Cambridgeshire and Peterborough NHS Foundation Trust

Annual Report and Accounts 2016 - 17

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006
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4  Cambridgeshire and Peterborough NHS Foundation Trust’s Annual Accounts Year Ended 31 March 2017 ........................................................................................................... attached

Appendix 1: Quality Report
This report is based upon guidance issued by the Independent Regulator of NHS Foundation Trusts and was approved by the Board of Directors on 24 May 2017.

Signed
Aidan Thomas
Chief Executive

Date 24/5/17
1. Chair’s statement

I am very fortunate in my role to have the opportunity to visit teams, and see first-hand how our staff work with patients, service-users and carers. Over the past 12 months I have been continuously impressed and inspired by the confidence and dedication they have to their work.

Confidence has been one of the central themes of my second full year as Chair of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

There has been a tremendous amount of work behind the scenes, to embed and fully integrate our community services – which we welcomed in April 2015 - into the organisation. It has taken a real team effort to make it happen, but most pleasingly of all has been the reaction of patients who have been hugely forthcoming in their praise.

Our new Joint Emergency Teams (JET) is one example of how our community services are improving care for people locally. JET provides an urgent response service for people over the age of 50, or those with long-term conditions, to ensure that they can be treated and cared for in their home, avoiding an unnecessary hospital admission. In March this year, the service was rightly awarded additional funding to further expand their work.

That is only part of our story however. Our new PRISM service is another major development in improving care locally. PRISM provides specialist support for GP surgeries so patients with mental ill health can access prompt advice and support in the community. This means that patients will experience a far more joined-up approach to their care.

Elsewhere we have continued to improve our long-standing services. Our Children, Young People and Families Directorate have for example further reduced waiting times for patient assessments. They are now among the most efficient nationally.

We are also extremely proud of our research teams; their ground-breaking work relates directly and quickly to frontline patient care.

Our social care staff continue to receive positive feedback for their collaborative approach in working with local authority colleagues to support service users to achieve their personal goals.

Towards the end of 2016 a statutory Well Led Governance Review was completed. The independent assessors praised many aspects of our work including our emphasis on compassionate care, engagement with colleagues and service-users and the open and honest staff culture. They made a number of recommendations that the executive team will progress.

Positive patient, carer and assessor feedback acknowledging our continuous service improvement has undoubtedly inspired the confidence I now see throughout CPFT.

Collaboration was another key theme of our work over the past year and I am proud of how CPFT has led the way in joint working with other health and social care providers, the police and other public bodies.

An example of this is the leading role we have played in the Urgent and Emergency Care Vanguard programme in Cambridgeshire and Peterborough. Local authorities, Cambridgeshire police and third sector organisations together with local NHS organisations, led by CPFT and the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) combined to set up...
numerous projects to improve the way urgent mental health care is delivered. The First Response Service, launched in September 2016, was one of the Vanguard projects. It offers callers to NHS helpline (111) the option to discuss their mental health needs with a specially-trained member of our staff by selecting ‘option 2’. In the first six months, the First Response Service received more than 4,000 calls and it has received further funding to allow the service to continue to develop.

The First Response Service is directly linked to two ‘safe havens’ where visitors can access emotional and practical support rather than having to attend hospital out-of-hours. The two “Sanctuaries” are run by mental health charity Mind in Cambridgeshire, and are supported by Peterborough and Fenland Mind.

Our work at police stations and courts through our expanded Liaison and Diversion service is another example of collaborative working. The team help people entering the criminal justice system by assessing vulnerabilities such as mental ill-health or learning disabilities. Additionally they provide support with housing and financial concerns and a direct link to other CPFT services or a range of partner organisations.

Since last year, CPFT staff have been based alongside colleagues from Cambridgeshire Police at their control room in Hinchingbrooke. The nurses provide police officers with clinical advice on how best to support people in mental health crisis; to date they have dealt with over 800 incidents per month.

These are just a few examples of how we are working with our partners to improve care locally. Longer-term we are a key player in the Sustainability and Transformation Partnership (STP), which is examining the future of local services and how we can work closer together as a system to deliver the changes needed.

As well as being the Chief Executive of our Trust, Aidan Thomas has been leading two of the key areas of the local STP, proving how much he will be missed not just by Trust colleagues, but also by the local health economy when he retires from the NHS later this year. His decision, which he announced in February, was something we had talked about for some time.

Aidan has demonstrated a tireless commitment to improving the quality of our work for the benefit of patients, and his leadership, knowledge and good humour has meant the Trust has achieved many milestones, which he can be rightly proud of. Aidan will remain in post until his successor begins and we will take our time to find exactly the right replacement.

The role of the Chair is to lead the Board of Directors, which is made up of the Trust’s Executive Directors and six Non-Executive Directors, who bring experiences from other sectors and disciplines. I thank them for their support and contribution to the organisation over the past year.

We were all saddened last September by the death of Sir Patrick Sissons. As a Non-Executive Director, he was a vital link between our research work and day-to-day care for patients. An extraordinarily intelligent, kind and thoughtful man, his wise counsel and keen sense of humour are sorely missed.

In March of this year we appointed Dr Amit Sethi and Professor Peter Jones as Non-Executive Directors. A GP by background, Dr Sethi now works as the Medical Director for the BUPA Global Leadership team. Professor Jones is Director of the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England and Professor of Psychiatry and Deputy Head of the School of Clinical Medicine at the University of Cambridge.
I would like to acknowledge and thank CPFT’s Council of Governors for the vital role they play. The governors continue to be the public voice and are an important part of our public accountability. They give their time freely and it is very much appreciated.

I would like to pay tribute to John Cranston who died in March. John had been a governor since 2011. A retired accountant, he was passionate about public service and the NHS. John was a gentleman who gently but firmly kept the Board on their toes and he will be sadly missed.

I am proud to support Cambridgeshire and Peterborough and I continue to do my best to represent the area to the best of my ability. I will continue to use the role of Chair to give greater publicity to our services.

Despite the positive steps to develop our services and collaborations we are involved in, the twin challenges of demand and funding remain. But as we continue on our journey to transform our services from ‘good’ to ‘outstanding’, let me assure you we are committed as ever to do our best for all those who require our services.
This Chair's statement is signed by the Chair.

Signed ..........................................

Julie Spence
Chairman

Date: 24 May 2017.
2. Performance report

The report and accounts have been prepared under a direction issued by NHS Improvement (NHSI) under the National Health Service Act 2006.

2.1 Overview

2.1.1 Chief Executive Officer statement on performance

Innovation has been one of CPFT’s greatest strengths during my time as Chief Executive. It is what sets CPFT apart from others and enables us to be successful. This last year has seen a renewed confidence from staff, in our ability to improve and transform services.

There are numerous examples, from our new models of community services for older people to our commitment to ending restraint through the Promise project. The success of our First Response Service also demonstrates how we are working more closely with our partners than ever before.

Innovations like these, coupled with our commitment to enabling independence and resilience in our patients, has meant that CPFT is highly regarded, not just by people using our services, but also by our commissioners and other providers who are keen to know more about how we carry out our work.

Innovation comes from our staff who face the daily pressures of resourcing and demand while at the same time implementing their ground-breaking ideas to improve care. As CPFT continues to provide locally and influence nationally, I am confident that the commitment to innovation will continue.

This last year has produced so many examples of the ability of staff to improve and change our services. It is therefore not surprising that other local Trusts and our commissioners have, just before the year end, committed to investing their resources in expanding our services for long term conditions, and community based urgent care, to reduce unnecessary hospital admissions, improve care and save money through the Sustainability and Transformation Partnership (STP); the joint NHS and social care plan which is so important to the future of services in the area.

In all of this I must also thank our hard working and committed Executive Directors and senior and middle Managers who have supported staff so effectively, often with little acknowledgment.

This will be my last annual report for CPFT. After 35 years with the NHS, 17 as a Chief Executive, I have taken the difficult decision to retire. I will have been in post for four years by the time I leave and I feel it is the right time to move aside.

It has been an absolute honour and a privilege to lead CPFT and work alongside such dedicated and hard working colleagues.

CPFT will no doubt continue to build on its innovation and confidence and will need someone with energy and drive to oversee the many exciting developments that are coming up in the next few years.
The challenges we face will continue, but thanks to the support and commitment from our staff, partners, patients and carers, I will leave CPFT in a very strong position, which is all I could have hoped for.

2.1.2 History, purpose and vision

CPFT was formed on 1 June 2008 under the Health and Social Care (Community Health and Standards) Act 2003, succeeding the Cambridgeshire and Peterborough Mental Health Partnership NHS Trust.

As a health and social care organisation, we provide integrated community, mental health and learning disability services, across Cambridgeshire and Peterborough, and children’s community services in Peterborough. Services include:

- Integrated physical and mental health services for adults and older people;
- Community hospital services including minor injury units and inpatient rehabilitation;
- Specialist adult mental health and learning disability services;
- Children and young people’s mental health services;
- Children’s community services in Peterborough;
- Social care;
- And ground-breaking research.

We also provide some specialist services on a regional and national basis.

We support around 100,000 people each year and employ more than 3,400 staff. Our largest bases include the Cavell Centre in Peterborough, and Fulbourn Hospital in Cambridge, but our staff are based in more than 90 locations.

We are a University of Cambridge Teaching Trust and a member of Cambridge University Health Partners, working together with the University of Cambridge Clinical School.

Our approach to service design and delivery is governed by a philosophy of recovery with the following principles in mind:

- Focus on people rather than services.
- Build hope and aspiration with our patients.
- Emphasise strengths rather than limitations
- Educate people who provide services – i.e. schools, employers, the media and members of the public to combat stigma.
- Foster collaboration between people who need and provide support.
- Promote autonomy by enabling and supporting self-management, and thereby decrease reliance on formal services and professional support.

Our mission

Our mission is to put people in control of their care. We will maximise life opportunities for individuals and their families by enabling them to look beyond their limitations to achieve their goals and aspiration. In other words:

To offer people the best help to do the best for themselves
Our values
We manage our organisation through shared values that guide our decisions and actions:

**PRIDE**

- **Professionalism** - We will maintain the highest standards and develop ourselves and others by demonstrating compassion and showing care, honesty and flexibility
- **Respect** - We will create positive relationships by being kind, open and collaborative
- **Innovation** - We are forward thinking, research focused and effective by using evidence to shape the way we work
- **Dignity** - We will treat you as an individual by taking the time to hear, listen and understand
- **Empowerment** - We will support you by enabling you to make effective, informed decisions and to build your resilience and independence

Our vision
We want to give people who need our services the best possible chance to live a full and happy life, despite their condition or circumstances.

- **Recovery** – we will adopt the principle in all our services, empowering patients to achieve independence and giving them and their families (in the case of children) control over their care.
- **Integration** – we will work closely with partners to deliver joined-up, person-centred care and support to local people, close to their homes, principally in non-institutional settings. We will also work with partners to improve efficiency and effectiveness and simplify access to services.
- **Specialist services** – we are one of England’s leading providers of key specialist mental health services, with particular expertise in eating disorders, children and young people’s mental health, autistic spectrum disorders and female personality disorders. We will continue to grow and develop these services.

Business developments
CPFT continues to scan the market to provide the directorates and Executive team with the necessary business development opportunities in line with our Five Year Strategic Plan. We have continued to strengthen our business development team and ensure the necessary systems are in place to support commercial development.

Growth
During 2016/17 CPFT received investment to support growth and development across a range of services. These included the Psychological Wellbeing Service, Children’s Eating Disorder Service, Adult Early Intervention Service and children’s crisis care.

After delivering the Norfolk Community Eating Disorder Service (NCEDS) in Norfolk for the last four years, we have worked closely with our commissioners to explore new ways of working. These
changes have started to be implemented as part of this year's new contract.

2.1.3 Service: Key issues and risks

Trends and factors likely to affect future developments, performance and position

Key trends likely to affect future developments include:

- **Significantly less money**: Cambridgeshire and Peterborough’s health and social care system remains financially challenged.
- **Supporting patients in the community**: We will need to collaborate with a range of other organisations to avoid unnecessary hospital admissions.
- **Workforce recruitment, retention and development**: Work will be needed to ensure our workforce is able to support the increasing demands within a financially challenged local economy.
- **Rising demand for services**: Cambridgeshire and Peterborough as a whole have one of the fastest growing populations in the country.
- **Increased influence for primary care and local authorities**: The new system-wide approach will require CPFT to develop and proactively manage an external relationship management strategy.

We maintain a systematic and structured approach to risk management. A risk framework enables the Board to regularly review and understand CPFT’s risks.

The Board maintains a robust system to safeguard public and private investment, the Trust’s assets, patient safety and subsequent risk management and escalation. We continue to demonstrate compliance with corporate governance principles.

### Principal risks and uncertainties

CPFT is committed to providing safe, effective and supportive services, and recognises the importance of maintaining a true safety culture.

The risk management profile is continuously reviewed and developed to improve compliance and maintain assurance. During the past year the Datix Risk module was further embedded across the Trust. The module underpins the electronic risk recording and escalation system.

At the end of financial year the Board undertook the annual process to review the organisational risk appetite and subsequent risk tolerance levels against the delivery of each strategic objective. This in turn informs how risks are managed, scrutinised and escalated from ward through to Board level.

The Board Assurance Framework (BAF) reflects the organisation’s top strategic risks. Continuous reviews of the BAF include:

- Executive Directors review it at each monthly executive meeting.
- The Business and Performance Committee and Quality, Safety and Governance Committee review the top 10 relevant risks to business objectives, alongside the quality, performance and financial governance requirements of the organisation.
- The Audit and Assurance Committee reviews the BAF as part of their responsibility to review the establishment and maintenance of effective integrated governance, risk
management and internal control across CPFT. This ensures the Trust is able to
demonstrate compliance with accepted corporate governance principles.

Collectively the three committees provide assurance to the Board on overall operational
performance, taking a holistic view of quality, performance and finances.

2.1.4 Going concern

After making enquiries, the Directors have a reasonable expectation that the NHS
foundation trust has adequate resources to continue in operational existence for the
foreseeable future. For this reason, they continue to adopt the going concern basis in
preparing the accounts.

2.2 Performance analysis

Full details are described in the Quality Report (Appendix 1).

2.2.1 Key performance measures

Improving patient safety, service effectiveness and the patient experience
Information on improving patient safety is included in the Quality Report (Appendix 1).

National and local targets
Information on national and local targets is included in the Quality Report (Appendix 1).

Workforce performance
Key areas of focus continue to be on staff engagement, sickness levels and recruitment.

A five-year Workforce Strategy was introduced in June 2016, underpinned by the following:

- Organisational Development
- Recruitment and Retention
- Health and Wellbeing
- Staff Survey Action Plan

Completion of key strategic actions has impacted positively. For example, vacancy
rates have reduced from 12.19%, in 2015/2016 to 10.05% since implementation of the
Recruitment and Retention strategy. Key actions included:

- Increased presence at recruitment events;
- Additional resource to support teams in managing recruitment effectively;
- Greater use of social media in promoting opportunities;
- Improved recruitment materials;
- Increased involvement of patients in the recruitment and selection process.

Workforce priorities, including key performance indicators, are regularly reviewed at the
monthly performance, risk and workforce executive meetings.

CPFT retained its Bronze Investors in People Status following re-accreditation in summer
2016.
Financial performance - overview of results for the year

CPFT has had a successful year financially delivering a year end surplus of £2.263m, a Use of Resources metric of 2 as planned, and investment of £3.3m in developing CPFT’s infrastructure and Estate.

The financial plan for the year was to deliver the Control Total agreed with NHS Improvement of a surplus of £1.447m. As part of this agreement CPFT was eligible for an allocation of £1.170m from the Core Sustainability and Transformation Fund (STF).

CPFT delivered an in-year operational performance of £1.494m surplus at the year end and as a result was eligible for a share of both the Incentive and Bonus STF. CPFT received an additional £0.771m from this source and as a result delivered a surplus of £2.263m for the year.

The position includes a final contract settlement with regard to the UnitingCare contract which was terminated in December 2015, of £0.476m. These costs are on a non-recurring nature.

The Risk rating applied to NHS foundation trusts was changed in-year as a result of the implementation of the Single Oversight Framework in October 2016. This introduced a new Use of Resources Metric to replace the Financial Risk Rating. CPFT delivered a rating of 2 against the Use of Resources metric for the year which was in line with the Plan. Further explanation on the new Regulatory framework is included in section 3.5

CPFT continued to invest in infrastructure improvements, with Capital expenditure in 2016-2017 of £3.3m. Improvements in the year included investment in technology to improve IT resilience and performance, investment in Mobile Working to support clinical staff in the community, and improvement in facilities and estates to enhance the clinical environment. The capital programme was entirely funded by internally generated funds in the year.

2.2.2 Environmental matters

Strategy and action plan - CPFT understands its responsibilities to the environment and the wider community. It recognises that everything that it does impacts on the environment, which, in turn, can affect people’s health and wellbeing. The Trust, in its position as a public sector employer, consumer of resources and producer of waste, recognises its role in the promotion of sustainability and its contribution to the Government’s sustainability agenda. To this extent we understand the need to develop and maintain a sustainable development management system that will provide the framework to deliver against national and regional sustainable development initiatives and targets.

CPFT will operate a sustainable development management system based around the following processes:

- Sustainability assessment through the ongoing use of the Good Corporate Citizenship Self Assessment Model (GCCM).
- The development, implementation and ongoing monitoring of a Sustainable Development Management Plan (SDMP) which is informed by the outcomes of the GCCM assessment.
- Identification and assessment of environmental aspects and impacts of the Trust’s operations and the use of audit and review to ensure that all impacts are effectively managed.
CPFT is in the process of completing a sustainability assessment using the Good Corporate Citizen self-assessment model. The findings of the assessment will be used to inform the renewal of the Trust’s SDMP which will be aligned with the new NHS Sustainability Strategy – ‘Sustainable, Resilient, Healthy People and Places’.

