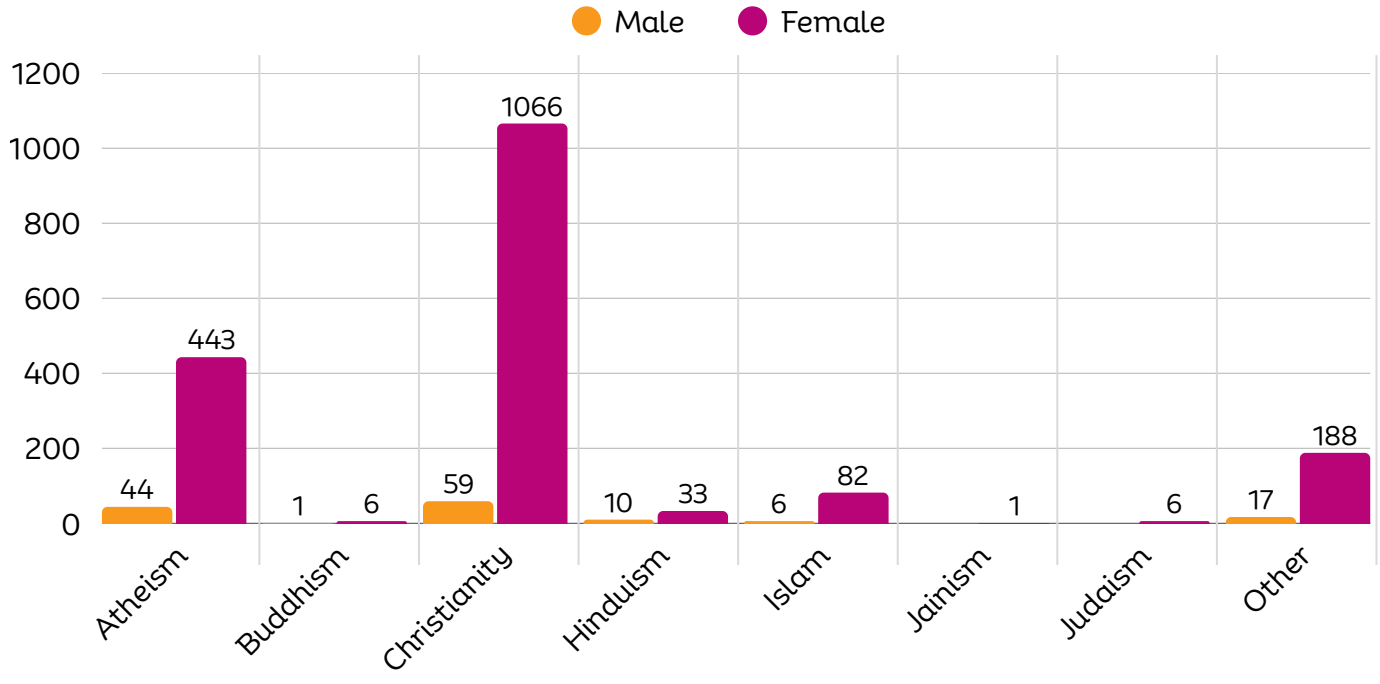
Marriage and civil partnership



Sexual orientation/LGBT by gender
(does not include staff who did not wish to disclose)

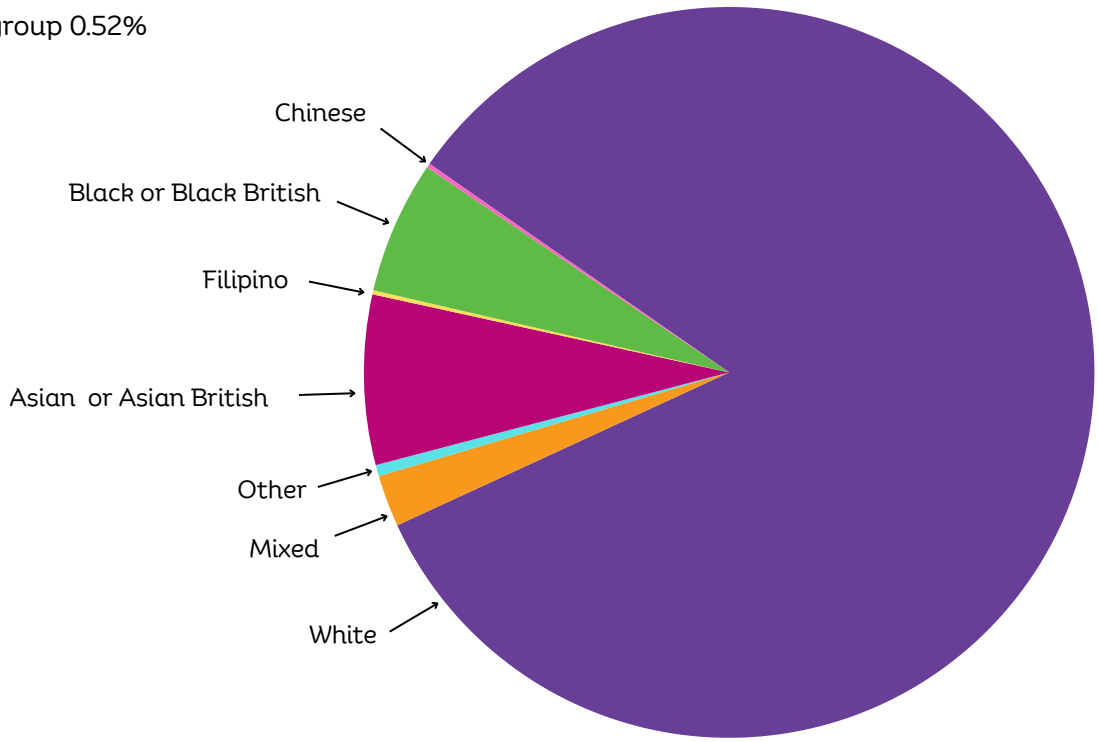


Religion and belief by gender
(does not include staff who did not wish to disclose)

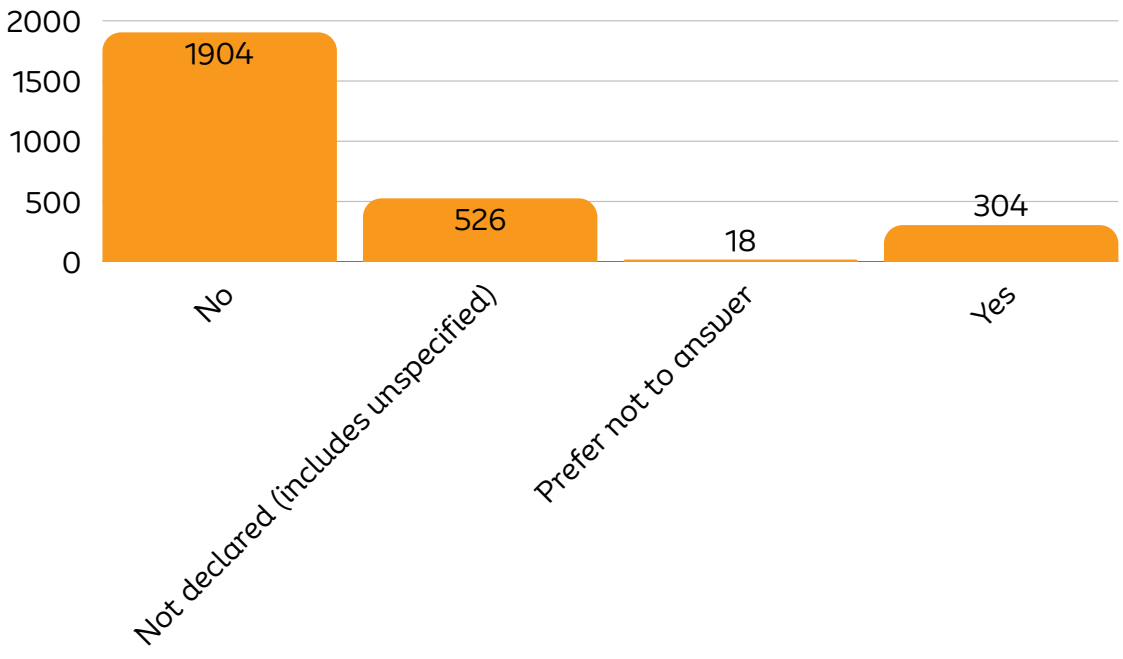


Ethnicity of staff

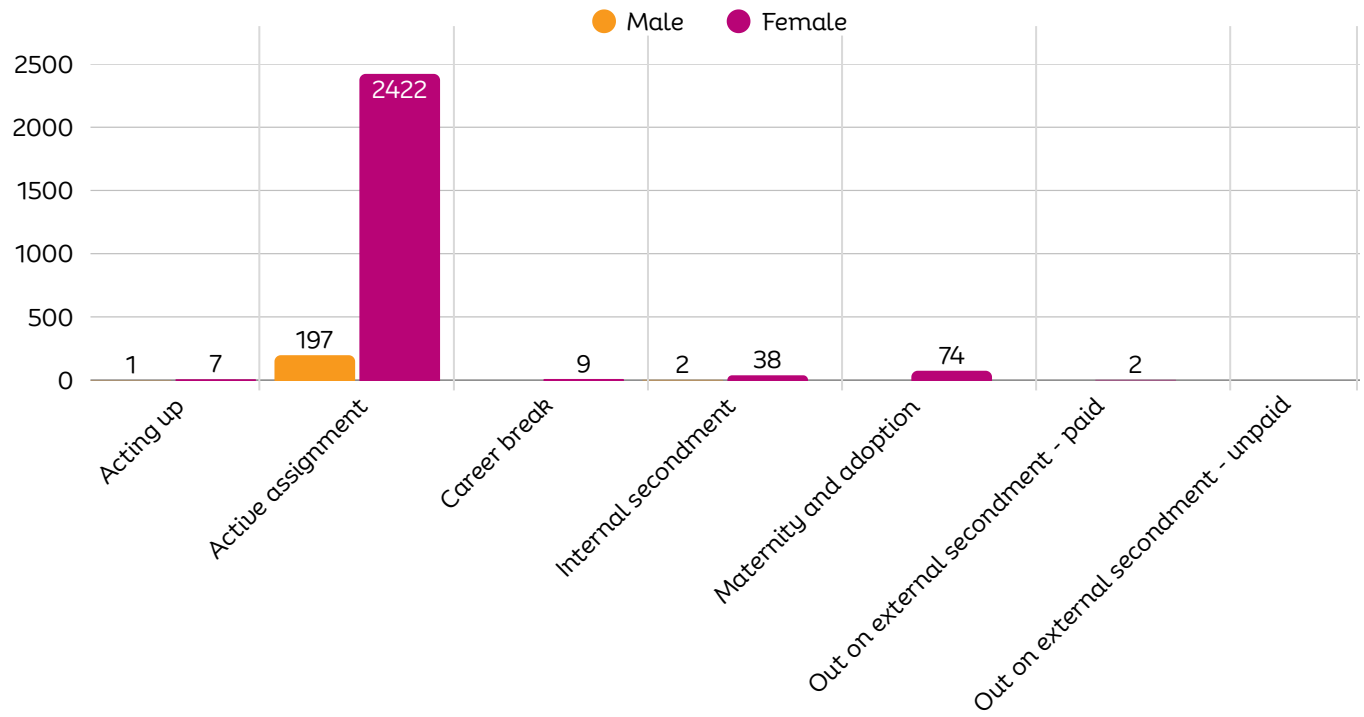
- White (British, Irish, any other white background) 83.43%
- Mixed (white and black Caribbean, white and Asian, any other mixed) 2.29%
- Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian) 7.51%
- Black or Black British (Caribbean, African, any other black) 5.88%
- Chinese 0.18%
- Filipino 0.18%
- Any other ethnic group 0.52%