CPFT has set up a steering group, The Sustainability Management Group, whose responsibility will be to champion sustainability and develop, implement and monitor the policies and action plans aimed at embedding sustainability across the organisation.

The group has developed a Sustainability Policy which has been ratified by the Trust Board and is working on the implementation of the policy.

It has also identified a number of initiatives aimed at reducing energy consumption which include:

- Improving the energy metering infrastructure. The Trust has invested in improving their ‘smart’ meter network and the Trust now has comprehensive energy data for much of the estate.
- Replacement of inefficient lighting with LED lighting. Business cases for revamping projects at a number of buildings in Fulbourn Hospital have been submitted to the Trust for approval. Other buildings which may benefit from LED lighting are being identified.

Governance processes; we recognise that sustainable development is a corporate responsibility and needs to be fully embedded in our decision-making process. Furthermore, we understand that the principles of sustainable development must be embraced in order for us to realise the benefits of:

- Improved environmental performance.
- Better social co-operation and initiatives.
- Economic rewards from improved efficiency in resource use.

A draft Sustainable Development Action Plan has been submitted to the Trust and is awaiting approval for ratification.

2.2.3 Social, community and human rights

CPFT has continued to work with its local authority partners on the implementation of the Care Act 2014 and delivery of services, despite continuous pressures on resources. This year has seen a re-organisation of social work services to strengthen the delivery of services and support the PRImary care Service for Mental health (PRISM) developments.

We have seen a decrease in the number of vacancies in the services; however the number of Approved Mental Health Practitioners remains a challenge locally and nationally.

2.2.4 Significant events since Statement of Financial Position

There have been no significant events since the date of the Statement of Financial Position.
2.2.5 Overseas developments

We continue to explore a range of European and International opportunities, which could potentially benefit from the research and fellowship programme we have developed, offering research expertise, mentorship, training and service and strategy development.

In particular work is ongoing in Dubai to seek consultancy to support the local development of a Children’s and Adolescent Mental Health Service. In addition to this we continue to work with Qatar, Dubai, Malta and China.

The Trust was successful in being awarded a tender at the end of 2016, which will involve supporting a research and fellowship programme in Qatar. This work aligns with the implementation of the overarching Qatar Mental Health Strategy, which was recently developed.
This Performance report is signed by the Chief Executive as Accounting Officer.

Signed                        Date 24/5/17
Aidan Thomas
Chief Executive Officer
3. Accountability report

3.1 Directors report

3.1.1 Board of Directors

CPFT’s Board of Directors are accountable for organisational performance and stewardship. Their key responsibilities are to:

- Set the overall strategic direction;
- Ensure provision of consistent high-quality, safe and effective services;
- Maintain effective dialogue with the communities CPFT serves;
- Ensure high standards of governance across all organisational activities;
- And to approve the Annual Report and Accounts.

Day-to-day responsibility for overseeing and directing the delivery of services is held by the senior management team acting under delegated authority from the Executive Board.

The Board comprises eight Executive and eight Non-Executive Directors (NEDs).

The Director of Service Integration and interim Director for Primary Care and Corporate Affairs attend Board meetings without voting rights. The Non-Executive Chair maintains a casting vote. Six formal Board meetings were held during FY16/17.

Appointment of the Chair, Non-Executive and Executive Directors

The table below outlines responsibility for the appointment of members of the Board.

<table>
<thead>
<tr>
<th>POSITION</th>
<th>APPOINTMENT RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman</td>
<td>Council of Governors</td>
</tr>
<tr>
<td>Non-Executive Directors (NEDs)</td>
<td>Council of Governors</td>
</tr>
<tr>
<td>Chief Executive (CEO)</td>
<td>Chairman, NEDs collectively and Council of Governors</td>
</tr>
<tr>
<td>Executive Directors</td>
<td>Chairman, CEO and NEDs on the remuneration committee.</td>
</tr>
</tbody>
</table>

Details of remuneration paid to the Chair, NEDs and Executive Directors are outlined in section 3.2.3 Annual Remuneration Report

NEDs are appointed for a term of three years and are subject to an annual performance appraisal. NEDs may be re-appointed for a second three-year term providing they continue to be effective and demonstrate commitment to the role.

Removal of NEDs, including the Chair, requires the approval of three-quarters of the Council of Governors.
### Attendance at Board of Directors’ meetings

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Period served FYE 2017</th>
<th>Board meetings attended out of 6 (unless stated otherwise)</th>
<th>Date appointed to the board</th>
<th>Expiry, end of term of office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julie Spence, OBE</td>
<td>Chair (Non-Executive Director)</td>
<td>Full year</td>
<td>6 out of 6</td>
<td>Jan 2013</td>
<td>May 2017</td>
</tr>
<tr>
<td>Julian Baust</td>
<td>Deputy Chair</td>
<td>Full year</td>
<td>6 out of 6</td>
<td>April 2016</td>
<td>Mar 2019</td>
</tr>
<tr>
<td>Sir Patrick Sissons</td>
<td>Non- Executive Director</td>
<td>Period ended Sept 2016</td>
<td>2 out of 2 (1)</td>
<td>Jan 2016</td>
<td>Sept 2016</td>
</tr>
<tr>
<td>Jo Lucas</td>
<td>Non- Executive Director</td>
<td>Full year</td>
<td>6 out of 6</td>
<td>Oct 2014</td>
<td>Oct 2016</td>
</tr>
<tr>
<td>Simon Burrows</td>
<td>Non- Executive Director</td>
<td>Full year</td>
<td>6 out of 6</td>
<td>Oct 2014</td>
<td>Sept 2017</td>
</tr>
<tr>
<td>Sarah Hamilton</td>
<td>Non- Executive Director</td>
<td>Full year</td>
<td>5 out of 6</td>
<td>Jan 2016</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Mike Hindmarch</td>
<td>Non- Executive Director</td>
<td>Full year</td>
<td>5 out of 6</td>
<td>May 2015</td>
<td>May 2018</td>
</tr>
<tr>
<td>Dr Amit Sethi</td>
<td>Non- Executive Director</td>
<td>Appointed Mar 2017</td>
<td>1 out of 1 (2)</td>
<td>Mar 2017</td>
<td>Feb 2020</td>
</tr>
<tr>
<td>Prof. Peter Jones</td>
<td>Non- Executive Director</td>
<td>Appoint Mar 2017</td>
<td>1 out of 1 (3)</td>
<td>Mar 2017</td>
<td>Feb 2020</td>
</tr>
<tr>
<td>Aidan Thomas</td>
<td>Chief Executive</td>
<td>Full year</td>
<td>5 out of 6</td>
<td>Sept 2013</td>
<td>N/A</td>
</tr>
<tr>
<td>Deborah Cohen</td>
<td>Director of Service Integration</td>
<td>Full year</td>
<td>6 out of 6</td>
<td>Sept 2014</td>
<td>N/A</td>
</tr>
<tr>
<td>Kit Connick</td>
<td>Interim Director of Primary Care and Corporate Affairs</td>
<td>Appointed Feb 2017</td>
<td>1 out of 1 (4)</td>
<td>Feb 2017</td>
<td>N/A</td>
</tr>
<tr>
<td>Melanie Coombes</td>
<td>Director of Nursing</td>
<td>Full year</td>
<td>6 out of 6</td>
<td>Nov 2012</td>
<td>N/A</td>
</tr>
<tr>
<td>Dr Chess Denman</td>
<td>Medical Director</td>
<td>Full year</td>
<td>4 out of 6</td>
<td>Jan 2012</td>
<td>N/A</td>
</tr>
<tr>
<td>Scott Haldane</td>
<td>Director of Finance</td>
<td>Full year</td>
<td>5 out of 6</td>
<td>Jan 2015</td>
<td>N/A</td>
</tr>
<tr>
<td>Stephen Legood</td>
<td>Director of People and Business Development</td>
<td>Full year</td>
<td>5 out of 6</td>
<td>Sept 2015</td>
<td>N/A</td>
</tr>
<tr>
<td>Sarah Warner</td>
<td>Chief Operating Officer</td>
<td>Full year</td>
<td>6 out of 6</td>
<td>Aug 2014</td>
<td>N/A</td>
</tr>
</tbody>
</table>

(1) Sir Patrick Sissons term ended in September 2016.
(2) Dr Amit Sethi joined the Trust on the 1 March 2017; consequently he only had opportunity to attend one Board of Directors meeting.
(3) Professor Peter Jones joined the Trust on the 1 March 2017; consequently he only had opportunity to attend one Board of Directors meeting.
(4) Kit Connick started her new role on the 21 February 2017; consequently she only had opportunity to attend one Board of Directors meeting.

Non-Executive Directors

Julie Spence OBE, Chairman
Chair of: Board of Directors, Council of Governors, Nomination Committee and Remuneration Committee

Julie has over 30 years distinguished public service with the police. She retired as Chief Constable of Cambridgeshire in late 2010. Appointed as Chair of CPFT in 2014, she is experienced operating with high levels of public scrutiny and accountability. Julie is currently Chair of the Police Mutual Assurance Society and a Trustee of Ormiston Families. She has lectured on leadership and organisational management at the University of Cambridge and Anglia Ruskin University.

Julian Baust, Deputy Chair
Chair of: Business and Performance Committee.

Julian has more than 30 years commercial experience of organisational transformation, redesign and performance management gained within product and service industries. Prior to taking early retirement he was Chairman and Managing Director of Kodak (UK) Ltd. Julian successfully led the business through transformations from analogue to digital. In addition to his role at CPFT, Julian serves as Vice-Chairman of Diabetes UK UK.

Sir Patrick Sissons, Non-Executive Director
Senior Independent Director (until September 2016)

Patrick worked in University medical schools in clinical academic positions for more than 30 years - latterly as Regius Professor of Physic and Head of the School of Clinical Medicine at the University of Cambridge. He demonstrated vast knowledge of how translational research and medical education can contribute to high-quality clinical services. Patrick was Senior Independent Director and the Non-Executive Lead for research until September 2016.

Jo Lucas, Non-Executive Director
Senior Independent Director (October 2016 onwards)

Jo has over 40 years experience working in mental health services in the UK and internationally. She served as a board member of a number of organisations including that of chair for a special needs housing association. Currently a psychotherapist in private practice in Cambridge and tutor for a counselling and psychotherapy training organisation, Jo is the non-executive lead for recovery. Jo was appointed as CPFTs Senior Independent Director in October 2016. She also serves as Chair of MIND (Cambridgeshire).

Simon Burrows, Non-Executive Director
Chair of: Charitable Funds Committee

Simon has more than 25 years commercial experience in the areas of research and customer insight, operational and process management, business development and financial management. He most recently served as Group Director at TNS (UK) the world’s biggest market, social and political research business. He previously served as a non-executive Director and Vice Chairman of the Market Research Society and IQCS for seven years.
Sarah Hamilton, Non-Executive Director
Chair of: Quality, Safety and Governance Committee

Sarah is a solicitor and has over 20 years experience acting for public bodies including the NHS Litigation Authority. She was previously a Public Governor of Hertfordshire Partnership University NHS Foundation Trust (HPFT). She is a Non- Executive Director of CILEx Law School and an assessor for the Law Society. She also sits as chair on Fitness to Practise Committees for the General Pharmaceutical Council and the Health and Care Professions Council.

Mike Hindmarch, Non-Executive Director
Chair of: Audit and Assurance Committee

Mike is a chartered accountant with extensive experience at board level in the private, public and third sector. Following a successful career with multi-national companies, he more recently worked for a large UK charity supporting people with multi-sensory impairment. He previously served as a Non- Executive Director and Audit Chair at Cambridge Community Services NHS Trust and currently serves as Vice-Chair of the Joint Audit Committee for the Police & Crime Commissioner and Chief Constable for Cambridgeshire and Peterborough.

Dr Amit Sethi, Non-Executive Director

Amit is currently Global Medical Director at BUPA. He oversees a team of health and care professionals serving customers across 190 countries. Having trained at Hinchingbrooke Hospital, he has lived and practiced as a GP in Cambridgeshire for 13 years. He previously served as a Medical Director of Community Services for Serco PLC, a Partner at Rookery Medical Centre (Newmarket) and a member of the Clinical Executive and Board of West Suffolk CCG.

Professor Peter Jones, Non-Executive Director

Peter has been Professor of Psychiatry at Cambridge since 2000, and Deputy Head of the Clinical School since 2014. Peter’s research interests are in the epidemiology of mental illness particularly causes active in early life, and the mental health of young people.

He was a founder of the award winning CAMEO early intervention service where he worked until taking on the Directorship of the NIHR Collaboration for Leadership in Applied Health Research & Care East of England hosted by CPFT -This is a partnership between researchers and health services to accelerate the effect of research evidence on policy and practice.

Having helped form Cambridgeshire's specialist mental health trust in 2002, Peter served as a Non-Executive Director until 2005 and is delighted to join the CPFT board as an Non-Executive Director. He is a Trustee for MQ, the mental health research charity

www.mqmentalhealth.org
**Executive Directors**

**Aidan Thomas, Chief Executive**

**Areas of special interest and / or responsibility:**
Responsible for meeting all the statutory and regulatory requirements of CPFT, in addition to being CPFT’s Accounting Officer to Parliament.

Aidan has more than 30 years experience working in the NHS and over 15 years’ experience as a Chief Executive, having previously held that role at Norfolk and Suffolk NHS Foundation Trust, West Essex Primary Care Trust and Epping Forest Primary Care Trust. He was a former Directors of human resources and Directors of older people’s services at Lambeth Community NHS Trust and Directors of operations at Essex and Herts Community NHS Trust. Aidan is passionate about developing ever better ways to deliver health and social care treatments to the communities CPFT serves.

**Deborah Cohen, Director of Service Integration**

**Areas of special interest and / or responsibility:**
Service integration, partnership working, recovery

Deborah has more than 20 years experience working in health and social care roles. Prior to joining CPFT she served in various senior management roles including Service Head of Education, Health and Wellbeing at the London Borough of Tower Hamlets and Executive Director of Mental Health Service at Barnet, Enfield and Haringey NHS Mental Health Trust. Deborah is passionate about developing and promoting dementia services. Her joint commissioning team in Tower Hamlets won a national award for remodelling dementia services across health and social care and she previously led the London Association of Directors of Adult Social Services Mental Health Group.

**Kit Connick, Interim Director of Primary Care and Corporate Affairs**

**Areas of Special interest and / or responsibility:**
Strategy development, project and programme management, client management, primary care, corporate projects, communications and marketing, charitable funds, workforce equality and diversity, risk management, emergency planning and medical devices.

Kit has worked in a number of NHS organisations in Cambridgeshire for 16 years in a range of corporate leadership roles, prior to which she worked in the private sector. Kit has a particular interest in organisational and personal development and is an executive coach and mentor, as well as a healthcare leadership feedback facilitator and Belbin accreditor. Kit is also a Director of a multi-academy Trust in Suffolk, with responsibility for HR.

**Melanie (Mel) Coombes, Director of Nursing and Quality**

**Areas of special interest and / or responsibility:**
Responsible officer for nursing and AHP workforce, patient safety, safeguarding, complaints, patient experience, quality, clinical governance, compliance and infection prevention and control.

Melanie has more than 25 years experience working in the NHS. A registered nurse, she previously served as Deputy Director of Nursing and then acting Director of Nursing for five years at Coventry and Warwickshire NHS Partnership Trust. With a passion for improving quality, she led the development and implementation of ward-to-board reporting. She has also led on several developments at a national level.
Dr Chess Denman, Medical Director
Areas of special interest and / or responsibility:
Responsible officer for medical revalidation; consultant appraisal; clinical research
development and governance; clinical effectiveness and medicines management;
Caldicott Guardian.

Chess has more than 20 years experience working in the NHS. She trained in medicine
at Trinity College, Cambridge and London University before studying psychiatry at London’s
Guys and St Thomas’ and Cassel Hospital's. A consultant psychiatrist in psychotherapy at
Addenbrooke’s Hospital before joining CPFT in 2003, Chess is committed to improving
services for mental health patients. She founded CPFT’s Complex Cases Service for the
treatment of personality disorders which won innovation site status and funding from the
Department of Health.

Scott Haldane, Director of Finance
Areas of special interest and / or responsibility:
Finance and procurement including financial reporting, financial control, payroll, audit and
procurement, capital planning, financial performance and management. Business
information technology and estates management.

Scott has over 20 years experience in senior management roles and over 15 years’ as a
Director of Finance. He graduated from the University of Stirling with a BA in Accountancy
and Business Law in 1981 and qualified as a Chartered Accountant in 1984. He previously
served as Director of Finance at Cambridge Community Services NHS Trust and NHS
National Services Scotland respectively in addition to four years as Strategy & Business
Development Director (Scotland) for Atos IT Services (UK) Ltd. Scott previously served as
Chairman of the Healthcare Financial Management Association and was recognised as
public sector Finance Director of the year in 2006. He is currently a lay member of the Court
at the University of Stirling; a Non-Executive Director of Edinburgh Leisure Ltd. (an arms-
length Charitable body of City of Edinburgh Council); and a Trustee of Heritage Care, a
national Charity providing community-based care and support for people with learning
disabilities, mental health support needs and older people.

Stephen Legood, Director of People and Business Development
Areas of special interest and / or responsibility:
Strategy development, business planning and development, commissioning, client
management and service transformation. Human resources, learning and development,
leadership and management development; workforce productivity and all personnel matters.

Stephen has over 20 years experience working in the NHS, which has taken him from ward
to board. He started as a nurse. Prior to his current role Stephen served as interim Chief
Operating Officer having previously served in several Associate Directors roles at CPFT
leading on commissioning, contracting, system redesign and development of large-scale
services. He is a Governor of Cambridgeshire University Hospitals NHS Foundation Trust.