Disability



Assignment status by gender



Looking forward to 2025/26 and Live Life Well

The Trust continues to prioritise staff health and wellbeing through extensive support, underpinned by line management, occupational health and counselling services.
Staff wellbeing is central to our people strategy, with a strong focus on tackling health inequalities. Key support includes:

- Occupational health services: Pre-employment checks, management, and self-referrals.
- Reducing health inequalities
  - Health risk assessments
  - Work-related stress assessments and policy
- Psychological wellbeing services
  - 24/7 counselling, apps and family support
  - Therapy options from brief intervention to high-intensity counselling
  - Manager training
  - Mindfulness support
  - Bespoke services, including support for staff affected by 2024 racial violence
- Rapid access MSK/physiotherapy: Self-referral for advice, guidance and treatment.
- Employee assistance programme: 24/7 helpline, six free counselling sessions, self-help resources, podcasts, blogs and apps.

Health and wellbeing intranet: Information and signposting on wellbeing topics, including health inequalities related to:

- COPD
- Asthma
- Diabetes
- Obesity
- Mental health

This comprehensive approach ensures staff have the resources they need to live and work well.

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

Data category	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Average WTE*	1713.34	1970.27	2016.86	2066.44	2197.5	2338.24	2338.24	2299.41
Average monthly sickness rate	4.45%	5.21%	4.96%	4.33%	5.31%	5.83%	5.83%	5.56%
WTE days lost	20794.69	37430	36,538.96	32,746.13	42,638.68	49,731.12	49,731.12	46,751.58
WTE days available	466,911.36	719,565.55	736,041.20	756,331.74	802,924.80	853,384.88	853,384.88	841,539.10
Cumulative sickness rate - based on yearly totals	4.59%	5.20%	4.51%	4.34%	5.42%	5.83%	5.83%	5.56%

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

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

Staff policies

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

The Trust's workforce diversity and inclusion policy, alongside all our other employment related policies, procedures and actions supports this commitment.

During 2024/25, the Trust continued to receive accreditation to use the disability confident symbol for employers (for meeting a range of commitments towards disabled people) and mindful employer (which increases awareness of mental health in the workplace). From 1 April 2023, we introduced having a Black or Asian panel member on all shortlisting and recruitment panels as part of our pledge to become an anti-racist organisation. However, following feedback from our cultural diversity network later in 2023, we widened this to ensure all panels have a culturally diverse representative who is fully involved from shortlisting through to appointment decisions and we built on this during 2024/25 by scoping plans to share interview questions ahead of interviews which will go live in 2025/26. In addition we will review our WRES data in May 2025 and put in place actions in place based of findings from the data. There was an improvement seen in the 4 WRES standards which are measured by the 2024 annual staff survey showing progress on the experience reported by our culturally diverse staff.

Developing workforce safeguards 2024/2025

- National Quality Board (NQB) and NHS England guidance is embedded in safe staffing governance.
- Safer staffing is reported bi-monthly to the board, including safe staffing data, progress of the project plan and workforce and establishment reviews. A summary of the position is reported to the Quality, Improvement and Safety Committee (QisCom) on a six-monthly basis.
- HealthRoster utilisation meetings are nearing completion to optimise staff allocation based on budgeted positions.
- SafeCare, a staffing visibility tool, was paused due to discrepancies in data and the manual effort required to update it. Development of Standard Operating Procedures (SOPs) continues instead. Most Safer Staffing SOPs are completed for Bedfordshire and Luton adult services, Norfolk children's services and the ambulatory directorate. SOPs for other services are still in progress, focusing on risk assessments, mitigations, and escalation procedures.
- Workforce planning reviews have been completed, addressing workforce demands, supply, and staff wellbeing. Services face challenges balancing demand, cost improvements, retention, innovation, and safe staffing. Further focus will be planned for pressurised services requiring additional assistance in Q1 2025/26.
- The refreshed community nursing safer staffing (CNSST) tool launched to cohort 1 in January 2025; digitalisation of the CNSST is awaited before CCS adoption.
- Work is underway to replace the Quality Early Warning Trigger Tool (QEWTT) with a digital safer staffing tool for improved data integration and timely visibility. Work continues integrating safer staffing data into iHUB (our business intelligence platform) for enhanced service-level decision-making.
- Workforce pressures in district nursing are evident from SitRep data. However, the average Operational Pressure Escalation Level (OPEL) Score remains at 2. Daily SitRep reporting continues, with enhancements to record professional judgment and integrate data into iHUB.
- Temporary worker usage has decreased compared to Q3 2023/24, aligning with the Trust's goal to reduce agency spend.
- Efforts are underway to streamline data reporting for the group model launch in April 2025.

Consultancy expenditure

Consultancy service expenditure for 2024/2025 was £166,000.

Off payroll arrangements

The Trust had 0 off payroll engagements during 2024/2025.

Exit packages

The Trust made two exit packages in 2024/2025 (subject to audit).

Signed:

Matthew Winn, Chief Executive

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

Cambridgeshire Community Services NHS Trust

Annual accounts for the year ended 31 March 2025

Statement of Comprehensive Income

	Note	2024/25 £000	2023/24 £000
Operating income from patient care activities	3	172,263	168,786
Other operating income	4	7,838	8,167
Operating expenses	6,8	(182,186)	(174,207)
Operating (deficit)/surplus from continuing operations		**(2,085)**	**2,746**
Finance expenses	10	(274)	(271)
PDC dividends payable		(2,648)	(2,458)
Net finance costs		**(2,922)**	**(2,729)**
Other gains / (losses)	11	-	-
(Deficit)/surplus for the year		**(5,007)**	**17**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(12,311)	(952)
Revaluations	12	2,683	1,149
Total comprehensive income / (expense) for the period		**(14,635)**	**214**
Adjusted financial performance (control total basis):			
(Deficit)/surplus for the period		(5,007)	17
Remove net impairments not scoring to the Departmental expenditure limit		5,060	-
Adjusted financial performance surplus / (deficit)		**53**	**17**

Statement of Financial Position

	Note	31 March 2025 £000	31 March 2024 £000
Non-current assets			
Intangible assets		312	106
Property, plant and equipment	12	76,125	84,445
Right of use assets	13	22,131	24,736
Receivables	15	9	9
Total non-current assets		**98,577**	**109,296**
Current assets			
Inventories		56	56
Receivables	15	13,230	18,944
Cash and cash equivalents	16	6,577	11,559
Total current assets		**19,863**	**30,559**
Current liabilities			
Trade and other payables	17	(15,477)	(23,852)
Borrowings	18	(2,693)	(2,246)
Provisions	20	(94)	(251)
Total current liabilities		**(18,264)**	**(26,349)**
Total assets less current liabilities		**100,176**	**113,506**
Non-current liabilities			
Borrowings	18	(19,732)	(22,684)
Provisions	20	(922)	(904)
Total non-current liabilities		**(20,654)**	**(23,588)**
Total assets employed		**79,522**	**89,918**
Financed by			
Public dividend capital		29,670	25,431
Revaluation reserve		14,570	24,198
Other reserves		(1,653)	(1,653)
Income and expenditure reserve		36,935	41,942
Total taxpayers' equity		**79,522**	**89,918**

The notes on pages 6 to 36 form part of these accounts.

Name	Matthew Winn
Position	Chief Executive
Date	25 June 2025

Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2024	**25,431**	**24,198**	**(1,653)**	**41,942**	**89,918**
(Deficit)/surplus for the year	-	-	-	(5,007)	**(5,007)**
Impairments	-	(12,311)	-	-	**(12,311)**
Revaluations	-	2,683	-	-	**2,683**
Public dividend capital received	4,239	-	-	-	**4,239**
Taxpayers' equity at 31 March 2025	**29,670**	**14,570**	**(1,653)**	**36,935**	**79,522**

Statement of Changes in Taxpayers Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2023	**12,683**	**24,001**	**(1,653)**	**41,925**	**76,956**
Surplus for the year	-	-	-	17	**17**
Impairments	-	(952)	-	-	**(952)**
Revaluations	-	1,149	-	-	**1,149**
Public dividend capital received	12,748	-	-	-	**12,748**
Taxpayers'equity at 31 March 2024	**25,431**	**24,198**	**(1,653)**	**41,942**	**89,918**

Statement of Cash Flows

	Note	2024/25 £000	2023/24 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(2,085)	2,746
Non-cash income and expense:			
Depreciation and amortisation	6.1	6,660	6,338
Net impairments	7	5,060	-
(Increase) / decrease in receivables and other assets		5,911	14,648
Increase / (decrease) in payables and other liabilities		(4,703)	(12,819)
Increase / (decrease) in provisions		(138)	(364)
Net cash flows from / (used in) operating activities		**10,705**	**10,549**
Cash flows from investing activities			
Purchase of intangible assets		(278)	-
Purchase of PPE and investment property		(13,746)	(20,886)
Net cash flows from / (used in) investing activities		**(14,024)**	**(20,886)**
Cash flows from financing activities			
Public dividend capital received		4,239	12,748
Capital element of lease rental payments		(2,782)	(2,771)
Interest paid on lease liability repayments		(275)	(269)
PDC dividend (paid) / refunded		(2,845)	(2,729)
Net cash flows from / (used in) financing activities		**(1,663)**	**6,979**
Increase / (decrease) in cash and cash equivalents		**(4,982)**	**(3,358)**
Cash and cash equivalents at 1 April		**11,559**	**14,917**
Cash and cash equivalents at 31 March	16	**6,577**	**11,559**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Accounting convention

The Department of Health and Social Care (DHSC) has directed the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board.

Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.2 Accounting convention

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

Note 1.3 Going concern

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

Note 1.4 Revenue from contracts with customers

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

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

Note 1.5 Revenue from NHS contracts

A main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

Note 1.5 Revenue from NHS contracts continued

Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed. Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Note 1.6 Patient care revenue from non-NHS contracts

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

Note 1.7 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.8 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

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

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

Note 1.9 Expenditure on other goods and services

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

Note 1.10 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

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

Note 1.10 Property, plant and equipment continued

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

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

De-recognition

An asset is de-recognised when it is disposed of or demolition occurs.

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings	15	41
Plant & machinery	10	10
Transport equipment	5	5
Information technology	5	5
Furniture & fittings	10	10

Note 1.11 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.

Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

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

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

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

Impairment of financial assets

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

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

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

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

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

Derecognition

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

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

Note 1.13 Leases

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

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

The Trust as a lessee

Recognition and initial measurement

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

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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

Subsequent measurement

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

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

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

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

Finance leases

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

Operating leases

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

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

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

Non-clinical risk pooling

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

Note 1.15 Public dividend capital

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

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

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

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

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

Note 1.16 Value added tax

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

Note 1.17 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.18 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2024/25.
Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:
•Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
•Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements. The Trust does not hold non-specialised assets for their service potential.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:
•A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
•Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £70m at 31 March 2025.

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the Trust's financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Note 1.19 Critical judgements in applying accounting policies

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

Under the provisions of IFRS10 Consolidated Financial Statements those Charitable Funds that fall under the common control of NHS bodies are consolidated within the entity's financial statements. The Trust has determined that consolidation of its related Charitable Fund is not required as the Charitable Fund is not material in the context of the Trust's accounts. Consolidated financial statements have therefore not been presented for the current or previous period.

Note 1.20 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 risk of material misstatement of the Trust's financial statements , however more information on these risks is detailed below.