Sarah Warner, Chief Operating Officer
Areas of special interest and / or responsibility:
Operational performance and delivery of services.

Sarah has extensive experience working in the NHS, the last 10 years of which have been
in senior operational roles. Prior to joining CPFT she served as Managing Director of
Hertfordshire Partnership University NHS Foundation Trust. The role saw her lead
implementation of a single point of access service and redevelopment of the county-wide inpatient service. Prior to moving into mental health, Sarah was a General Manager at the Royal Brompton and Harefield NHS Foundation Trust.

3.1.2 Register of Interests

CPFTs Directors Register of Interests details any (potential) conflicts of interest of serving board members. The register is maintained by the Trust Secretary.

It is available for public inspection upon written request to the following address: Trust Secretary, Cambridgeshire and Peterborough NHS Foundation Trust, Elizabeth House, Fulbourn Hospital, Cambridge, CB21 5EF.

CPFT did not make any contributions to any political parties.

3.1.3 Board of Directors’ Sub-Committees

The Board discharges some of its functions during the year through the sub-committees outlined below. The work of the sub-committees and their terms of reference are reviewed annually to ensure these remain up to date, effective and fit for purpose.

Audit and Assurance Committee (AAC)

The committee is responsible for ensuring an effective system of integrated governance, risk management and internal control is in place to support the achievement of CPFT’s strategic objectives.

The committee is tasked with reviewing all internal and external audit reports and accounts to ensure the Trust is compliant with NHS and NHSI governance and audit standards.

Membership of the committee consists of three Non-Executive Directors (excluding CPFT’s Chair), one of whom is appointed to the role of Chair. At least one member of the committee should be deemed to have relevant financial expertise.

Meeting dates

Business and Performance Committee (B&P)

The committee is responsible for monitoring, reviewing and providing assurance to the Board on financial performance and service delivery against set targets and budget.

The committee is tasked with providing assurance to the Board on delivery of the long-term business and financial strategy, and support to the service development strategy.

Membership of the committee consists of four Non-Executive Directors, one of whom is appointed to the role of Chair, and four Executive Directors.

Meeting dates
**Quality, Safety and Governance Committee (Q, S&G)**

The committee is responsible for monitoring CPFT’s performance in developing and co-ordinating clinical governance and quality policy and practice.

The committee is tasked with providing assurance to the Board that high standards of care, appropriate governance structures, efficient processes and controls are in place across the Trust.

Membership of the committee consists of four Non-Executive Directors, one of whom is appointed to the role of Chair, and four Executive Directors.

**Meeting dates**


**Charitable Funds Committee**

The committee is responsible for considering the general running and use of the charitable funds and makes recommendations to the Board, as Trustee.

The committee is tasked with considering any changes in investment policy, review performance of current investments, receive reports on the investment and charitable fund and monitor and review the implementation of any recommendations.

The Committee must regularly review spending compliance against the Reserves Policy.

Membership of the committee consists of three Non-Executive Directors, one of whom is appointed to the role of Chair, one Executive Director, a member from the partner organisation and one Board-approved person.

**Meeting dates**


The table overleaf details committee membership and meeting attendance during FY16/17.
Sub-committee membership and attendance

*Professor Peter Jones is a half time NED as such is only required to attend the Board Meeting.

<table>
<thead>
<tr>
<th>NAME</th>
<th>MEMBERSHIP</th>
<th>MEETING ATTENDANCE</th>
<th>Charitable Funds – out of 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deborah Cohen</td>
<td>●</td>
<td>●</td>
<td>-</td>
</tr>
<tr>
<td>Melanie Coombes</td>
<td>●</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dr Chess Denman</td>
<td>●</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Scott Haldane</td>
<td>●</td>
<td>●</td>
<td>3</td>
</tr>
<tr>
<td>Stephen Legood</td>
<td>●</td>
<td>●</td>
<td>3</td>
</tr>
<tr>
<td>Sarah Warner</td>
<td>●</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Julian Baust</td>
<td>●</td>
<td>Chair</td>
<td>3</td>
</tr>
<tr>
<td>Simon Burrows</td>
<td>●</td>
<td>●</td>
<td>3</td>
</tr>
<tr>
<td>Sarah Hamilton</td>
<td>●</td>
<td>Chair</td>
<td>3</td>
</tr>
<tr>
<td>Mike Hindmarch</td>
<td>Chair</td>
<td>●</td>
<td>3</td>
</tr>
<tr>
<td>Jo Lucas</td>
<td>●</td>
<td>●</td>
<td>3</td>
</tr>
<tr>
<td>Sir Patrick Sissons</td>
<td>●</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Kit Connick</td>
<td>●</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Dr Amit Sethi</td>
<td>●</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Prof Peter Jones*</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Executive Directors are invited to attend other committee meetings (- they are not members of) where agenda items involve areas of risk or operation within their individual remit. For example, the Director of Finance is a required attendee at each Audit and Assurance committee meeting.

A nominated member(s) of the Council of Governors attends each sub-committee meeting.
Board and sub-committee effectiveness

CPFT’s Scheme of Delegation policy outlines the level of decision making that can be delegated and those responsibilities reserved for the Board of Directors.

The work of the Board and various sub-committees and their terms of reference are reviewed annually to ensure they remain up to date, effective and fit for purpose.

In line with NHS Improvement guidelines, the Board completed an annual Well-Led Framework self-assessment. Results will form the basis for their development plan for the year. External facilitation to support evaluation of the Board is planned for FY17/18 too.

3.1.4 Better payment practice codes

CPFT is committed to making payments to suppliers within the timescales required by the Code. In 2016/17, the Trust paid 74% of invoices within 30 days of invoice date (2015/16: 77%).

CPFT had no payments of interest under the Late Payment of Commercial Debts (Interest) Act 1998.

3.1.5 Enhanced quality governance reporting

Quality governance reporting is detailed in the Quality Report (Appendix 1) and annual governance statement.

Information on complaints handling

The Complaints Department registered 174 formal complaints between 1 April 2016 and 31 March 2017, compared to 185 in 2015 - 2016.

The decrease in formal complaints from the previous year can be attributed to the increasing number of teams attempting to locally resolve concerns prior to them being escalated as a formal complaint.

3.1.6 Cost statement

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

3.1.7 Income disclosures

NHS Improvement, in exercise of the powers conferred on Monitor by paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 - directs that the keeping of accounts and the annual report of each NHS foundation trust shall be in the form as laid down in the NHS Improvement annual reporting guidance for NHS foundation trusts within the NHS Foundation Trust Annual Reporting Manual, that is in force for the financial year.

As an organisation we are required by the NHS Act 2006 (as amended by the Health and Social Care Act 2012) to state whether our income from the provision of goods and services for the purposes of the health service in England is greater than our income from
the provision of goods and services for any other purpose. We can confirm that this was the case, as evidenced by our accounts.

We are also required by the same act to provide information on the impact that other income has had on our provision of healthcare. We can confirm that our other operating income has had no adverse impact on our provision of goods and services for the purposes of the health service in England.

3.1.8 Auditors’ disclosures

To the best of their ability the Board of Directors are not aware of any relevant audit information of which the auditors are unaware.

Each member of the board is considered to have taken relevant steps to content themselves that the auditors are fully aware of any relevant audit information.

3.2 Remuneration report

3.2.1 Annual statement on remuneration

Remuneration Committee (not subject to audit)

The committee is responsible for all contractual arrangements covering CPFT’s CEO, Executive Directors and any other staff groups not subject to national terms and conditions of service. Contractual arrangements will include:

- All aspects of salary (including any performance-related element/bonuses and cost of living increases);
- Provision of other benefits including pensions and cars;
- And any arrangements for termination of employment and other contractual terms.

The committee is further responsible for identifying and appointing candidates to all Executive Director positions on the Board, and overseeing their performance through an annual objective setting and review process. The committee also determines the size, structure and composition of the Board.

Membership of the committee is shown below:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE</th>
<th>MEETING ATTENDANCE – out of 2 (18 May 2016 and 19 December 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julie Spence OBE</td>
<td>Committee Chair</td>
<td>2 of 2</td>
</tr>
<tr>
<td>Julian Baust</td>
<td>Member</td>
<td>2 of 2</td>
</tr>
<tr>
<td>Sarah Hamilton</td>
<td>Member</td>
<td>1 of 2</td>
</tr>
<tr>
<td>Prof. Sir Patrick Sissons</td>
<td>Member</td>
<td>1 of 1 *</td>
</tr>
</tbody>
</table>

*Sir Patrick Sissons term ended in September 2016.

Other attendees may be co-opted from time-to-time in accordance with agenda items. During the course of 2016-17 the committee was supported in its work by Aidan Thomas, Chief Executive and Stephen Legood, Director of People and Business Development.
3.2.2 Senior Managers’ Remuneration Policy

CPFT’s Remuneration Committee is responsible for determining senior managers remuneration or any other staff not subject to Agenda for Change terms and conditions or Medical and Dental terms and conditions.

There were no substantial changes to remuneration made during the year or the process in place for review.

Remuneration and performance conditions

The Remuneration Committee may use one or more of the following in determining appropriate role remuneration:

- Benchmarking data surveyed among CPFT’s peer group including NHS providers;
- National and regional analysis of NHS Chief Executives and Executive Directors remuneration;
- And reviews of advertised Executive Director roles across the NHS.

Other than the Medical Director, amendments to annual salary are decided by the Remuneration Committee on the basis of the size and complexity of job portfolio.

Executive Director annual salaries are inclusive. Other payments such as bonus, overtime, long hours, on-call and stand by do not feature in Executive Directors’ remuneration. The Medical Director’s salary is in accordance with national terms and conditions of the service consultant contract 2003.

Cost-of-living increases for Executive Directors are linked to the Agenda for Change terms and conditions of employment which apply to all staff.

Service contracts

Executive Directors are appointed to permanent contracts, subject to six months’ notice of termination by either party.

Date of contract, the unexpired term and details of notice period are as follows:

<table>
<thead>
<tr>
<th>Executive Director</th>
<th>Date in Post</th>
<th>Unexpired Term</th>
<th>Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aidan Thomas – Chief Executive</td>
<td>September 2013</td>
<td>Permanent</td>
<td>Six months</td>
</tr>
<tr>
<td>Deborah Cohen – Director of Service Integration</td>
<td>September 2014</td>
<td>Permanent</td>
<td>Six months</td>
</tr>
<tr>
<td>Kit Connick – Director of Primary Care and Corporate Affairs</td>
<td>February 2017</td>
<td>Interim</td>
<td>Six months</td>
</tr>
<tr>
<td>Melanie Coombes – Director of Nursing and Quality</td>
<td>November 2012</td>
<td>Permanent</td>
<td>Six months</td>
</tr>
<tr>
<td>Dr Chess Denman - Medical Director</td>
<td>January 2012</td>
<td>Permanent</td>
<td>Six months</td>
</tr>
<tr>
<td>Scott Haldane – Director of Finance</td>
<td>January 2015</td>
<td>Permanent</td>
<td>Six months</td>
</tr>
</tbody>
</table>
There are no special contractual compensation provisions for early termination of Executive Directors’ contracts.

Early termination by reason of redundancy is subject to either:

- the provisions of the *Agenda for Change: NHS Terms and Conditions of Service Handbook* (Section 16);
- Or for those above minimum retirement age, the provisions of the NHS Pension Scheme.

Employees above the minimum retirement age who themselves request termination by reason of early retirement are subject to the normal provisions of the NHS Pension Scheme.
### 3.2.3 Annual Remuneration Report

#### Remuneration - Subject to audit

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Year ending 31 March 2017</th>
<th>Year ending 31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary and Fees (bands of £5000) £000</td>
<td>Taxable Benefits (total to the nearest £100) £000</td>
</tr>
<tr>
<td>Non-Executive Directors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Julie Spence OBE - (Non-Executive Chairman)</td>
<td>45 - 50</td>
<td>0</td>
</tr>
<tr>
<td>Jo Lucas - (Non-Executive Director)</td>
<td>10 - 15</td>
<td>0</td>
</tr>
<tr>
<td>Sarah Hamilton (Non-Executive Director) Note 1</td>
<td>10 - 15</td>
<td>0</td>
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<tr>
<td>Diana Forsyth (Non-Executive Director) Note 2</td>
<td>15 - 20</td>
<td>0</td>
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<tr>
<td>Sir Patrick Sissons (Non-Executive Director) Note 3</td>
<td>05 - 10</td>
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</tr>
<tr>
<td>Simon Burrows (Non-Executive Director)</td>
<td>10 - 15</td>
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</tr>
<tr>
<td>Mike Hindmarsh (Non-Executive Director)</td>
<td>10 - 15</td>
<td>0</td>
</tr>
<tr>
<td>Julian Baust (Non-Executive Director)</td>
<td>15 - 20</td>
<td>0</td>
</tr>
<tr>
<td>Executive Directors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aidan Thomas (Chief Executive)</td>
<td>145 - 150</td>
<td>0</td>
</tr>
<tr>
<td>Dr Chess Denman (Medical Director)</td>
<td>155 - 160</td>
<td>0</td>
</tr>
<tr>
<td>Sarah Warner (Chief Operating Officer)</td>
<td>130 - 135</td>
<td>0</td>
</tr>
<tr>
<td>Keith Spencer (Deputy Chief Executive) Note 4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stephen Legood (Director of People and Business Development)</td>
<td>105 - 110</td>
<td>0</td>
</tr>
<tr>
<td>Melanie Coombes (Director of Nursing)</td>
<td>125 - 130</td>
<td>0</td>
</tr>
<tr>
<td>Scott Haldane (Director of Finance)</td>
<td>135 - 140</td>
<td>0</td>
</tr>
<tr>
<td>Name</td>
<td>Remuneration Range</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
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</tr>
<tr>
<td>Deborah Cohen (Director of Service Integration)</td>
<td>125 - 130</td>
<td></td>
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<td>27.5 - 30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>145 - 150</td>
<td></td>
</tr>
<tr>
<td>Kit Connick (Interim Director for Primary Care and Corporate Affairs) Note 5</td>
<td>10 - 15</td>
<td></td>
</tr>
<tr>
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<td>0</td>
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</tr>
<tr>
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<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

** Pension related benefits - Negative pension related benefits have occurred as salary increase did not match the inflation assumption directed for the calculation

Note 1 - Appointed January 2016

Note 2 - Resigned December 2015

Note 3 - Deceased September 2016

Note 4 - Seconded as Chief Executive of UnitingCare LLP until February 2016. Keith Spencer was made redundant in 2016/17 with an amount payable of £160,000.

Note 5 - Appointed February 2017

**Hutton Disclosure** - The Trust is required to disclose the relationship between the remuneration of the highest-paid Director in their organisation and the median remuneration of the organisation’s workforce. The banded remuneration of the highest-paid Director in CPFT in the financial year 2016/17 was £155,000 - £160,000 (2015/16 £145,000 - £150,000). This was 5.5 times (2015/16 5.2 times) the median remuneration of the workforce, which was £28,462 (2014/15, £28,180).

In 2016/17, no employees received remuneration in excess of the highest-paid Directors (2015/16, none). Remuneration ranged from £6,257.16 to £142,000 (2015/16, £7,039.31 to £142,000)

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

During the year the Trust reimbursed £27,454.97 in expenses to Directors (2015/16 £18,017) and £1,483.59 to Governors (2015/16 £1,730). 14 of the 17 Directors posts made claims for expenses and 8 of 33 Governors claimed expenses.
B) Pension Benefits 2016/17 - Subject to Audit

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Real increase in pension at age 60 (£000)</th>
<th>Real increase in lump sum at age 60 (£000)</th>
<th>Real increase in CETV at age 60 (£000)</th>
<th>Total accrued pension at age 60 at 31 March 2017 (£000)</th>
<th>Lump sum at aged 60 related to accrued pension at 31 March 2017 (£000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2017 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aidan Thomas (Chief Executive)</td>
<td>0 - 2.5</td>
<td>2.5 - 5</td>
<td>118</td>
<td>60 - 65</td>
<td>185 - 190</td>
<td>1,380</td>
</tr>
<tr>
<td>Dr Chess Denman (Medical Director)</td>
<td>5.0 - 7.5</td>
<td>7.5 - 10</td>
<td>180</td>
<td>60 - 65</td>
<td>190 - 195</td>
<td>1,392</td>
</tr>
<tr>
<td>Sarah Warner (Chief Operating Officer)</td>
<td>2.5 - 5.0</td>
<td>5 - 7.5</td>
<td>70</td>
<td>30 - 35</td>
<td>90 - 95</td>
<td>524</td>
</tr>
<tr>
<td>Keith Spencer (Director of People and Business Development) Note 1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Stephen Legood (Director of People and Business Development)</td>
<td>2.5 - 5.0</td>
<td>2.5 - 5</td>
<td>41</td>
<td>15 - 20</td>
<td>35 - 40</td>
<td>246</td>
</tr>
<tr>
<td>Melanie Coombes (Director of Nursing)</td>
<td>2.5 - 5.0</td>
<td>2.5 - 5</td>
<td>78</td>
<td>35 - 40</td>
<td>105 - 110</td>
<td>667</td>
</tr>
<tr>
<td>Scott Haldane (Director of Finance)</td>
<td>2.5 - 5.0</td>
<td>0</td>
<td>44</td>
<td>05 - 10</td>
<td>0</td>
<td>140</td>
</tr>
<tr>
<td>Deborah Cohen (Director of Service Integration)</td>
<td>0 - 2.5</td>
<td>0</td>
<td>36</td>
<td>05 - 10</td>
<td>0</td>
<td>81</td>
</tr>
<tr>
<td>Kit Connick (Interim Director for Primary Care and Corporate Affairs) Note 2</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10 - 15</td>
<td>40 - 45</td>
<td>201</td>
</tr>
</tbody>
</table>

Notes

Note 1 - Seconded as Chief Executive of UnitingCare LLP until February 2016. Unpaid leave for 2016/17
Note 2 - Appointed February 2017

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Revised guidance was issued by HM Treasury on 26 October 2011 regarding the calculation of CETVs in public service pension schemes. Based on this guidance the NHS Pensions Agency, with effect from 8 December 2011, has used revised and updated actuarial factors produced by GAD when calculating CETVs within the NHS Pensions Scheme.
### B) Pension Benefits 2015/16 - Subject to Audit

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Real increase in pension at age 60</th>
<th>Real increase in lump sum at age 60</th>
<th>Real increase in CETV at age 60</th>
<th>Total accrued pension at age 60 at 31 March 2016</th>
<th>Lump sum at aged 60 related to accrued pension at 31 March 2016</th>
<th>Cash Equivalent Transfer Value at 31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aidan Thomas (Chief Executive)</td>
<td>0 - 2.5</td>
<td>2.5 - 5</td>
<td>25</td>
<td>60 - 65</td>
<td>180 - 185</td>
<td>1,262</td>
</tr>
<tr>
<td>Dr Chess Denman (Medical Director)</td>
<td>2.5 - 5.0</td>
<td>7.5 - 10</td>
<td>69</td>
<td>55 - 60</td>
<td>170 - 175</td>
<td>1,213</td>
</tr>
<tr>
<td>Sarah Warner (Chief Operating Officer) Note 1</td>
<td>2.5 - 5.0</td>
<td>5 - 7.5</td>
<td>56</td>
<td>30 - 35</td>
<td>80 - 85</td>
<td>453</td>
</tr>
<tr>
<td>Keith Spencer (Director of People and Business Development) Note 2</td>
<td>5.0 - 7.5</td>
<td>17.5 - 20</td>
<td>125</td>
<td>50 - 55</td>
<td>160 - 165</td>
<td>1,040</td>
</tr>
<tr>
<td>Stephen Legood (Interim Director of People and Business Development) Note 3</td>
<td>2.5 - 5.0</td>
<td>2.5 - 5</td>
<td>33</td>
<td>10 - 15</td>
<td>30 - 35</td>
<td>206</td>
</tr>
<tr>
<td>Melanie Coombes (Director of Nursing) Note 3</td>
<td>2.5 - 5.0</td>
<td>2.5 - 5</td>
<td>47</td>
<td>35 - 40</td>
<td>95 - 100</td>
<td>590</td>
</tr>
<tr>
<td>Scott Haldane (Director of Finance) Note 4</td>
<td>0 - 2.5</td>
<td>0</td>
<td>28</td>
<td>0 - 5</td>
<td>0</td>
<td>96</td>
</tr>
<tr>
<td>Deborah Cohen (Director of Service Integration) Note 5</td>
<td>0 - 2.5</td>
<td>0</td>
<td>30</td>
<td>0 - 5</td>
<td>0</td>
<td>45</td>
</tr>
</tbody>
</table>

#### Notes
- Note 1 - Appointed September 2014
- Note 2 - Seconded as Chief Executive of UnitingCare LLP until February 2016
- Note 3 - Appointed May 2014
- Note 4 - Appointed January 2015
- Note 5 - Appointed October 2014

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Revised guidance was issued by HM Treasury on 26 October 2011 regarding the calculation of CETVs in public service pension schemes. Based on this guidance the NHS Pensions Agency, with effect from 8 December 2011, has used revised and updated actuarial factors produced by GAD when calculating CETVs within the NHS Pensions Scheme.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.
3.3 Staff report (*)

3.3.1 Analysis of average staff numbers (WTE)

<table>
<thead>
<tr>
<th>Department/ Role</th>
<th>No. of Staff by Contract Type</th>
<th>Total Staff 2016/17</th>
<th>Total Staff 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fixed-term temp</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Medical and dental</td>
<td>-</td>
<td>138</td>
<td>138</td>
</tr>
<tr>
<td>Ambulance staff</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Administrative and estates</td>
<td>-</td>
<td>285</td>
<td>285</td>
</tr>
<tr>
<td>Healthcare assistants and other support staff</td>
<td>-</td>
<td>940</td>
<td>940</td>
</tr>
<tr>
<td>Nursing, midwifery and health visiting staff</td>
<td>-</td>
<td>968</td>
<td>968</td>
</tr>
<tr>
<td>Nursing, midwifery and health visiting learners</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Scientific, therapeutic and technical staff</td>
<td>-</td>
<td>737</td>
<td>737</td>
</tr>
<tr>
<td>Healthcare science staff</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Social care staff</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Agency and contract staff</td>
<td>163</td>
<td>-</td>
<td>163</td>
</tr>
<tr>
<td>Bank staff</td>
<td>-</td>
<td>146</td>
<td>146</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td><strong>OVERALL TOTAL</strong></td>
<td></td>
<td><strong>3377</strong></td>
<td><strong>3281</strong></td>
</tr>
</tbody>
</table>

Of which:
Number of employees (WTE) engaged on capital projects

<table>
<thead>
<tr>
<th>Role/ Category</th>
<th>Female</th>
<th>Male</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Directors</td>
<td>8</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Other employees</td>
<td>3179</td>
<td>635</td>
<td>3814</td>
</tr>
<tr>
<td><strong>TOTAL INDIVIDUALS</strong></td>
<td><strong>3187</strong></td>
<td><strong>644</strong></td>
<td><strong>3831</strong></td>
</tr>
</tbody>
</table>

3.3.2 Workforce gender breakdown

<table>
<thead>
<tr>
<th>Role/ Category</th>
<th>Staff Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Board of Directors</td>
<td>8</td>
</tr>
<tr>
<td>Other employees</td>
<td>3179</td>
</tr>
<tr>
<td><strong>TOTAL INDIVIDUALS</strong></td>
<td><strong>3187</strong></td>
</tr>
</tbody>
</table>

Board of Directors:
Female - Melanie Coombes, Chess Denman, Deborah Cohen, Sarah Warner, Julie Spence, Jo Lucas, Kit Connick and Sarah Hamilton.

Male - Aidan Thomas, Scott Haldane, Stephen Legood, Julian Baust, Sir Patrick Sissons / Dr Amit Sethi, Simon Burrows, Mike Hindmarch, and Prof Peter Jones.

(* Excludes social work staff on local authority contracts of employment who are seconded into the Trust under section 75 agreements).
<table>
<thead>
<tr>
<th>Category</th>
<th>Permanent £000</th>
<th>Other £000</th>
<th>Total £000 2016/17</th>
<th>Total £000 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>108,111</td>
<td>4,529</td>
<td>112,640</td>
<td>109,771</td>
</tr>
<tr>
<td>Social security costs</td>
<td>9,616</td>
<td>357</td>
<td>9,973</td>
<td>7,388</td>
</tr>
<tr>
<td>Employer’s contributions to NHS pensions</td>
<td>13,832</td>
<td>-</td>
<td>13,832</td>
<td>13,185</td>
</tr>
<tr>
<td>Pension cost - other</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>175</td>
</tr>
<tr>
<td>Other post-employment benefits</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other employment benefits</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Termination benefits</td>
<td>237</td>
<td>-</td>
<td>237</td>
<td>694</td>
</tr>
<tr>
<td>Temporary staff</td>
<td>-</td>
<td>9,526</td>
<td>9,526</td>
<td>11,910</td>
</tr>
<tr>
<td><strong>Total gross staff costs</strong></td>
<td>131,796</td>
<td>14,412</td>
<td>146,208</td>
<td>143,123</td>
</tr>
<tr>
<td>Recoveries in respect of seconded staff</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total staff costs</strong></td>
<td>131,796</td>
<td>14,412</td>
<td>146,208</td>
<td>143,123</td>
</tr>
<tr>
<td>Of which</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs capitalised as part of assets</td>
<td>96</td>
<td>-</td>
<td>96</td>
<td>288</td>
</tr>
</tbody>
</table>

**Developing a skilled and engaged workforce**

The Trust recognises the requirement for an innovative and creative approach to expand the capability and capacity of our diverse workforce.

To create versatility and improve accessibility we completed the following:

- **Technology Enhance Learning (TEL):** Over the past year a TEL strategy has been embedded. This allows the organisation to move towards a more blended approach in how we develop learning and development opportunities. Improvements in provision of mandatory training such as the Care Certificate programme moving to an online submission portfolio approach will continue.

  We have developed a clinical competency framework central record for Bands 2 to 4 through TEL. This will support on-the-job training and competence.

- **Empowered to Care:** We have continued to deliver our empower to care programme to grow our own, however numbers on this course have been very low and therefore the programme has been paused for 2017/18 to allow resources to be re-allocated to deliver the Certificate in Community Mental Health and explore how we develop an integrated care pathway of development.

  In terms of mandatory training, the organisation’s nine broad work streams add significant and quantifiable value for a modern workforce engaged in delivering safe,
effective and recovery-focussed services. Mandatory training modules include; corporate induction; moving and handling; resuscitation and related activity; E-learning programmes; clinical risk; clinical skills and clinical induction; PMVA including physical interventions; enhanced breakaway; conflict resolution; and managing challenging behaviour.

CPFT’s overall mandatory training compliance rate is just over 92.19% for all staff.

3.3.3 Information on NHS sickness data

The average percentage sickness rate for the Trust is above our set target of 4.35%. A targeted approach is underway in each directorate to reduce sickness absence supported through a new sickness policy and overall Health and Wellbeing Strategy and accompanying action plan.

<table>
<thead>
<tr>
<th>Sickness analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average FTE 2016</td>
</tr>
<tr>
<td>3,218</td>
</tr>
</tbody>
</table>

The sickness analysis figures shown above are for 2016 calendar year.

3.3.4 Staff policies

Staff policies and procedures new or revised policies for 2016 / 2017

- Shared Parental Leave
- Learning and Development and Study Leave policy
- Salary Overpayments Policy
- Facilities and Time Off for trade union duties and activities
- Home Working Policy
- Personal and Professional Boundaries Policy
- Retirement Guidance (Replaced the Retirement Policy)
- Flexible Working Policy
- Substance Use Policy
- Inclement Weather / Disruption to Travel
- Leave Policy
- Recognition agreement with Trade Unions-Protocol
- Appraisal Policy
- Maternity, Paternity & Adoption Leave Policy & Procedure
- Supervision Policy – Managerial and Clinical Supervision
- Equality, Diversity & Human Rights Policy
- Relocation Policy
- Leaving the Trust Policy
- Maintaining Professional Registration Policy
- Employment Break Policy
• Temporary Employment Policy (New – replaced Secondment Policy & Fixed Term Contract Policy)

The Trust regularly reviews policies as a result of incidents, employment or case law changes and changes in CPFT Processes. All policies are reviewed in partnership with the Joint Consultation & Negotiating Partnership (JCNP).

Policy development
All policies are jointly developed and agreed with CPFT’s Joint Consultation and Negotiating Partnership (JCNP). All policies are assessed for compliance with equal opportunity requirements for staff with any of the nine protected characteristics.

The JCNP work collaboratively with the Trust’s management, human resources team and staff. They receive workforce information, negotiate with the organisation on issues affecting terms and conditions of employment and discuss other workforce related matters.

Our Wearing 2 Hats group is a leading example where policy development has involved wider groups. The group is made up of likeminded colleagues from across the Trust, and aims to improve how the organisation supports staff with long term medical conditions. Established in 2015, the group meets regularly and focuses on three key work streams:

- Peer support
- Anti-stigma
- Policy and guidance

Other staff developments and continuous procedures
Some examples of positive developments in the year include:

- Buddy scheme: An initiative evolved from the Wearing 2 Hats group where staff with their own mental health challenges are linked to an appropriate colleague with whom they can share experiences.

- PRIDE values framework: Introduced into the FY16/17 appraisal process, the framework requires staff and their managers to assess themselves against a set of expected staff attitudes and behaviours.

- Health and wellbeing week: Held for the first time in October 2016, the health and wellbeing week included activities and information sessions across the Trust culminating in a Staff Health and Wellbeing Conference.

- “Two Ticks” and Mindful Employer Initiatives: The two initiatives support applicants and members of staff with mental health conditions requiring assistance during the recruitment process.

- Local Counter Fraud (LCF): We continued to work with a LCF specialist to ensure staff are updated on the importance of counter fraud issues within the NHS.

- Apprenticeships: Fifty-seven staff took up an apprenticeship qualification last year. Twenty-nine of these were existing staff who undertook an apprenticeship
as part of their role, ranging from level two to four in business and administration, customer service, team leading, management, health and social care and Clinical Healthcare. Twenty-eight young people were appointed on new apprenticeship contracts to gain experience and skills in working towards a level two qualification in business and administration or health and social care.

**Equal opportunities**
The Trust complies fully with the Equality Act 2010 and the Public Sector Equality Duty section of the Act. We are actively engaged with the Equality Delivery System 2 (EDS2), taking into consideration those not protected by the Equality Act 2010 but who face disadvantages when accessing or using CPFT services.

Full details of EDS2 can be found at [www.england.nhs.uk/about/gov/equality-hub/eds/](http://www.england.nhs.uk/about/gov/equality-hub/eds/)

We recognise the value and importance of diversity in our workforce and endorse Equality and Diversity among our staff, patients, carers, visitors and partners. We maintain a no tolerance policy towards any demonstration of discrimination (direct, indirect, associative or perceptive), harassment, bullying or victimisation.

The CPFT Diversity Network (formally the Equality and Diversity Steering group) has responsibility for developing and executing the organisation’s equality and diversity agenda.

The group is accountable to CPFT’s Board via the Executive team and is chaired by the Interim Director of Primary Care and Corporate Affairs with membership open to any member of staff.

**Key highlights include:**
- Mandatory training 92.19% staff compliance, including equality and diversity training covering Equality Act Legislation
- Celebrating Black History Month hosted by the Rising Roses WI
- Wearing 2 Hats initiative
- Chaplaincy staff training including Introduction to Islam
- Implementation of the Accessible Information Standard (AIS)
- Cultural awareness and LGBT training delivered as part of the HR Skills module.

**Consultation with and involvement of employees**
Any service changes within the year were carried out in consultation with staff involved.

The Trust’s Staff Consultative forum meets every two months to engage and consult with trade union colleagues on any employment-related or organisational changes. They also meet to review and develop employment policies.

Direct communication with staff at all levels is supported by the Board through Executive back-to-the-floor sessions, Non-Executive Director service visits, Aidan’s Answers e-mail system and via internal communication channels including intranet updates, weekly staff bulletins and monthly team brief.
Education and training activities
We are committed to providing workforce learning, academic and professional development opportunities at all levels.

Over the last year we have continued to provide support for medical staff for example through; placements for a range of disciplines in partnership with regional Universities; hosting membership of the Royal College of Psychiatry regional course; and hosting intakes of trainees.

Staff feedback highlighted Continuing Professional Development (CPD) as a valuable retention aspect of employment. It remains a key priority for the Trust with the organisation part funding planned CPD events and activities for the year in light of reduced funding from Health Education England and other bodies. This has included ongoing support for mentorship, preceptorship; Post Graduate Certificate in Education; Advanced Clinical Skills; in-house CPD events.

Our Clinical Placements team has worked with Health Education England and regional Universities as a lead organisation supporting the Nursing Associate programme.

We also sponsored a number of staff undertaking degree or masters level programs during the year.

Health, safety and occupational health
The Trust’s Health at Work policy details support provided to staff in relation to their health and working environment. Other activities supporting staff health and wellbeing include:

- Addition of health and wellbeing within the induction process for new managers and staff appraisals
- Development of Stay Well at Work plans
- Four members of staff trained and available as Mindfulness Practitioners
- Free gym access for a six week programme
- Launch of a health and wellbeing newsletter
- Quarterly PRIDE award celebrations
- Staff-focussed Health and Wellbeing Week
- Re-launch of the staff Diversity Network
- Introduction of a Buddy Scheme.

A number of other support channels include:

- **Occupational health service**: provided by Optima via Serco.
- **Counselling services**: provided by Insight Healthcare
- **Stress-awareness training**: available to all managers in support of their teams
- **General information**: relevant information is regularly updated on CPFTs Staff Matters intranet page.
3.3.5 Staff Survey

Summary of performance – results from the National NHS Staff Survey

The National Staff Survey was completed by 50% of CPFT Staff, which equates to 1,746 staff and was an increase from 46% in the previous year. Overall the Trust is comparable to similar mental health, specialist and community organisations.

The below table highlights our top five scores:

<table>
<thead>
<tr>
<th>Key finding</th>
<th>Description</th>
<th>2016</th>
<th>2015</th>
<th>National Average</th>
<th>Trust Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</td>
<td>23%</td>
<td>25%</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month</td>
<td>20%</td>
<td>21%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Staff confidence and security in reporting unsafe clinical practice</td>
<td>3.79</td>
<td>3.74</td>
<td>3.71</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months</td>
<td>14%</td>
<td>15%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves</td>
<td>52%</td>
<td>54%</td>
<td>55%</td>
<td></td>
</tr>
</tbody>
</table>

There were no scores that deteriorated, with all either staying stable or improving. This is again an improvement and an achievement considering the climate in the NHS with changes and consultations that have directly impacted staff, along with the increasing demand for our services.

The Trust’s action plan from the 2016 staff survey focussed on the following aims:
- For staff at all levels to feel able to contribute to improvements.
- To keep staff well and at work.
- To ensure staff are safe, feel safe and are not discriminated against.
- For staff to feel more valued and supported.