The Trust's provision for the impairment of receivables

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

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

Accruals and provisions

In line with the framework set out by International Financial Reporting Standards, the Trust has made expenditure accruals and provisions for transactions (and other events) that relate to 2024/25 where cash has not been paid and no invoice has been received.

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

Asset valuation, Asset lives, impairment and depreciation methodology

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

In line with IAS 16, Property, Plant and Equipment (PPE), the Trust depreciates its 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 the property, plant and equipment accounting note.

Note 1.21 Equity reserves
Public dividend capital

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

Revaluation reserve

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

Other reserves

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

Income and expenditure reserve

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

Note 2 Operating Segments

IFRS 8 requires income and expenditure to be broken down into the operating segments reported to the Chief Operating Decision Maker. The Trust considers the Board to be the Chief Operating Decision Maker because it is responsible for approving its budget and hence responsible for allocating resources to operating segments and assessing their performance. For 2024-25 the Trust has five Divisions: Ambulatory Care Services, providing a diverse range of primary care services including sexual health, musculoskeletal services, and dental services; Bedfordshire Community Unit providing Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Bedfordshire); Children's and Young Peoples Services (including Health Visiting, School Nursing and Speech Therapies services within Cambridgeshire); Luton Community Unit, providing a range of community nursing, therapy and hospital based services for both Adults and Children throughout Luton; and Other Services which includes Corporate Costs, Contracted income and other indirect costs. The Trust's operating segments reflect the services that it provides across Bedfordshire, Cambridgeshire, Luton, Milton Keynes, Peterborough, 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.

2024/25	**Income**	**Pay**	**Non-Pay**	**Net Total**
Division Level	**£'000**	**£'000**	**£'000**	**£'000**
Ambulatory Care Services	2,781	(21,234)	(9,064)	(27,517)
Bedfordshire Community Unit	3,566	(17,705)	(2,669)	(16,808)
Childrens & Younger Peoples Services	13,018	(41,795)	(5,127)	(33,904)
Luton Community Unit	2,469	(25,320)	(7,403)	(30,254)
Other Services	150,135	(13,721)	(33,913)	102,501
*9.4% additional pension contributions paid by NHSE on providers behalf	8,131	(8,131)	-	-
CCS Total 2024/25	**180,100**	**(127,906)**	**(58,176)**	**(5,982)**

2023/24	**Income**	**Pay**	**Non-Pay**	**Net Total**
Division Level	**£'000**	**£'000**	**£'000**	**£'000**
Ambulatory Care Services	2,491	(22,672)	(11,474)	(31,655)
Bedfordshire Community Unit	2,492	(16,410)	(2,525)	(16,443)
Childrens & Younger Peoples Services	11,401	(38,881)	(4,896)	(32,376)
Luton Community Unit	2,032	(23,836)	(6,490)	(28,294)
Other Services	153,417	(12,391)	(32,241)	108,785
*6.3% additional pension contributions paid by NHSE on providers behalf	5,120	(5,120)	-	-
CCS Total 2023/24	**176,953**	**(119,310)**	**(57,626)**	**17**

	2024-25	**2023-24**
	£000	**£000**
Revenue from patient care activities	172,263	168,786
Other operating revenue	7,838	8,167
Operating expenses	(183,161)	(174,207)
Operating (deficit)/surplus	**(3,060)**	**2,746**
Finance expenses	(274)	(271)
Public dividend capital dividends payable	(2,648)	(2,458)
Retained (deficit)/surplus for the financial year	**(5,982)**	**17**
Add back all I&E impairments / (reversals)	6,035	-
Adjusted financial performance surplus	**53**	**17**

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policies.

Note 3.1 Income from patient care activities (by nature)	2024/25 £000	2023/24 £000
Income from commissioners under API contracts*	75,454	65,717
Income from other sources (e.g. local authorities)	71,574	82,600
High cost drugs paid for by commissioners	6,155	6,738
National pay award central funding**	23	31
Additional pension contribution central funding***	8,131	5,120
Other clinical income	10,926	8,580
Total income from activities	**172,263**	**168,786**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

***Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2024/25 £000	2023/24 £000
NHS England	14,361	15,644
Integrated care boards	76,948	61,961
Department of Health and Social Care	35	92
Other NHS providers	6,477	23,357
NHS other	-	1
Local authorities	65,062	59,151
Injury cost recovery scheme	7	5
Non-NHS: other	9,373	8,575
Total income from activities	**172,263**	**168,786**

Note 4 Other operating income

	2024/25			2023/24		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	3	-	**3**	5	-	**5**
Education and training	2,794	-	**2,794**	2,919	-	**2,919**
Income in respect of employee benefits accounted on a gross basis	50	-	**50**	40	-	**40**
Charitable and other contributions to expenditure	-	21	**21**	-	71	**71**
Revenue from operating leases	-	4,268	**4,268**	-	4,259	**4,259**
Other income	702	-	**702**	873	-	**873**
Total other operating income	**3,549**	**4,289**	**7,838**	**3,837**	**4,330**	**8,167**

Note 5 Operating leases - the Trust as lessor

This note discloses income generated in operating lease agreements where the Trust is the lessor.

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

Note 5.1 Operating lease income

	2024/25	2023/24
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	4,268	4,259
Total in-year operating lease income	**4,268**	**4,259**

Note 5.2 Future lease receipts

	31 March 2025	31 March 2024
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	4,268	4,227
- later than one year and not later than two years	12	64
- later than two years and not later than three years	12	12
- later than three years and not later than four years	12	12
- later than four years and not later than five years	4	12
- later than five years	-	16
Total	**4,308**	**4,343**

Note 6.1 Operating expenses

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,168	3,174
Purchase of healthcare from non-NHS and non-DHSC bodies	3,735	4,400
Staff and executive directors costs	127,365	119,026
Remuneration of non-executive directors	133	137
Supplies and services - clinical (excluding drugs costs)	4,182	8,220
Supplies and services - general	3,511	2,828
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	7,310	8,017
Consultancy costs	44	166
Establishment	2,497	2,636
Premises	13,257	14,396
Transport (including patient travel)	2,041	1,946
Depreciation on property, plant and equipment	6,588	6,265
Amortisation on intangible assets	72	73
Net impairments	5,060	-
Movement in credit loss allowance: contract receivables / contract assets	43	(292)
Change in provisions discount rate(s)	34	(45)
Fees payable to the external auditor for statutory audit *	113	149
Internal audit costs	104	57
Clinical negligence	554	555
Education and training	805	969
Other	1,570	1,530
Total	**182,186**	**174,207**

* 2023/24 expense includes a £40k fee variation for the 2022/23 statutory audit

Note 6.2 Limitation on auditor's liability

The limitation on the external auditor's liability for external audit work is £1 million (2023/24: £1 million).