The bottom scoring five are below:

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>Description</th>
<th>2016</th>
<th>2015</th>
<th>National Average</th>
<th>Trust Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Percentage of staff working extra hours</td>
<td>74%</td>
<td>74%</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Support from immediate managers</td>
<td>3.82</td>
<td>3.80</td>
<td>3.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percentage of staff feeling unwell due to work related stress in last 12 months</td>
<td>42%</td>
<td>44%</td>
<td>39%</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td><strong>Percentage of staff appraised in last 12 months</strong></td>
<td>88%</td>
<td>86%</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Percentage of staff appraised in last 12 months</strong></td>
<td>88%</td>
<td>86%</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Staff satisfaction with level of responsibility and involvement</strong></td>
<td>3.86</td>
<td>3.83</td>
<td>3.90</td>
<td></td>
</tr>
</tbody>
</table>

There is still much to do, and this feedback alongside the Collective and Collaborative feedback is being pulled together to form specific actions to improve CPFT as a place to work.

The actions are Directorate-led, so staff are engaged in developing the solution. The Organisational Development Strategy will be updated to reflect the findings and specific actions set out to support the development of the Trust.

**Research and Development (R&D) activities**

The Trust is committed to the principle of research being crucial in improving understanding and treatment of health. Our world-class team support and deliver clinical research within the NHS locally and nationally. The team works with Universities, charities, industry, patient, public and other NHS organisations to develop effective treatments and interventions.

Last year we re-organised the R&D leadership team. The expanded and strengthened team is led by Professor Ed Bullmore. In January 2017 CPFT’s Board agreed a revised R&D strategy to deliver the following objectives over the next three years.

- Communicating R&D issues clearly and informatively
- Building on the current clinical data analytics infrastructure
- Growing NIHR and commercial portfolios
- Strengthening patient involvement
- Empowering all staff to use R&D to drive improved service user outcomes.

**CPFT research activity 2016/17**

As of March 2017 CPFT was hosting 181 active research studies, either in whole or part.

A total of 841 patients receiving health services provided or sub-contracted by the Trust participated in research during FY16/17. This number is twice that of the next largest regional mental health Trust.

Research at CPFT receives funding support from external organisations including the NIHR’s Collaboration for Leadership in Applied Health Research & Care (CLAHRC), the Cambridge Biomedical Research Centre and the Clinical Research Network (Eastern).

Examples of research currently undertaken within the Trust include:

- **BIODEP - BIOmarkers in DEPression** BIODEP is a non-interventional study to characterise the role of inflammatory processes in depression. This Wellcome Trust
funded research aims to identify which subset of patients suffering depression respond better to an anti-inflammatory drug over a conventional antidepressant. Host Directorate: Adult and Specialist Services.

- **IMAGINATOR** IMAGINATOR is a pilot study of a brief functional imagery training intervention for self-harm in young people, supported by a smart-phone ‘app’. IMAGINATOR is a CLAHRC East of England funded study evaluating a potentially effective and innovative short-term therapy for self-harm in young people. The study will pilot a new imagery-based psychological intervention among 16-25 year olds who experience repetitive self-harm. Host Directorate: Children, Young People & Families.

- **Neuroinflammation, Imaging and Microglia in Dementia (NIMROD)** NIMROD is a study on the role of brain inflammation in dementia, depression and other neurological illnesses. Funded by NIHRs Cambridge NIHR Biomedical Research the research aims to identify the role inflammation plays in the genesis of different types of dementia and in key subgroups at risk of dementia. Host Directorate: Older People and Adult Community.

**Patient and Public Involvement (PPI) – research involvement of CPFT’s patients, their families and carers**

CPFT encourages patients, service users and their carers to be fully and meaningfully involved in research whenever possible. During FY16/17 five ongoing projects involved a Service User Advisory Group (SUAG) with eleven other projects including at least one formal meeting with service users and/or carers.

Examples of projects with SUAGs include:

- **IMAGINATOR** *as described earlier in the report*, (Di Simplicio)
- **DIAGRAMS** (Komashie) engaged the SUAG to assist in communicating their systems engineering project to participants. One SUAG member co-facilitated focus groups. The group also adds value by ‘sense checking’ study analysis.

Another CLAHRC funded project, *Physical Autonomic Symptoms in Lewy Body Dementia* (Bentley), maintained a Carer Advisory Group throughout the project.

Members of the Service User and Carer Research Group continue to be involved in other activities within the Trust, often as Peer Support Workers or training clinical school students.

**3.3.6 Expenditure on consultancy**

During the year CPFT spent £0.285m on Consultancy to support strategic reviews of Service provision, Service Transformation and Estates.

**3.3.7 Off payroll engagements**

All existing off-payroll engagements outlined below had at some point been subject to a risk based assessment as to whether assurance was required that the individual was paying the right amount of tax and, where necessary, that assurance had been sought.
Off-payroll engagements as of 31 Mar 2017, for more than £220 per day and that last for longer than six months.

<table>
<thead>
<tr>
<th>No. of existing engagements as of 31 March 2017</th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of which...</td>
<td></td>
</tr>
<tr>
<td>No. that have existed for less than one year at time of reporting</td>
<td>14</td>
</tr>
<tr>
<td>No. that have existed for between one and two years at time of reporting</td>
<td>9</td>
</tr>
<tr>
<td>No. that have existed for between two and three years at time of reporting</td>
<td>3</td>
</tr>
<tr>
<td>No. that have existed for between three and four years at time of reporting</td>
<td>0</td>
</tr>
<tr>
<td>No. that have existed for four or more years at time of reporting</td>
<td>0</td>
</tr>
</tbody>
</table>

New off-payroll engagements, or those that had reached six months in duration, between 1 April 2016 and 31 March 2017, for more than £220 per day and that last for longer than six months.

<table>
<thead>
<tr>
<th>No. of new engagements, or those that had reached six months in duration, between 1 April 2016 and 31 March 2017</th>
<th>42</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of the above which include contractual clauses giving CPFT the right to request assurance in relation to income tax and National Insurance obligations</td>
<td>6</td>
</tr>
<tr>
<td>No. for whom assurance has been requested</td>
<td>6</td>
</tr>
<tr>
<td>Of which...</td>
<td></td>
</tr>
<tr>
<td>No. for whom assurance has been received</td>
<td>3</td>
</tr>
<tr>
<td>No. for whom assurance has not been received *</td>
<td>3</td>
</tr>
<tr>
<td>No. that have been terminated as a result of assurance not being received</td>
<td>0</td>
</tr>
</tbody>
</table>

*Where an individual leaves after assurance is requested but before assurance is received and instances where trusts are still waiting for information from the individual at the time of reporting this should be included within “No. for whom assurance has not been received”.

Off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2016 and 31 March 2017.

<table>
<thead>
<tr>
<th>Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals that have been deemed ‘board members and/or senior officials with significant financial responsibility’ during the financial year. This figure should include both off-payroll and on-payroll engagements.</td>
<td>15</td>
</tr>
</tbody>
</table>
### Exit Packages Staff

**Exit Packages –**

<table>
<thead>
<tr>
<th>Exit Package Cost Band</th>
<th>FY 16/17</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO. OF COMPULSORY REDUNDANCIES</td>
<td>NO. OF OTHER DEPARTURES AGREED</td>
</tr>
<tr>
<td>Under £10,000</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>£10,000 - £25,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>£25,001 - £50,000</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>£50,001 - £100,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>£100,000 - £150,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>£150,000 - £200,000</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>£200,001 and over</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL RESOURCE COST £’000s</strong></td>
<td>160</td>
<td>77</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FY 15/16</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO. OF COMPULSORY REDUNDANCIES</td>
<td>NO. OF OTHER DEPARTURES AGREED</td>
</tr>
<tr>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>16</strong></td>
</tr>
<tr>
<td><strong>TOTAL RESOURCE COST £’000s</strong></td>
<td><strong>158</strong></td>
</tr>
</tbody>
</table>
Exit packages: non-compulsory departure payments -

<table>
<thead>
<tr>
<th>CONTRACTUAL COSTS</th>
<th>FY17</th>
<th>TOTAL COST £'000</th>
<th>FY16</th>
<th>TOTAL COST £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary redundancies including early retirement</td>
<td>- *</td>
<td>33*</td>
<td>3</td>
<td>335</td>
</tr>
<tr>
<td>Mutually agreed resignations (MARS)</td>
<td>2</td>
<td>44</td>
<td>8</td>
<td>200</td>
</tr>
<tr>
<td>Early retirement in the efficiency of the service</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Payments in lieu of notice</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>OTHER COSTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exit payments following employment tribunals or court orders</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Non-contractual payments requiring HMT approval</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>38</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2</td>
<td>77</td>
<td>12</td>
<td>573</td>
</tr>
<tr>
<td>Total no. of non-contractual payments requiring HMT approval where payment value was more than 12 months of annual salary</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>38</td>
</tr>
</tbody>
</table>

* There were no agreements during FY17. The total of 33 represents the backlogged FY15/16 redundancy agreements.
Freedom to Speak Up - Whistleblowing

In April 2016 NHS Improvement published a whistleblowing policy document entitled Freedom to speak up: raising concerns (whistleblowing) policy for the NHS.

NHS organisations are expected to adopt all policy requirements as minimum standards. Our existing whistleblowing policy and procedures were revised accordingly where relevant.

‘Stop the Line’ continues to operate as a channel through which staff members can raise an immediate patient safety concern.

Service developments

A summary of the Trust’s three main clinical directorates and key highlights within each during FY2016/17 are outlined below.

<table>
<thead>
<tr>
<th>DIRECTORATE</th>
<th>SUMMARY OF SERVICE PROVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult and Specialist Mental Health Services Directorate</td>
<td>All in-patient wards and community mental health teams in Cambridgeshire and Peterborough, crisis resolution, psychological medicine services and home treatment teams, IAPT teams, our Advice and Referral Centre (ARC). Specialist services include prison mental health in-reach teams, eating disorders, substance misuse, learning disability, autism and ADHD services, and criminal justice services and arts therapies.</td>
</tr>
<tr>
<td>Older People’s and Adult Community Directorate (OPACS)</td>
<td>All neighbourhood community services teams, Joint Emergency Teams (JET), older people inpatient rehabilitation services and long term condition specialist services. OPACS also provide inpatient and community mental health services in Cambridgeshire and Peterborough for people over 65.</td>
</tr>
<tr>
<td>Children, Young People and Families Directorate</td>
<td>All child and adolescent mental health community services in Cambridgeshire and Peterborough, children's community services in Peterborough, an adolescent intensive support team, a young people's drug and alcohol service and specialist inpatient services for children, young people and their families.</td>
</tr>
</tbody>
</table>

Adult and Specialist Mental Health Services Directorates

The directorate was formed early in the year through merging the former Adult Mental Health Directorate and Specialist Services Directorate. In bringing the two Directorates together a new senior management team was developed and an Associate Director of Operations put in post.

First Response Service (FRS) launched

As highlighted in the Chair’s opening statement, FRS was launched in September 2016, to provide support and triage for anyone experiencing mental health crisis. This was following national funding as part of the Vanguard programme.

The service operates 24/7 supporting people of any age living in Peterborough.
or Cambridgeshire. Face-to-face assessments are provided where required, however many people contacting FRS do not need assessment and can be supported with advice by phone or onward referral. These onward referrals can include a referral to CPFT services or voluntary sector provision such as the Sanctuaries, which provide a safe haven for people in crisis out-of-hours.

The FRS is now fully implemented and initial figures show that it has reduced the number of people in mental health crisis attending accident and emergency departments across the county.

PRISM launched
Last year we launched a proof of concept service called PRISM to improve mental health support in Primary Care. PRISM provides specialist mental health advice and support for Primary Care so that patients with mental ill health can access prompt support in a community setting. The service is for adults aged 17 to 65 and focuses on a person’s needs rather than their diagnosis. This year we will be rolling out the service across the county.

Personality disorder service development
Our women’s personality disorder service based at the Springbank unit in Cambridge continued to develop their services including the introduction of a nine month pathway for patients with the condition.

As an example of best practice the team were approached to contribute to the NHS framework for nursing, midwifery and care staff, titled “Leading change, adding value.”

Liaison and Diversion services (LaDs) expansion
LaDs provide prompt assessments of vulnerable people entering the criminal justice system. The team work with numerous partner organisations such as the courts, Cambridgeshire Police and local authorities ensuring the vulnerable are diverted from the criminal justice system to appropriate support and care systems.

LaDs were awarded additional funding in October 2016 to increase team capacity to build on successes achieved in reducing caseloads in the criminal justice system through early identification of vulnerable people.

Integrated Mental Health Team
Based within the police control centre, this team of mental health professionals provides advice and support for police officers in caring for vulnerable adults with mental health needs. Launched in March 2016, the service has helped to notably reduce inappropriate Section 136 orders. This led to the Police and Crime
Commissioner funding the service for a second year.

They have also agreed to fund two Community Psychiatric Nurses to provide advice and support for people with suspected mental health illness, identifying and coordinating pathways into treatment. Working primarily with victims of crime this intervention will support people in coping with the immediate impact of crime and aide overall recovery from their experience.

**Victims of domestic abuse**
Funding has been agreed for psychiatric nursing support to the four women’s refuges across Peterborough and Cambridge to provide mental health support and outreach to victims of domestic abuse.

**Victims of homelessness**
Funding has been agreed to support a new dual diagnosis street team for the city of Cambridge. The team will provide assessment, support and advice to homeless people who have mental health issues and a drug and/or alcohol addiction. The team will collaborate with other agencies and support individuals directly.

**Older People’s and Adult Community Directorate (OPACS)**
Renamed in November 2016 to better reflect our patient profile and services, the directorate continued to provide an innovative model of care for older people and adults with long term conditions.

**Joint Emergency Team (JET)**
An independent audit of JET cases in the year indicated that around 24% of patients seen by the team avoided a hospital admission; equating to circa 160 fewer admissions to acute hospitals each month.

JET’s success in supporting adults aged 50 plus or those with long term conditions in their own homes when ill, and the resulting reductions in hospital admissions, saw the team allocated significant additional expansion funding in March 2017.

**Neighborhood teams (NTs)**
Ongoing consolidation of the NT model has succeeded in bringing together physical and mental health clinicians, working with specialist pathway services in a more agile way. Our 16 NTs are now the physical and mental health care hubs of the local neighborhood for over 65-year olds and adults requiring community services.

**Clinical services waiting times**
Increases in demand for many of our clinical services continued throughout the year. Improved systems and productivity however ensured our staff were able to manage the increase in demand without negative impact.

Waiting times for all clinical services achieved compliance against FY16/17 set targets. Stepped Care Therapies Services were rolled out in the 4 locality teams and waiting times for memory assessment services reduced.
Older people’s mental health
The Dementia Intensive Support Team (DIST) provides patients with a diagnosis of dementia who are at the point of crisis either through breakdown of care arrangements, deterioration in condition or carer issues. The team supported a record of 429 service-users last year.

Community hospital provision
There have been a number of developments in our community hospital provision including:
- Ongoing work to recruit permanent nursing staff has resulted in a significant reduction in agency spend. The CCG are reviewing the wider provision of community inpatient beds across the system.
- In May last year we gave the CCG 12 months’ notice of our intention to terminate the contract for radiography services. We have agreed to extend provision of radiography services delivered at Doddington, Princess of Wales and North Cambs Hospitals until the 31 August 2017. We are working with our partners to ensure a smooth transition of services.
- We continue to engage with the CCG on the future of our Minor Injury Units. They are proposing to pilot Local Urgent Care Service hubs which will provide additional medical support in the units.

Administrate support
Significant work has been undertaken this year to deliver the integrated administrative hub model. It is anticipated staff will be in new hubs from mid 2017 driving greater opportunities for enhanced clinical productivity.

Sustainability and Transformation Partnership (STP)
The directorate has been actively involved with both the Urgent and Emergency Care and Primary Care and Integrated Neighborhoods (PCIN) delivery groups to define new models of care for adults with long-term conditions.

Children, Young People and Families Directorate
A summary of key achievements from the Directorate in the last year are outlined below.

North CAMH project for schools
Funded by Peterborough Local Authority the project was launched in March/April 2016 to provide mental health support in primary schools.

Community Paediatrics Team
The Peterborough team introduced new joint orthopaedic clinics, posture management clinics and a Botox injection service. Patients are offered appointments within two to four weeks of referral.
Children in Care Team
Following a successful bid for additional funding; a children in care psychology service is now integrated within the health team.

Collaborative working
Working with our partners to improve service quality through increased service integration continued. A Memorandum of Understanding was agreed with Cambridgeshire Community Services NHS Trust to ensure child health services are joined-up between Cambridgeshire and Peterborough.

There has also been a lot of work to improve joint working with third sector organisations. A series of parenting programmes for people with children who have learning disabilities or mental health challenges were developed by the directorate in collaboration with local charities Family Voice Peterborough and Pinpoint Cambridgeshire.

Autism spectrum disorders
Commissioners agreed to extend the neurodevelopmental patient pathway to up to 18 years of age. This will ensure service provision for all secondary school children with the condition.

Clinical services waiting times
As highlighted in the Chair’s opening statement waiting times in Child and Adolescent Mental Health Services (CAMHS) and neurodevelopmental pathways were significantly reduced. Service users are now being assessed in less than 18 weeks.

Nursing revalidation
The Nursing and Midwifery Council (NMC) mandatory requirement for all nurses and midwives to revalidate every three years became effective as of April 2016.

In practice every registered nurse working for the Trust will need to complete and/or demonstrate the following to remain on the NMCs professional register:

- Practiced a minimum of 450 hours over the three years prior to the renewal of registration
- Undertook a minimum of 35 hours Continuing Professional Development (CPD)
- Obtained five pieces of practise-related feedback
- Recorded a minimum of five written reflections on the NMC Code
- Engaged in a Reflective Discussion with another NMC registrant
- Provided a health and character declaration
- Declared appropriate cover under an indemnity arrangement
- Provided third party confirmation that revalidation requirements were completed.
Our Revalidation Project Group has provided relevant support to the organisation’s 1,263 nurses. Between April 2016 and January 2017 inclusive, 370 nurses were due for revalidation; 360 successfully completed the process.