Note 7 Impairment of assets

	2024/25 £000	2023/24 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	5,060	-
Total net impairments charged to operating surplus / deficit	**5,060**	**-**
Impairments charged to the revaluation reserve	12,311	952
Total net impairments	**17,371**	**952**

Impairments are as a result of a professional valuation of the Trust's owned estate carried out in 2024/25 by Montagu Evans LLP.

The valuation of the Trust's estates may result in the impairments or reversals of previous year's impairments compared to the carrying values, which are required to be recognised in the Statement of Comprehensive Income (SOCI).

Where there is no revaluation reserve balance, or the value of the impairment exceeds the balance in the revaluation reserve, this may lead to an in-year charge. For the year ended 31 Match 2025, a net charge of £5,060k is recognised (2023/24: £0k).

In addition, there has been a net decrease to the revaluation reserve resulting from the valuation of £9,628k (2023/24: £952k).

Charged to revaluation reserve	Land £000s	Buildings £000s	Total £000s
Revaluation increase	1,423	1,260	2,683
Impairment	(1,743)	(10,568)	(12,311)
Net increase/(decrease) to revaluation reserve	**(320)**	**(9,308)**	**(9,628)**

Charged to income and expenditure reserve	Land £000s	Buildings £000s	Total £000s
Impairment	-	(5,060)	(5,060)
Net increase/(decrease) to income and expenditure reserve	**-**	**(5,060)**	**(5,060)**

Note 8 Employee benefits

	2024/25 Total £000	2023/24 Total £000
Salaries and wages	94,779	89,775
Social security costs	9,680	9,777
Apprenticeship levy	465	469
Employer's contributions to NHS pensions	20,574	16,854
Termination benefits	40	69
Temporary staff (including agency)	1,827	2,082
Total gross staff costs	**127,365**	**119,026**
Recoveries in respect of seconded staff	-	-
Total staff costs	**127,365**	**119,026**
Of which		
Costs capitalised as part of assets	-	-

Note 8.1 Retirements due to ill-health

During 2024/25 there were 5 early retirements from the trust agreed on the grounds of ill-health (5 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £364k (£429k in 2023/24).

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

Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Note 10 Finance expenditure

Finance expenditure primarily represents interest on leased assets.

	2024/25 £000	2023/24 £000
Interest expense:		
Interest on lease obligations	275	269
Total interest expense	**275**	**269**
Unwinding of discount on provisions	(1)	2
Total finance costs	**274**	**271**

Note 10.1 The late payment of commercial debts (interest) Act 1998

	2024/25 £000	2023/24 £000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 11 Other gains / (losses)

	2024/25 £000	2023/24 £000
Gains on disposal of assets	-	-
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**-**	**-**
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Gains/(losses) on remeasurement of finance lease receivables (lessor)	-	-
Gains/(losses) on termination of finance leases (lessor)	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	**-**	**-**

Note 12.1 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Lease Improvements	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024	**12,030**	**35,625**	**8,439**	**30,414**	**1,094**	**1**	**5,395**	**1,364**	**94,362**
Additions	-	1,394	231	8,179	45	-	138	87	**10,074**
Impairments	(1,743)	(17,932)	-	-	-	-	-	-	**(19,675)**
Revaluations	1,423	1,260	-	-	-	-	-	-	**2,683**
Reclassifications	-	27,161	-	(27,161)	-	-	-	-	**-**
Valuation/gross cost at 31 March 2025	**11,710**	**47,508**	**8,670**	**11,432**	**1,139**	**1**	**5,533**	**1,451**	**87,444**
Accumulated depreciation at 1 April 2024	**-**	**29**	**4,449**	**-**	**724**	**-**	**3,945**	**770**	**9,917**
Provided during the year	-	2,325	428	-	92	-	745	116	**3,706**
Impairments	-	(2,304)	-	-	-	-	-	-	**(2,304)**
Accumulated depreciation at 31 March 2025	**-**	**50**	**4,877**	**-**	**816**	**-**	**4,690**	**886**	**11,319**
Net book value at 31 March 2025	**11,710**	**47,458**	**3,793**	**11,432**	**323**	**1**	**843**	**565**	**76,125**
Net book value at 1 April 2024	**12,030**	**35,596**	**3,990**	**30,414**	**370**	**1**	**1,450**	**594**	**84,445**

All property, plant and equipment held at 31 March 2025 and 31 March 2024 was owned.

Note 12.2 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Lease Improvements	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023	**12,978**	**36,225**	**8,207**	**6,861**	**1,008**	**1**	**5,395**	**1,287**	**71,962**
Additions	-	-	232	23,553	23	-	-	77	**23,885**
Impairments	(948)	(11)	-	-	-	-	-	-	**(959)**
Revaluations	-	(589)	-	-	-	-	-	-	**(589)**
Reclassifications	-	-	-	-	63	-	-	-	**63**
Valuation/gross cost at 31 March 2024	**12,030**	**35,625**	**8,439**	**30,414**	**1,094**	**1**	**5,395**	**1,364**	**94,362**
Accumulated depreciation at 1 April 2023	**-**	**25**	**3,875**	**-**	**571**	**-**	**3,079**	**655**	**8,205**
Provided during the year	-	1,749	574	-	90	-	866	115	**3,394**
Impairments	-	(7)	-	-	-	-	-	-	**(7)**
Revaluations	-	(1,738)	-	-	-	-	-	-	**(1,738)**
Reclassifications	-	-	-	-	63	-	-	-	**63**
Accumulated depreciation at 31 March 2024	**-**	**29**	**4,449**	**-**	**724**	**-**	**3,945**	**770**	**9,917**
Net book value at 31 March 2024	**12,030**	**35,596**	**3,990**	**30,414**	**370**	**1**	**1,450**	**594**	**84,445**
Net book value at 1 April 2023	**12,978**	**36,200**	**4,332**	**6,861**	**437**	**1**	**2,316**	**632**	**63,757**

Note 12.3 Revaluations of property, plant and equipment

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

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

A full revaluation was performed at 31 March 2025. Land and buildings held by the Trust were revalued and building useful economic lives were reviewed. The valuation and useful economic lives review were undertaken by the Trust's property valuer in accordance with the requirements of the RICS Valuation – Global Standards 2021, effective from 31st January 2022) and the accounting framework. Significant judgements are used in determining the fair value of land and buildings. For assets valued at depreciated replacement cost, key judgements include remaining and total useful lives, construction costs and professional fees, unit costs, optimisation, and the Trust's required service potential from assets.

Fair values are determined as follows:

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

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

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

Note 13 Leases - Cambridgeshire Community Services NHS Trust as a lessee

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

Leases are managed through lease contracts with NHS, local authority and non-NHS organisations. The lease agreements are based on agreed contracted amounts per annum which include contingent rent based on periodic rent reviews. The Trust does not have a purchase option included in the lease contracts.

Note 13.1 Right of use assets

	31 March 2025	31 March 2025	31 March 2024	31 March 2024
	Property (land and buildings) £000	Of which: leased from DHSC group bodies **£000**	**Property (land and buildings) £000**	Of which: leased from DHSC group bodies **£000**
Valuation / gross cost at 1 April	**30,341**	**2,531**	**26,590**	**1,103**
Additions	-	-	1,583	1,362
Remeasurements of the lease liability	277	(70)	2,168	66
Valuation/gross cost at 31 March	**30,618**	**2,461**	**30,341**	**2,531**
Accumulated depreciation at 1 April	**5,605**	**305**	**2,734**	**134**
Provided during the year	2,882	163	2,871	171
Accumulated depreciation at 31 March	**8,487**	**468**	**5,605**	**305**
Net book value at 31 March	**22,131**	**1,993**	**24,736**	**2,226**
Net book value at 1 April	**24,736**	**2,226**	**23,856**	**969**
Net book value of right of use assets leased from other NHS providers		1,275		1,344
Net book value of right of use assets leased from other DHSC group bodies		718		882

Note 14 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in the borrowings note to these financial statements.

	2024/25	2023/24
	£000	£000
Carrying value at 1 April	**24,930**	**23,950**
Lease additions	-	1,583
Lease liability remeasurements	277	2,168
Interest charge arising in year	275	269
Lease payments (cash outflows)	(3,057)	(3,040)
Carrying value at 31 March	**22,425**	**24,930**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.
Income generated from subleasing right of use assets is £1,175k and is included within revenue from operating leases in note 4.

Note 14.1 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2025	31 March 2025	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	2,940	200	3,034	209
- later than one year and not later than five years;	9,666	742	10,240	792
- later than five years.	11,499	1,714	13,624	1,929
Total gross future lease payments	**24,105**	**2,656**	**26,898**	**2,930**
Finance charges allocated to future periods	(1,680)	(623)	(1,968)	(684)
Net lease liabilities at 31 March	**22,425**	**2,033**	**24,930**	**2,246**
Of which:				
Leased from other NHS providers		1,314		1,365
Leased from other DHSC group bodies		719		881

Note 15 Receivables

	31 March 2025 £000	31 March 2024 £000
Current		
Contract receivables	11,435	17,187
Allowance for impaired contract receivables / assets	(808)	(765)
Prepayments	2,076	1,825
PDC dividend receivable	247	50
VAT receivable	280	647
Total current receivables	**13,230**	**18,944**
Non-current		
Other receivables	9	9
Total non-current receivables	**9**	**9**
Of which receivable from NHS and DHSC group bodies:		
Current	4,699	6,593
Non-current	9	9

Note 15.1 Allowances for credit losses

	31 March 2025 Contract receivables and contract assets £000	31 March 2024 Contract receivables and contract assets £000
Allowances at 1 April	**765**	**1,145**
New allowances arising	194	28
Changes in existing allowances	-	77
Reversals of allowances	(151)	(397)
Utilisation of allowances (write offs)	-	(88)
Allowances at 31 March	**808**	**765**

Note 16 Cash and cash equivalents

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

	31 March 2025 £000	31 March 2024 £000
At 1 April	**11,559**	**14,917**
Net change in year	(4,982)	(3,358)
At 31 March	**6,577**	**11,559**
Broken down into:		
Cash at commercial banks and in hand	2	2
Cash with the Government Banking Service	6,575	11,557
Total cash and cash equivalents in SoFP and SoCF	**6,577**	**11,559**

Note 17 Trade and other payables

	31 March 2025 £000	31 March 2024 £000
Current		
Trade payables	6,709	5,835
Capital payables	652	4,324
Accruals	4,100	9,910
Receipts in advance and payments on account	86	-
Social security costs	1,129	1,139
Other taxes payable	1,090	1,004
Pension contributions payable	1,711	1,640
Total current trade and other payables	**15,477**	**23,852**
Of which payables from NHS and DHSC group bodies:		
Current	2,309	4,015
Non-current	-	-

Note 17.1 Early retirements in NHS payables above

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

	31 March 2025 £000	31 March 2025 Number	31 March 2024 £000	31 March 2024 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 18 Borrowings