Our data indicates substantive staff are submitting their applications promptly and successfully. Retired nurses working as bank staff however appear less motivated or uncertain in how to complete the revalidation process. The Temporary Staffing Service Team now ensure bank staff are offered the same support as substantive staff, including CPD opportunities. For example, bank staff were invited to attend the CPFT Nurses Day Conference this year for the first time.

**Cambridge University Health Partnership (CUHP)**

CUHP is one of six Academic Health Science Centres in England. Its mission is to improve patient healthcare by bringing together the NHS, industry and academia.

CPFT is one of four partners along with the University of Cambridge, Cambridge University Hospitals NHS Foundation Trust and Papworth Hospital NHS Foundation Trust.

CUHP was established as a limited company with charitable objectives in 2009 and holds reaccreditation from the National Institute of Health Research (NIHR) until 2019.

### 3.4 NHS Foundation Trust Code of Governance

**Council of Governors (CoGs)**

Established in 2008, the CoGs primary role is to hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors and to represent the interests of CPFT members and the wider public.

The CoGs duties and how they were actioned during 2016-17 are outlined below:

<table>
<thead>
<tr>
<th>COG RESPONSIBILITY</th>
<th>ACTIONS IN FY 16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approving appointment and, if appropriate, removal of the Chair</td>
<td>Nomination Committee approved the recommendation of the renewal of the Chair</td>
</tr>
<tr>
<td>Approving appointment and, if appropriate, removal of other Non-Executive Directors</td>
<td>Approved the appointments of Dr Amit Seth and Professor Peter Jones</td>
</tr>
<tr>
<td>Approving changes to remuneration and allowances for the Chair and Non-Executive Director</td>
<td>Approved the remuneration and allowances to the Trust Chair and Chair of Audit Committee</td>
</tr>
<tr>
<td>Approving the appointment of the Chief Executive</td>
<td>No required actions in year</td>
</tr>
<tr>
<td>Appointing, reappointing or removal of CPFT’s external auditors</td>
<td>No required actions in year</td>
</tr>
<tr>
<td>Approving amendments to the constitution</td>
<td>Approved the review of constitution</td>
</tr>
<tr>
<td>Approving significant transactions</td>
<td>No required actions in year</td>
</tr>
</tbody>
</table>
CoG meetings, Governor and Board involvement
The CoG met in full three times during the year and formally received CPFT’s Annual Report and Accounts FY2016 at their September 2016 meeting.

The Trust’s Executive Directors are required to attend each CoG meeting and provide commentary on relevant areas of operational and financial performance over the past period. Our Non-Executive Directors are required to attend each CoG meeting and contribute as and where required.

Governors and members of the public attending the CoG are able to ask questions of any director on any relevant matter.

CoG, meetings and representation at Board of Director meetings and sub-committee meetings ensures Governors views and those of the members and public they represent are consistently heard by the board.

Comment on the development of the strategic direction and forward plans
Governors are integral to our annual business planning process and long-term strategy development. The CoG receives routine reports and updates at each meeting on development of annual plans.

Composition of the Council of Governors (CoG)
The CoG consists of the following number by class:

15 Public Governors
4 Staff Governors
6 Patient / Carer Governors
9 Appointed Governor

Representing the interests of CPFT’s members and the public
A membership report is presented to the CoG every six months. Currently two members of the CoG serve as Governor Leads for membership. Drawing on results of a membership survey conducted in FY2016, and other consultations, much of this years work has focussed on developing a membership recruitment and engagement strategy for implementation in the new financial year.

The CPFT website provides details of our Governor’s work and how to contact them – www.cpft.nhs.uk

Members receive a Governor update in their six monthly newsletters. Governor representation at quarterly member talks and events and the Annual Members Meeting provides for face-to-face contact.
### Composition of the Council of Governors (CoG)

The CoG hold three formal public meetings annually. In 2016-17, these were held on: 11 May, 7 September and 14 December 2016.

<table>
<thead>
<tr>
<th>NAME</th>
<th>CLASS OF GOVERNOR</th>
<th>DATE ELECTED</th>
<th>DATE(S) OF RE-ELECTION</th>
<th>CURRENT TERM ENDS</th>
<th>MEETINGS ATTENDED - out of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Collier</td>
<td>Public (Cambridgeshire)</td>
<td>September 2013</td>
<td>September 2014</td>
<td>September 2017</td>
<td>3 out of 3</td>
</tr>
<tr>
<td>John Cranston</td>
<td>Public (Cambridgeshire)</td>
<td>July 2011</td>
<td>July 2014</td>
<td>July 2017</td>
<td>1 out of 3</td>
</tr>
<tr>
<td>Bernie Gold</td>
<td>Public (Cambridgeshire)</td>
<td>June 2008</td>
<td>July 2010; September 2013</td>
<td>September 2017</td>
<td>3 out of 3</td>
</tr>
<tr>
<td>Margaret Johnson</td>
<td>Public (Cambridgeshire)</td>
<td>July 2011</td>
<td>July 2014; September 2013</td>
<td>July 2017</td>
<td>2 out of 3</td>
</tr>
<tr>
<td>Eric Revell</td>
<td>Public (Cambridgeshire)</td>
<td>May 2015</td>
<td>-</td>
<td>May 2018</td>
<td>2 out of 3</td>
</tr>
<tr>
<td>Ian Arnott</td>
<td>Public (Peterborough)</td>
<td>June 2008</td>
<td>July 2010; September 2013</td>
<td>September 2016</td>
<td>2 out of 3</td>
</tr>
<tr>
<td>Dr. Charlotte Paddison</td>
<td>Public (Cambridgeshire)</td>
<td>May 2016</td>
<td>-</td>
<td>May 2019</td>
<td>2 out of 3</td>
</tr>
<tr>
<td>Drury Thompson</td>
<td>Public (Peterborough)</td>
<td>May 2014</td>
<td>-</td>
<td>May 2017</td>
<td>0 out of 3</td>
</tr>
<tr>
<td>David Over</td>
<td>Public (Peterborough)</td>
<td>May 2015</td>
<td>-</td>
<td>May 2018</td>
<td>0 out of 3</td>
</tr>
<tr>
<td>Helen Blythe</td>
<td>Public (Peterborough)</td>
<td>May 2016</td>
<td>-</td>
<td>May 2019</td>
<td>0 out of 3</td>
</tr>
<tr>
<td>Melica Martin</td>
<td>Public (Rest of England)</td>
<td>May 2014</td>
<td>-</td>
<td>May 2017</td>
<td>0 out of 3</td>
</tr>
<tr>
<td>Kirsty Trigg</td>
<td>Patient/Carer: Service user (Cambridgeshire)</td>
<td>September 2013</td>
<td>-</td>
<td>September 2016</td>
<td>1 out of 2</td>
</tr>
<tr>
<td>Mark Batey</td>
<td>Patient/Carer: Service user (Peterborough)</td>
<td>May 2015</td>
<td>-</td>
<td>May 2018</td>
<td>1 out of 3</td>
</tr>
<tr>
<td>Elizabeth Mitchell</td>
<td>Patient/Carer: Carer</td>
<td>July 2012</td>
<td>May 2014</td>
<td>May 2017</td>
<td>3 out of 3</td>
</tr>
<tr>
<td>Keith Grimwade</td>
<td>Patient/Carer: Carer</td>
<td>May 2014</td>
<td>-</td>
<td>May 2017</td>
<td>1 out of 3</td>
</tr>
<tr>
<td>Jane Powell</td>
<td>Staff</td>
<td>May 2014</td>
<td>-</td>
<td>May 2017</td>
<td>2 out of 3</td>
</tr>
<tr>
<td>Anthony Hardy</td>
<td>Staff</td>
<td>May 2015</td>
<td>-</td>
<td>May 2018</td>
<td>0 out of 3</td>
</tr>
<tr>
<td>Ruth Cloherty</td>
<td>Staff</td>
<td>May 2016</td>
<td>-</td>
<td>May 2019</td>
<td>1 out of 3</td>
</tr>
<tr>
<td>Sara Sampson</td>
<td>Staff</td>
<td>May 2016</td>
<td>-</td>
<td>May 2019</td>
<td>1 out of 2</td>
</tr>
<tr>
<td>--------------</td>
<td>------</td>
<td>---------</td>
<td>---</td>
<td>---------</td>
<td>-----------</td>
</tr>
</tbody>
</table>

Current vacancies: Public Governors: 3 for Cambridgeshire & 1 for Peterborough; Patient/carer: service user: 2 for Cambridgeshire, 1 for Peterborough & 1 for Rest of England; Staff Governors: 1

The following individuals ceased serving as elected Governors during 2016: Anthony Hardy, Ian Arnott, Kirsty Trigg, Mark Batey, John Cranston.
<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANISATION REPRESENTED</th>
<th>ORGANISATION TYPE</th>
<th>DATE OF APPOINTMENT</th>
<th>MEETINGS ATTENDED – out of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lucy Nethsingha</td>
<td>Cambridgeshire County Council</td>
<td>Stakeholder</td>
<td>August 2015</td>
<td>0 out of 1</td>
</tr>
<tr>
<td>Wendi Ogle-Welbourn</td>
<td>Peterborough City Council</td>
<td>Stakeholder</td>
<td>February 2014</td>
<td>0 out of 3</td>
</tr>
<tr>
<td>Diana Wood</td>
<td>University of Cambridge</td>
<td>Stakeholder</td>
<td>June 2008</td>
<td>0 out of 3</td>
</tr>
<tr>
<td>Kevin Vanterpool</td>
<td>Cambridgeshire Police</td>
<td>Partner</td>
<td>October 2014</td>
<td>0 out of 3</td>
</tr>
<tr>
<td>Lawrence Ashelford</td>
<td>Cambridge University Hospitals NHS Foundation Trust</td>
<td>Partner</td>
<td>June 2015</td>
<td>1 out of 3</td>
</tr>
<tr>
<td>Lesley Crosby</td>
<td>Peterborough and Stamford Hospitals NHS Foundation Trust</td>
<td>Partner</td>
<td>March 2015</td>
<td>1 out of 3</td>
</tr>
<tr>
<td>Emily Gray</td>
<td>Voluntary sector</td>
<td>Partner</td>
<td>November 2014</td>
<td>0 out of 3</td>
</tr>
<tr>
<td>Graham Wilson (1)</td>
<td>Cambridgeshire County Council</td>
<td>Stakeholder</td>
<td>July 2016</td>
<td>1 out of 2</td>
</tr>
<tr>
<td>Laura Hunt (2)</td>
<td>Cambridgeshire Police</td>
<td>Partner</td>
<td>July 2016</td>
<td>1 out of 2</td>
</tr>
<tr>
<td>Sandra Myers (3)</td>
<td>Cambridgeshire University Hospitals NHS Foundation Trust</td>
<td>Partner</td>
<td>December 2016</td>
<td>1 out of 1</td>
</tr>
</tbody>
</table>

Current vacancies: 3 Partner Governor of the Voluntary Sector.

The following individual ceased serving as an Appointed Governor during 2016: Emily Gray (representing the voluntary sector), Lawrence Ashelford (representing Cambridgeshire University Hospitals NHS Foundation Trust), Lucy Nethsingha (representing Cambridgeshire County Council) and Kevin Vanterpool (representing Cambridgeshire Police).

(1) Graham Wilson replaces Lucy Nethsingha
(2) Laura Hunt replaces Kevin Vanterpool
(3) Sandra Myers replaces Lawrence Ashelford
## CPFT Board of Directors

<table>
<thead>
<tr>
<th>NAME</th>
<th>EXECUTIVE POSITION</th>
<th>MEETINGS ATTENDED – out of 3</th>
<th>NAME</th>
<th>EXECUTIVE POSITION</th>
<th>MEETINGS ATTENDED – out of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aidan Thomas</td>
<td>Chief Executive</td>
<td>2 out of 3</td>
<td>Julie Spence OBE</td>
<td>Chair</td>
<td>3 out of 3</td>
</tr>
<tr>
<td>Deborah Cohen</td>
<td>Director of Service Integration</td>
<td>2 out of 3</td>
<td>Julian Baust</td>
<td>Deputy Chair</td>
<td>2 out of 3</td>
</tr>
<tr>
<td>Melanie Coombes</td>
<td>Director of Nursing</td>
<td>2 out of 3</td>
<td>Simon Burrows</td>
<td>Non-Executive</td>
<td>2 out of 3</td>
</tr>
<tr>
<td>Chess Denman</td>
<td>Medical Director</td>
<td>0 out of 3</td>
<td>Dr Amit Sethi</td>
<td>Non-Executive</td>
<td>0 out of 0(1)</td>
</tr>
<tr>
<td>Scott Haldane</td>
<td>Director of Finance</td>
<td>3 out of 3</td>
<td>Sarah Hamilton</td>
<td>Non-Executive</td>
<td>2 out of 3</td>
</tr>
<tr>
<td>Stephen Legood</td>
<td>Director of People and Business Development</td>
<td>3 out of 3</td>
<td>Mike Hindmarsh</td>
<td>Non-Executive</td>
<td>3 out of 3</td>
</tr>
<tr>
<td>Sarah Warner</td>
<td>Chief Operating Officer</td>
<td>1 out of 3</td>
<td>Jo Lucas</td>
<td>Non-Executive</td>
<td>3 out of 3</td>
</tr>
<tr>
<td>Kit Connick</td>
<td>Interim Director of Primary Care and Corporate Affairs</td>
<td>0 out of 0(3)</td>
<td>Prof Sir Patrick Sissons</td>
<td>Non-Executive</td>
<td>2 out of 3(2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Prof Peter Jones</td>
<td>Non-Executive</td>
<td>0 out of 0(1)</td>
</tr>
</tbody>
</table>

(1) Dr Amit Sethi and Prof Peter Jones joined the Trust on 1st March 2017; consequently neither had an opportunity to attend a Council of Governors meeting

(2) Sir Patrick Sissons term ended in September 2016

(3) Kit Connick started her new role on the 21st February 2017; consequently she has not had the opportunity to attend a Council of Governors meeting.
Governor elections
Electoral Reform Services Limited (ERS) acted as independent Returning Officer for CPFT’s Governor election process.

Results of the annual election held in 2016 were published in March 2016. In summary, the following Governors were elected:

Staff Constituency: Ruth Cloherty and Sara Sampson  
Public Cambridgeshire: Mike Collier, Dr. Charlotte Paddison, Bernie Gold  
Public Peterborough: Helen Blythe

A total of 13 Governor vacancies existed at the time of election.

Governors’ Nominations Committee
A standing committee of the CoG, the Nominations Committee, is responsible for the appointment of Non-Executive Directors (NEDs). The Nominations Committee held three meetings during the course of the year.

Membership of the Committee consists of one appointed and three elected Governors and is chaired by CPFT’s Chair.

The Committee’s Terms of Reference were approved as in line with national best practice at the CoG meeting in July 2016.

Register of interests
All Governors are required to declare any interests at the time of their appointment or election. A standing agenda item at all CoG meetings ensures all interests relevant to the meeting are declared and, if new, updated.

The CoG Register of Interests is maintained by the Trust Secretary. It is available for public inspection upon written request to the following address:  
Trust Secretary, Elizabeth House, Fulbourn Hospital, Cambridge, CB21 5EF.

CPFT membership
CPFT membership is divided into three constituencies: Public, Patient / Carer, and Staff.

Public membership
Any individual aged 14 years or over can be a member of the public constituency, assuming either:

- They live within the electoral areas of Cambridgeshire County Council;
- They live within the electoral areas of Peterborough City Council; or
- They live in the rest of England

This is subject to the exclusions for membership set out in the constitution.
**Patient /carer membership**
Any individual aged 14 years and over can be a member of the public/carer constituency, assuming either:

- They were a service user in the Trust after 1 April 2002 and live within the electoral areas of Cambridgeshire County Council, Peterborough City Council or the rest of England; or
- They are a carer of a service user and live within the electoral areas of Cambridgeshire County Council, Peterborough City Council and the rest of England.

This is subject to the exclusions for membership set out in the constitution.

**Staff membership**
Employees who have a contract of employment with CPFT are automatically a member unless they choose to opt out.

**Membership numbers**
The Trust has 14,287 members (at time of writing): 9,262 public, 1,172 patient / carer and 3,853 staff.

**Membership recruitment and engagement**
CPFT maintained a program of member talks and events throughout the year and continued to issue a six monthly members’ newsletter.

Mindfulness sessions and Mental Health Awareness Training were provided for members throughout the year.

Membership packs were distributed at different locations throughout Cambridgeshire and Peterborough to support recruitment of members.

**Membership benefits**
By becoming a member of the Trust you would be eligible to receive the following benefits:

- an opportunity to help influence the future of your local health services;
- receive news and updates through our website and newsletter;
- be invited to attend member events and training sessions and learn about mental health, physical health and general wellbeing;
- take part in surveys and consultations on our services;
- support our campaigns to promote good health and fight mental health stigma;
- vote for or put yourself forward as a Governor of the Trust; and
- register to receive NHS discounts.

**Compliance with the Code of Governance**
CPFT has applied the principles of the NHS Foundation Trust Code of Governance on a “comply or explain” basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.
CPFT’s Board of Directors considers that overall it complies with the main and supporting principles outlined within the Code of Governance. The main exceptions to that being:

B.1.3. the Trust’s Director of People and Business Development, Stephen Legood is a partnership governor for Cambridgeshire University Hospital NHS Foundation Trust. This is described in section 3 and published on the Trusts website.

B.6.6. the Trust’s Constitution is due for a planned review in FY17/18. As part of this, work has begun to ensure that a robust process is in place around the policy and process for the removal from the council of any governor who consistently and unjustifiably fails to attend meetings of the council; or who has actual or potential conflict of interest which prevents the proper exercise of their duties.

D.2.3/ D.1.2. the Trust used detailed national data to benchmark the levels of remuneration for the Chairperson and the NEDs. The Trust will in FY17/18 commission an external review of remuneration of the Chairperson and NEDs in line with the requirement to review every 3 years.

A brief summary of disclosures required under the Code of Governance are outlined below. Further details can be found in relevant sections of the Annual Report.

<table>
<thead>
<tr>
<th>Ref</th>
<th>Trust Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.1.1</td>
<td>Described in section 3</td>
</tr>
<tr>
<td>A.1.2</td>
<td>Described in section 3</td>
</tr>
<tr>
<td>A.5.3</td>
<td>Described in section 3</td>
</tr>
<tr>
<td>B.1.1</td>
<td>The Board considers that all Non-Executive Directors are independent in character and judgement despite the fact that a number of the Non-Executive Directors hold senior positions within charitable organisations. In the interests of probity any Non Executive member would be excused from discussing any matters of business where this relationship could be interpreted as a conflict of interest.</td>
</tr>
<tr>
<td>B.1.4</td>
<td>Described in section 3</td>
</tr>
<tr>
<td>B.2.10</td>
<td>Described in section 3</td>
</tr>
<tr>
<td>B.3.1</td>
<td>The Chairperson disclosed other significant commitments before appointment. In addition to those previously declared, as of 01 March 2017 Julie Spence was announced as Lord Lieutenant of Cambridgeshire.</td>
</tr>
<tr>
<td>B.5.6</td>
<td>The Trust’s Forward Plan objectives and strategy is taken to Council of Governor meetings whilst it is being produced for their comments and suggestions. Members of the public are invited to our Council of Governor’s meetings so are also able to comment and ask questions, and Governors are also part of local community groups from which they gauge feedback.</td>
</tr>
<tr>
<td>B.6.1</td>
<td>Described in section 3</td>
</tr>
<tr>
<td>B.6.2</td>
<td>The Trust was subject to a Well Led Governance review which was undertaken externally by Deloitte during FY16/17</td>
</tr>
<tr>
<td>C.1.1</td>
<td>Described in section 3</td>
</tr>
<tr>
<td>C.2.1</td>
<td>Described in section 2</td>
</tr>
<tr>
<td>C.2.2</td>
<td>Described in section 2</td>
</tr>
</tbody>
</table>
The Directors consider the annual report and accounts, taken as a whole, as fair, balanced and understandable and provide the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust’s performance, business model and strategy.

3.5 NHS Improvement’s Single Oversight Framework

NHS Improvement’s Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability

Based on information from these themes, providers are segmented from 1 to 4, where ‘4’ reflects providers receiving the most support, and ‘1’ reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, NHSI’s Risk Assessment Framework (RAF) was in place.

Comparative information relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement’s guidance for annual reports.

Segmentation
The Trust has been segmented as a 2 in the NHS Improvement assessment process.

This segmentation information is the Trust’s position as at 31st March 2017. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

Finance and use of resources
The finance and use of resources theme is based on the scoring of five measures from ‘1’ to ‘4’, where ‘1’ reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.
The Trust has consistently maintained a Use of Resources metric of a 2 since the adoption of the Single Oversight Framework in Q3.

Information on Serious Incidents (SIs) involving data loss or confidentiality breach
During the course of FY16/17, CPFT recorded the following number of SIs involving data loss or a breach of confidentiality.

<table>
<thead>
<tr>
<th>SI LEVEL</th>
<th>FY16/17</th>
<th>FY15/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level one</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>Level two</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

The five level two SIs were Information Governance (IG) related, the 31 level one SIs followed the clinical review process, as they did not meet the SI level two IG criteria.

All IG level one related incidents were reported to the IG team to determine whether the incidents met the criteria for escalation under IG Health and Social Care Information Centre (HSCIC) the national provider of information, data and IT systems for health and social care guidelines for reporting.

All incidents were thoroughly investigated and measures were put in place in order to learn the lessons, prevent and minimise recurrence.

Statement on the NHS Constitution
The Trust has regard to the NHS Constitution in all of its operations, and is particularly robust in its safeguarding of the rights of patients and staff.
3.6 Statement of Chief Executive’s responsibilities as the Accounting Officer of Cambridgeshire and Peterborough NHS Foundation Trust

Statement of the chief executive's responsibilities as the accounting officer of Cambridgeshire and Peterborough NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Cambridgeshire and Peterborough NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Cambridgeshire and Peterborough NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed

Aidan Thomas
Chief Executive

Date: 24/5/17
3.7 Annual Governance Statement

Scope of responsibility
As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Cambridgeshire and Peterborough NHS Foundation 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 Cambridgeshire and Peterborough NHS Foundation Trust (‘the 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 Foundation Trust Accounting 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 the 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 and Peterborough NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk
Leadership within each of the Directorates is designed to affect a sound grasp of the key overarching risks for the Trust as these relate to their own services. Within Directorates, individual teams are expected to identify, understand and mitigate local risks, ensuring that these feed into overall Directorate risk registers.

The Trust produces a corporate risk register profile that is mapped to each Directorate and corporate services area. Each Directorate risk register is reviewed and updated on a monthly basis by the respective Associate Director’s of Operations and Clinical Director. This is then reviewed at the main performance management forum for Directorates; the monthly Performance and Risk Executive (PRE) meetings.

Here, key risk issues are reported and the Executive Directors hold the Directorate leadership to account for their management and mitigation of these risks. This forum is also an opportunity for key Directorate-level issues posing a risk to the achievement of the Trust’s strategic objectives to be added to the Operational Risk Register and, where appropriate, the Board Assurance Framework (BAF).

Another key governance forum where information is shared between Directorates and the Executive Directors is the monthly Executive Management Group. This meeting is attended by Clinical Directors, the Associate Director of Operations, Divisional Nurse Leads and Executive Directors. It is used as an information sharing and problem solving forum, where good practice relating to management and mitigation of risks is
shared and cross-Directorate learning can take place.

The Trust’s Operational Risk Register (incorporating the Board Assurance Framework), includes clinical and non-clinical risks. This reflects the Board of Directors’ review of its risk appetite. Risk is regularly reviewed in the following formally constituted sub-committees of the Trust Board:

- Business and commercial risks are reviewed by the Business and Performance Committee
- Clinical risks affecting quality and safety are reviewed at the Quality, Safety and Governance Committee.
- The Audit and Assurance Committee reviews the Trust-wide Operational Risk Register at each of its meetings.

The Chairs of each of these committees provide an update to the Trust Board, in line with the agreed cycle of business.

All staff within the Trust who are Band 7 or over receive bespoke governance training. This rigorous approach highlights the Trust’s commitment to delivery of an effective risk recognition, management, mitigation and reporting system at both operational and strategic level.

The risk and control framework

The Trust’s Risk Management Strategy describes the organisation’s values and strategic priorities against which key risks are identified and monitored. Key priorities for the management of those risks are clearly defined, alongside performance measures against which the Trust will measure its success in the management of risk.

The Trust’s strategic aims define the Board of Directors’ vision of how the organisation’s services should be delivered; they are the measure by which risk is assessed. These aims reflect the commitment made by the Trust to enhance stakeholder confidence in quality, safety and governance.

The Operational Risk Register (incorporating the BAF) sets out the key risks to the achievement of the Trust’s strategic objectives and the mitigations against each risk. This provides a simple, comprehensive, but constantly evolving document to inform discussions in regard to the management of strategic risks that could affect the delivery of strategic aims.

As already highlighted, the relevant sections are regularly reviewed by Board sub-committees to seek assurance on the effectiveness of controls in place to manage the strategic risks via the relevant Executive risk owner. In addition, annual internal audits are used to evaluate the successful day-to-day management of risk by the Trust.

The Business and Performance Committee and the Quality, Safety and Governance Committee hold the Trust and Directorates to account for performance against quality and governance targets. Feedback from the Performance and Risk Executive meetings is shared with both of these committees. The Finance Report is considered by the Business and Performance Committee before being presented to the Board, together with the Integrated Performance Report, which incorporates clinical and other
performance targets.

The Quality, Safety and Governance Committee:
1. ensures the Trust Board is sighted on potential governance problems ratifies the Policy assurance process;
2. leads on the Trust preparation for any CQC assessments that may be pending or have taken place;
3. quality issues are dealt with as they emerge;

This approach ensures the Board develops a better understanding of governance issues, which may not necessarily be reflected in performance targets.

The Audit and Assurance Committee:
1. has responsibility for ensuring that an effective system of integrated governance, risk management and internal control is in place to support the achievement of the Trust’s strategic objectives;
2. is comprised of three Non-Executive Directors, including a Chairperson, who must have significant recent financial experience.

The Patient Safety Committee is responsible for considering operational responses to Serious Incident reviews, Infection Control and Safeguarding, as well as ‘whistle-blowing’ and a ‘Stop the Line’ initiative (see below). Risk and safety priorities for the year were to continue to strengthen and improve processes, systems and practices and to better support staff to identify and effectively manage risk. The objective being to focus on continued improvements in the quality and safety of Trust services.

To enable the Trust to measure how successfully it is managing risk, a number of risk indicators are used. The Risk Register is updated monthly as a ‘live’ document to ensure it reflects up to date risks and mitigations. Operational risks are escalated through Directorate PRE meetings on a monthly basis as described above, with appropriate actions discussed and agreed to reduce or manage operational risks.

In addition to the output from the PRE meetings, the Executive Directors are held to account by the Non-Executive Directors as described above, through the Quality, Safety and Governance Committee and Business and Performance Committee. The Non-Executive Directors are held to account for their role in scrutinising performance by the Council of Governors, both informally on an on-going basis, and formally at the quarterly Council meetings. Control measures are also in place to ensure that the organisation’s obligations under Equality, Diversity and Human Rights legislation are complied with.

Assurance relating to compliance with CQC registration requirements is provided via the Trust’s InCA (Integrated Compliance Assessment) tool, which is used to assess compliance against CQC Essential Standards throughout the Trust’s services. This tool has been further embedded in the newly acquired community services this year and has increased the awareness of performance in relation to CQC Standards, allowing early identification of issues and therefore early implementation of mitigating actions. Periodic internal reviews of services are conducted, having been commissioned by the Board, as well as a planned series of Executive and Non-Executive Director visits to facilities as part of ensuring the quality of services is maintained. The Trust remains fully compliant with the registration requirements of the Care Quality Commission.
Specifically, risks to data security are managed via the normal governance structure and reporting process. The Information Governance Steering Group is responsible for overseeing Information Governance within the organisation and is chaired by the Director of Finance in his capacity as Senior Information Risk Officer (SIRO). During the year information governance has also been reviewed as part of the process of preparation for the information governance toolkit submission. The Trust successfully recorded compliance with the NHS Information Governance Toolkit at Level 2 again this year, the second highest level available.

The Trust is a committed partner in the Cambridgeshire and Peterborough Sustainability and Transformation Plan (STP). As a result, the Trust is actively involved in the system-wide governance arrangements that support the STP. In addition, the Trust Board has established a formal STP Oversight Committee as a full sub-committee of the Board. This Sub-committee is responsible for reviewing any actions or risks arising from the STP as they may relate to the Trust. Any such risks are reflected in the Trust’s Operational Risk Register and reported to the Audit and Assurance Committee and Board accordingly.

The Trust remains a Partner in a Limited Liability Partnership (LLP) arrangement with Cambridge University Hospitals NHS Foundation Trust that formerly traded as UnitingCare. This formal Partnership was set up to act as the integrator to commission a new model of service delivery following the success in winning the Cambridgeshire and Peterborough Clinical Commissioning Group’s (C&P CCG) tender for Adult and Older People’s Services. The LLP took the decision to terminate its contract with the C&P CCG on 3rd December 2015, due to concerns over the financial viability of the agreement. The LLP is currently being wound-up and will be formally dissolved in 2017-18.

The organisation’s major risk, as identified within the Corporate Risk Register reported to the Board of Directors as at the end of Quarter 4, is detailed below:

<table>
<thead>
<tr>
<th>Description of Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust cannot provide safe services/national safer staffing figures – due to number of vacant posts, particularly nurses, and difficulties in recruitment and retention in key service areas.</td>
<td>Establish team to review workforce recruitment and retention in line with Recruitment &amp; Retention Strategy. Establish strategic oversight through Workforce Executive. Local recruitment drives, monitoring sickness. Review of pay, other incentives, flexible working and staff skill mix. New incentive arrangements introduced. New workforce models being introduced.</td>
</tr>
</tbody>
</table>

To facilitate the integration of Equality Impact Assessments into core Trust business, a policy for the production and management of Policies and Procedural documents is in place. This specifically requires those developing policies to have regard to the impact of their policy – and therefore the operation of the organisation – on equality. This takes the form of a statement within each policy relating to whether or not an equality
assessment has taken place and, if it has been judged that one is not necessary, the reasoning for this. This cascades through the development and revision of all policies, underlining the Trust’s commitment to equality.

Incident reporting is openly encouraged throughout the Trust. A Serious Incident (SI) Group is in place, chaired by the Director of Nursing, to review all incidents and to ensure learning is shared throughout the organisation. This information is triangulated with complaints and other patient experience information at a specific Triangulation Meeting and at the Quality, Safety and Governance Committee, to ensure that themes can be identified across the Trust. The Board receives regular reports throughout the year on Serious Incidents.

The Trust has in place an innovative patient safety initiative called ‘Stop the Line’. The initiative is driven by proactive Executive-led communication and encourages staff at all levels to ‘call a halt’ to any proceeding that gives them cause for concern, from a safety or quality perspective. From the most junior to the most senior members of staff ‘stopping the line’ is widely recognised throughout the Trust as a legitimate, non-confrontational way to pause proceedings and re-evaluate the situation. A structured process is in place, with rapid escalation of issues to divisional leadership and the Executive Directors, with an Executive response provided within 24 hours. Extra provision has been added to the incident reporting form so the Trust is able to track such incidents in a coherent manner. This process highlights to staff the willingness of the Board to support any employee who raises concerns in good faith. In 2016/17 25 ‘Stop the Line’ incidents were reported.

The Trust also operates a ‘whistle-blowing’ phone line, which is an opportunity for all staff to escalate any concerns to Director level. This process has worked well during the year and has provided a simple and effective way for staff to raise concerns.

**Well Led Governance Review**

During the year the Trust commissioned Deloitte to undertake an independent review of governance arrangements at the Trust against the NHS Improvement Well Led Governance Framework.

The review noted a number of areas of strength including:

- A cohesive Board with a range of skills and experience, led by a Chair and CEO with an excellent working relationship;
- A positive focus on quality and patient safety and reference by staff to an open and honest culture; and
- An organisation that is committed to supporting innovation.

The review also identified areas with scope for further improvements, including:

- The need to refocus performance management arrangements on partnership working across the organisation in support of the Trust’s strategy and the wider health economy’s Sustainability and Transformation Plans; and
- Scope for enhancements to performance reporting, with greater oversight of benchmarking information, forecasting and supporting narrative.

The report suggested a number of key recommendations which have been supported by the Trust and which are being addressed through the Well Led Governance Review
Action Plan.

Public stakeholders are involved in the management of risks that impact upon them. This is affected via elected representatives on the Council of Governors who hold the Board, and in particular the Non-Executive Directors, to account for the identification and management of risks. Governors attend the Board of Directors' meetings, reflecting the Trust’s commitment to openness and transparency. The Trust’s Patient Ambassadors have enhanced the involvement of public and patient stakeholders enormously, highlighting issues within the Trust’s facilities and assisting with the mitigation and resolution of issues identified, including risks.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. Services at Cambridgeshire and Peterborough NHS Foundation Trust were rated as ‘good’ following an inspection by the Care Quality Commission during the previous year.

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 and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation’s 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**

The key processes that have been applied to ensure that resources are used economically, efficiently and effectively across the Trust involve a hierarchy of scrutiny of the use of resources throughout the Trust. The Audit and Assurance Committee has responsibility for ensuring that an effective system of integrated governance, risk management and internal control is in place to support the achievement of the Trust’s strategic objectives. The Committee receives and considers reports from both Internal and External Auditors, and approves the Annual Report and Accounts for submission to the Board of Directors. The Committee exercises Non-Executive scrutiny over the Executive Directors for the efficient use of Public funds.

The Audit and Assurance Committee carries out an annual self-assessment of its performance and reports this formally to the Trust Board. Any changes that may be deemed necessary to its terms of reference are also made to reflect best practice.

Internal Audit presents a proposed schedule of audits to the Committee, which is then agreed, executed and reported upon. Via the Committee, the Executive Directors are held to account for any actions arising as a result of audit findings through challenge at the Committee. In addition, each Executive attends the meeting in rotation, to update on
issues within their area.

The Audit and Assurance Committee reports to the Board of Directors and the Board seeks assurance from the Committee that it is satisfied that the Trust is using resources in an efficient and effective manner.

**Information governance**

The Trust continues to operate within a robust Information Governance (IG) framework, incorporating training, communication and effective monitoring of IG issues. During the 2016-17 financial year, there were five incidents classed as Level two reported on the Information Governance Incident Reporting Tool. All of these incidents were reported to the Information Commissioner's Office and notifications of 'no action' were received. The incidents were thoroughly investigated and measures were put in place in order to learn the lessons, prevent and minimise recurrence.

CPFT’s Information Governance Assessment Report overall score for 2016-17 was 82%, maintaining the same score as in 2015-16, and was graded GREEN.