	31 March 2025 £000	31 March 2024 £000
Current		
Lease liabilities	2,693	2,246
Total current borrowings	**2,693**	**2,246**
Non-current		
Lease liabilities	19,732	22,684
Total non-current borrowings	**19,732**	**22,684**

Note 19 Reconciliation of liabilities arising from financing activities

	31 March 2025	31 March 2024
	Lease Liabilities £000	Lease Liabilities £000
Carrying value at 1 April 2024	**24,930**	**23,950**
Cash movements:		
Financing cash flows - payments and receipts of principal	(2,782)	(2,771)
Financing cash flows - payments of interest	(275)	(269)
Non-cash movements:		
Additions	-	1,583
Lease liability remeasurements	277	2,168
Application of effective interest rate	275	269
Carrying value at 31 March 2025	**22,425**	**24,930**

Note 20 Provisions for liabilities and charges analysis

	Other	Total
	£000	£000
At 1 April 2024	**1,155**	**1,155**
Change in the discount rate	34	**34**
Arising during the year	69	**69**
Reversed unused	(241)	**(241)**
Unwinding of discount	(1)	**(1)**
At 31 March 2025	**1,016**	**1,016**
Expected timing of cash flows:		
- not later than one year;	94	**94**
- later than one year and not later than five years;	201	**201**
- later than five years.	721	**721**
Total	**1,016**	**1,016**

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 a good condition and state of repair, which usually requires a level of reinstatement, repair or decoration. As such, it is deemed appropriate to create a provision to ensure that leased properties can be maintained and vacated in correct condition. The Trust has used historical knowledge of actual costs incurred.

Note 21 Financial instruments

Note 21.1 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 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 commercial business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

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

Currency risk

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

Interest rate risk

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

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the DHSC (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures at 31 March 2025 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

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

Note 21.2 Carrying values of financial assets

Carrying values of financial assets at 31 March	31 March 2025 Held at amortised cost £000	31 March 2024 Held at amortised cost £000
Trade and other receivables excluding non financial assets	10,610	16,430
Cash and cash equivalents	6,577	11,559
Total at 31 March	**17,187**	**27,989**

Note 21.3 Carrying values of financial liabilities

Carrying values of financial liabilities at 31 March	31 March 2025 £000	31 March 2024 £000
Obligations under leases	22,425	24,930
Trade and other payables excluding non financial liabilities	10,946	21,211
Total at 31 March 2025	**33,371**	**46,141**

Note 21.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2025 £000	31 March 2024 £000
In one year or less	13,886	24,245
In more than one year but not more than five years	9,666	10,240
In more than five years	11,499	13,624
Total	**35,051**	**48,109**

Note 22 Related parties

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

Cambridgeshire County Council
Bedford Unitary Authority
Central Bedfordshire Unitary Authority
Luton Borough Council
Norfolk County Council
Suffolk County Council
HM Revenue and Customs

DHSC Related Parties:

NHS Bedfordshire, Luton and Milton Keynes ICB
NHS Cambridgeshire and Peterborough ICB
NHS Norfolk and Waveney ICB
NHS England - Core
NHS England - Central Specialised Commissioning Hub
East of England Regional Office
Health Education England
DHSC
Bedfordshire Hospitals NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Cambridgeshire and Peterborough NHS Foundation Trust
East London NHS Foundation Trust
North West Anglia NHS Foundation Trust
The Queen Elizabeth Hospital King's Lynn NHS Foundation
NHS Resolution
Care Quality Commission
NHS Property Services
NHS Pension Scheme

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

There have been transactions in the ordinary course of the Trust's business with an organisation with which Directors of the Trust are connected. The Chief Executive is also Chief Executive of Norfolk Community Health and Care NHS Trust.

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

The Trust is corporate Trustee for the children's charity Dreamdrops and the Community Services fund. These have not been consolidated within the Trust's accounts on the grounds of materiality, with the unaudited results for 2024/25 being £34k and £54k respectively of income generation and resources expended of £46k and £134k respectively and a closing fund balance of £557k and £865k respectively.

Note 23 Events after the reporting date

On 1 April 2025 the Trust moved into a group model with Norfolk Community Health and Care NHS Trust.

Under the model both organisations have a single Group Board, including non-executive and executive directors. The Board oversees both Trusts. Each organisation continues to exist as a legal entity.

Note 24 Better Payment Practice code

	2024/25 Number	2024/25 £000	2023/24 Number	2023/24 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	12,869	82,021	14,318	93,930
Total non-NHS trade invoices paid within target	11,617	76,134	12,380	88,545
Percentage of non-NHS trade invoices paid within target	90.3%	92.8%	86.5%	94.3%
NHS Payables				
Total NHS trade invoices paid in the year	571	4,156	632	4,793
Total NHS trade invoices paid within target	445	3,213	506	3,984
Percentage of NHS trade invoices paid within target	77.9%	77.3%	80.1%	83.1%

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

Note 25 Capital Resource Limit

	2024/25 £000	2023/24 £000
Gross capital expenditure	10,629	27,636
Charge against Capital Resource Limit	**10,629**	**27,636**
Capital Resource Limit	10,629	27,636
Under / (over) spend against CRL	**-**	**-**

Note 26 Breakeven duty financial performance

	2024/25 £000
Adjusted financial performance surplus / (deficit) (control total basis)	53
Breakeven duty financial performance surplus / (deficit)	**53**

Note 27 Breakeven duty rolling assessment

	2020/21	2021/22	2022/23	2023/24	2024/25
	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	-	(1,633)	446	17	53
Breakeven duty cumulative position	15,948	14,315	14,761	14,778	14,831
Operating income	153,002	172,446	180,124	176,953	180,101
Cumulative breakeven position as a percentage of operating income	10.4%	8.3%	8.2%	8.4%	8.2%

The Trust has achieved financial balance in 2024/25, as can be seen in the table above. The table also sets out the previous four years of breakeven information.