The Trust Information Governance Steering Group members include the Caldicott Guardian and the Senior Information Risk Owner. The Trust monitors all IG incidents, including lower impact events, through this forum. Each incident that occurs is investigated, assessed, reported (where appropriate) and necessary learning outcomes are taken forward. The Information Governance function continues to proactively review, revise and reissue guidance where necessary.

**Annual Quality Report**

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports, which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The Trust Board continuously strives for robust assurance over the quality of our clinical services in regard to the standards and performance targets. These include:

- national standards (e.g. CQC essential standards of quality and safety, NHSLA standards, national service standards)
- targets set by the NHS Outcomes Framework
- local commissioning targets such as CQUIN and contractual quality targets; local targets agreed by the Trust Board; Trust policy standards; and quality priorities.

The Trust has taken steps to assure the Board that the Quality Report presents a balanced view of quality and that there are appropriate controls in place to ensure the accuracy of data that it contains.

The Trust’s Quality Assurance Framework is outlined below:

- The Quality, Safety and Governance Committee has over-arching responsibility for quality in the Trust. It is chaired by a Non-Executive Director and meets regularly, in line with an agreed cycle of business.

The Committee is supported by four executive groups:
- Wider Executive Directors Group; which is chaired by the Chief Executive, has a management role over the other three executive groups
- Performance and Risk Executive
- Clinical Executive
- Workforce Executive.

The Director of Nursing, working with the Medical Director, has the Executive Lead for clinical quality, governance and safety and regularly provides update reports into the Quality, Safety and Governance Committee and the Trust Board. The Nursing Directorate leadership structures consist of a Clinical Director, Associate Director of Operations and Nurse Lead, who are collectively responsible for the quality and safety of Trust services at service level within their respective Directorate.

The Trust has a Quality Dashboard that is mapped against the CQC Essential Standards of Quality and Safety, which include national, contractual and local Quality, Safety and Clinical Governance indicators. Directorate dashboards are also in place so that each clinical team has its own set of measures and performance indicators that inform decision making and service developments. Quality, Safety and Clinical Governance data is collected, triangulated and reported monthly to provide the Trust Board with timely information on how well the Trust is meeting its objectives, priorities and targets. Each clinical team has a risk register that feeds into the Trust's Corporate Risk Register. This enables the Trust to manage risks effectively and act on gaps in compliance in a timely manner. The Trust has a programme of clinical and non-clinical audit (both internal and external) to examine our compliance with standards of practice and service delivery as well as identifying areas for improvement.

An Integrated Compliance Assessment (InCA) tool is in place to enable the Trust to monitor and report on our compliance with the CQC essential standards. The organisation takes part in national accreditation schemes to provide assurance that our services meet the highest standards set by professional bodies and that enables us to benchmark our services and practice with other Trusts across the Country.

Twelve Mental Health Act (MHA) Commission visits were also made in 2016/17, all with very positive reports. Practice is governed by a range of policies, protocols, guidelines and procedures that provide our staff with appropriate standards that meet national and professional requirements. There are mechanisms in place to monitor compliance with these policies and other procedural documents.

The Trust has appropriate systems and processes in place for the recording, collection, analysis and reporting of data to ensure that data is accurate, reliable, timely and complete. The systems and processes are integrated into the management processes of the Trust and support day-to-day operations. Our information systems have built-in controls that are regularly reviewed to minimise the scope of human error or manipulation and reduce the incidence of erroneous data entry, missing data or unauthorised data changes. Roles and responsibilities in relation to data quality are clearly defined and, where appropriate, incorporated into job descriptions. Staff receive training to support them in implementing the appropriate policies and procedures relating to data collection and recording. The Trust has implemented and continues to develop, electronic patient records' systems (RiO and SystmOne) to ensure that data is recorded, shared, utilised and reported on and help us provide safe and effective services. Internal and External Auditors have both offered recommendations aimed at further enhancing
compliance with the existing systems and processes. These have been welcomed and are currently being addressed and will be reviewed as part of planned Internal Audit work and the year-end independent External Audit review of the Quality Account (see below).

We also employ a range of measures to ensure open and effective communication with our staff and promote engagement and ownership of matters that are important to the Trust. We have discussed and consulted with our key stakeholders in the development of our Quality Account. This includes our staff, Governors, commissioners and relevant local Health bodies such as HealthWatch and the Local Authority Overview and Scrutiny Committees.

The Quality Report has been subjected to external scrutiny and limited assurance review, conducted in accordance with the 2016/17 Detailed Guidance for External Assurance on Quality Reports performed by our External Auditors, Grant Thornton. Grant Thornton has confirmed an Unqualified Opinion on the Quality Account.

**Review of effectiveness**

As Accounting 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 Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Account attached to 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 and Assurance Committee, the Business and Performance Committee and the Quality, Safety and Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of Directors’ role is to determine the overall strategic direction and to provide active leadership of the Trust within a framework of prudent, effective controls which enables risk to be assessed and managed.

The Trust has a programme of both Internal and Clinical Audit. This includes audits relevant to quality, including data quality behind performance measures, CQC compliance review, adherence with S117 requirements, Risk Management and Safeguarding. Other internal audit reviews have focused on Financial Controls, Cost Improvement Planning and Delivery, and Management of Staffing levels. These audit functions report to the Board Sub-Committees by exception, and the Sub-Committees also review progress against plan.

The Directorate management teams have processes in place to ensure that whilst risks can be escalated to the Board through the Directorate, services are supported to manage their own risks where appropriate.

The Trust receives Internal Audit Services from RSM. The Head of Internal Audit Opinion (HoIAO) on the effectiveness of the system of internal control for the year states that:

“In accordance with the Public Sector Internal Audit Standards, the head of internal audit
is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation’s risk management, control and governance processes. The opinion should contribute to the organisation’s annual governance statement.”

Head of Internal Audit Opinion
For the 12 months ended 31 March 2017, the head of internal audit opinion for Cambridgeshire and Peterborough NHS Foundation Trust is as follows:

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

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

During the year RSM issued one internal audit report with a no assurance opinion on the Management of S117 patients. This identified a number of significant weaknesses which the Trust has accepted and put in place an urgent plan to address.

RSM issued three reports in year with a partial assurance opinion in the areas of Management of Rostering and Safer Staffing within Community Teams, Management of Safer Staffing and Upgrade of E-Rostering system and IT Strategy Implementation. The Trust has agreed actions to strengthen the control framework to manage the identified risks in each of these areas which will be followed up through progress reports to the Audit and Assurance Committee.

All other internal audit reports received a reasonable or full assurance opinion in the year.

Conclusion
As Accounting Officer and based on the review process outlined above, I conclude that the Trust has identified and has taken the necessary action on the control issues during the year which have been identified in detail in the body of the Annual Governance Statement above.
This Annual Governance Statement is signed by the Chief Executive as Accounting Officer.

Signed

Aidan Thomas
Chief Executive

Date: 24/5/17
This Accountability Report, including the Remuneration Report, is signed by the Chief Executive as Accounting Officer.

Signed ...........................

Aidan Thomas
Chief Executive

Date: 24/5/17
Independent auditor's report to the Council of Governors of Cambridgeshire and Peterborough NHS Foundation Trust

Our opinion on the financial statements is unmodified

In our opinion:

- the financial statements give a true and fair view of the financial position of the Cambridgeshire and Peterborough NHS Foundation Trust (the Trust) as at 31 March 2017 and of its expenditure and income for the year then ended; and
- the financial statements have been prepared properly in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/2017 and the requirements of the National Health Service Act 2006.

Who we are reporting to

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

What we have audited

We have audited the financial statements of Cambridgeshire and Peterborough NHS Foundation Trust for the year ended 31 March 2017 which comprise the statement of comprehensive income, the statement of financial position, the statement of changes in equity, the statement of cash flows and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2016/17.

Overview of our audit approach

- Overall materiality: £3,867,000 which represents 2% of the Trust's gross operating expenses
- We performed a full-scope audit of Cambridgeshire and Peterborough NHS Foundation Trust
- The key audit risk was identified as occurrence of healthcare income and existence of associated receivables

Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risks that, in our judgement, had the greatest effect on our audit and how we tailored our procedures to address these risks in order to provide an opinion on the financial statements as a whole. This is not a complete list of all the risks we identified:
Audit risk | How we responded to the risk
--- | ---
Occurrence of healthcare income and existence of associated receivables
Over 91% of the Trust's healthcare income is from healthcare commissioners.
The Trust invoices its commissioners throughout the year for services provided and at the year-end estimates and accrues for activity not yet invoiced.
We therefore identified the occurrence of healthcare income, and the existence of associated receivables as a significant risk requiring special audit consideration.

Our audit work included, but was not restricted to:
- evaluating the Trust's accounting policy for revenue recognition of healthcare income for appropriateness and consistency with the prior year;
- gaining an understanding of the Trust's system for accounting for healthcare income and evaluating the design of the associated controls;
- agreeing, on a sample basis, amounts recognised in healthcare income to signed contracts; and
- agreeing on a sample basis, associated receivables at year end to subsequent cash receipts or alternative evidence.

The Trust’s accounting policy on healthcare income, including its recognition, is shown in note 1.2 to the financial statements and related disclosures are included in note 3. The Trust's accounting policy on healthcare receivables is shown in note 1.9 to the financial statements and related disclosures are included in note 17.1.

Our application of materiality and an overview of the scope of our audit

Materiality
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

We determined materiality for the audit of the Trust’s financial statements as a whole to be £3,867,000, which is 2% of the Trust's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.

Materiality for the current year is at the same percentage level of gross revenue expenditure as we determined for the year ended 31 March 2016 as we did not identify any significant changes in the Trust’s operations or the environment in which it operates.

We use a different level of materiality, performance materiality, to drive the extent of our testing and this was set at 75% of financial statement materiality for the audit of the financial statements. We also determined a lower level of specific materiality for certain areas such as cash and cash equivalents and disclosures of senior manager remuneration in the Remuneration Report.

We determined the threshold at which we will communicate misstatements to the Audit and Assurance Committee to be £193,000. In addition we will communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

Overview of the scope of our audit
An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:
whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed;

the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer; and

the overall presentation of the financial statements.

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

We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of financial statements of public sector bodies in the United Kingdom'. Our responsibilities under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the Trust in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based, and in particular included an interim visit to evaluate the Trust's internal control relevant to the audit including relevant IT systems and controls over key financial systems.

Overview of the scope of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2016, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code. Based on our risk assessment, we undertook such work as we considered necessary.

Other reporting required by regulations

Our opinion on other matters required by the Code is unmodified

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements of the National Health Service Act 2006; and

- the other information published together with the audited financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the audited financial statements.
Matters on which we are required to report by exception

Under the ISAs (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to report to you if:

- we have identified any inconsistencies between our knowledge acquired during the audit and the Directors’ statement that they consider the annual report is fair, balanced and understandable; or
- the annual report does not appropriately disclose those matters that we communicated to the Audit Committee which we consider should have been disclosed.

Under the Code we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2016/17 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls; or
- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.

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

Responsibilities for the financial statements and the audit

What the Chief Executive, as Accounting Officer, is responsible for:

As explained more fully in the Statement of Accounting Officer’s responsibilities, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2016/17 and for being satisfied that they give a true and fair view. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust’s resources.

What we are responsible for:

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board’s Ethical Standards for Auditors.

We are required under Section 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.
Certificate

We certify that we have completed the audit of the financial statements of Cambridgeshire and Peterborough NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code.

Paul Hughes

Paul Hughes
Director
for and on behalf of Grant Thornton UK LLP

Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

24 May 2017
Cambridgeshire and Peterborough NHS Foundation Trust

Cambridgeshire and Peterborough NHS Foundation Trust’s Annual Accounts Year Ended 31 March 2017

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006
Cambridgeshire and Peterborough NHS Foundation Trust

Annual accounts for the year ended 31 March 2017
Foreword to the accounts

Cambridgeshire and Peterborough NHS Foundation Trust

These accounts, for the year ended 31 March 2017, have been prepared by Cambridgeshire and Peterborough NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed

[Signature]

Name Aidan Thomas
Job title Chief Executive
Date 24 May 2017
### Statement of Comprehensive Income for the year ended 31st March 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Operating income from patient care activities</td>
<td>182,037</td>
<td>177,492</td>
</tr>
<tr>
<td>Other operating income</td>
<td>17,770</td>
<td>16,474</td>
</tr>
<tr>
<td><strong>Total operating income from continuing operations</strong></td>
<td><strong>199,807</strong></td>
<td><strong>193,966</strong></td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(193,370)</td>
<td>(189,913)</td>
</tr>
<tr>
<td><strong>Operating surplus from continuing operations</strong></td>
<td><strong>6,437</strong></td>
<td><strong>4,053</strong></td>
</tr>
<tr>
<td>Finance income</td>
<td>30</td>
<td>118</td>
</tr>
<tr>
<td>Finance expenses</td>
<td>(1,689)</td>
<td>(1,775)</td>
</tr>
<tr>
<td>PDC dividends payable</td>
<td>(2,039)</td>
<td>(1,996)</td>
</tr>
<tr>
<td><strong>Net finance costs</strong></td>
<td><strong>(3,698)</strong></td>
<td><strong>(3,653)</strong></td>
</tr>
<tr>
<td>Share of loss of associates/joint arrangements</td>
<td>(476)</td>
<td>(4,150)</td>
</tr>
<tr>
<td><strong>Surplus/(deficit) for the year from continuing operations</strong></td>
<td><strong>2,263</strong></td>
<td><strong>(3,750)</strong></td>
</tr>
</tbody>
</table>

### Other comprehensive income

**Will not be reclassified to income and expenditure:**

- Revaluations | 13,069 | - |
- Remeasurements of the net defined benefit pension scheme liability/asset | - | 135 |
- Other reserve movements | - | (282) |

**Total other comprehensive income/(expense)** | 13,069 | (147) |

**Total comprehensive income/(expense) for the period** | 15,332 | (3,897) |

The share of loss on Joint Venture relates to the consolidation of the loss relating to the Trust's interest in UnitingCare Partnership LLP. For further details on how this arose see note 15.
Statement of Financial Position for the year ended 31st March 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>31 March 2017 £000</th>
<th>31 March 2016 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>11</td>
<td>-</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>12</td>
<td>113,695</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td></td>
<td>113,695</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>16</td>
<td>119</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>17</td>
<td>15,153</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>19</td>
<td>13,194</td>
</tr>
<tr>
<td>Total current assets</td>
<td></td>
<td>28,466</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>20</td>
<td>(26,450)</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>21</td>
<td>(4,670)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>22</td>
<td>(738)</td>
</tr>
<tr>
<td>Provisions</td>
<td>24</td>
<td>(439)</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td></td>
<td>(32,297)</td>
</tr>
<tr>
<td>Total assets less current liabilities</td>
<td>109,864</td>
<td>94,880</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other liabilities</td>
<td>21</td>
<td>(192)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>22</td>
<td>(25,613)</td>
</tr>
<tr>
<td>Other financial liabilities</td>
<td>21</td>
<td>-</td>
</tr>
<tr>
<td>Provisions</td>
<td>24</td>
<td>(1,442)</td>
</tr>
<tr>
<td>Total non-current liabilities</td>
<td></td>
<td>(27,247)</td>
</tr>
<tr>
<td>Total assets employed</td>
<td></td>
<td>82,617</td>
</tr>
</tbody>
</table>

**Financed by**
- Public dividend capital: 8,158 (8,158)
- Revaluation reserve: 38,127 (25,058)
- Other reserves: 33,732 (33,732)
- Income and expenditure reserve: 2,600 (337)

The notes on pages 8 to 42 form part of these accounts.

The financial statements were approved by the Board on 24 May 2017 and signed on its behalf by:

Name: Aidan Thomas
Position: Chief Executive
Date: 24 May 2017
### Statement of Changes in Equity for the year ended 31 March 2017

<table>
<thead>
<tr>
<th>Public dividend capital</th>
<th>Revaluation reserve</th>
<th>Other reserves</th>
<th>Income and expenditure reserve</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
</tbody>
</table>

**Taxpayers' and others’ equity at 1 April 2016 - brought forward**

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the year</td>
<td>2,263</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2,263</td>
</tr>
<tr>
<td>Revaluations</td>
<td>-</td>
<td>13,069</td>
<td>-</td>
<td>-</td>
<td>13,069</td>
</tr>
</tbody>
</table>

Remeasurements of the defined net benefit pension scheme liability/asset

Other reserve movements

**Taxpayers’ and others’ equity at 31 March 2017**

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8,158</td>
<td>38,127</td>
<td>33,732</td>
<td>2,600</td>
</tr>
</tbody>
</table>

### Statement of Changes in Equity for the year ended 31 March 2016

<table>
<thead>
<tr>
<th>Public dividend capital</th>
<th>Revaluation reserve</th>
<th>Other reserves</th>
<th>Income and expenditure reserve</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
</tbody>
</table>

**Taxpayers' and others’ equity at 1 April 2015 - brought forward**

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus/(deficit) for the year</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(3,750)</td>
<td>(3,750)</td>
</tr>
<tr>
<td>Remeasurements of the defined net benefit pension scheme liability/asset</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>135</td>
<td>135</td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Public dividend capital repaid</td>
<td>(500)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(500)</td>
</tr>
<tr>
<td>Other reserve movements</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(282)</td>
<td>(282)</td>
</tr>
</tbody>
</table>

**Taxpayers’ and others’ equity at 31 March 2016**

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8,158</td>
<td>25,058</td>
<td>33,732</td>
<td>337</td>
</tr>
</tbody>
</table>
**Information on reserves**

**Public dividend capital**
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. Additional PDC may also be issued to NHS Foundation Trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable to the Department of Health 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**
Other reserves within the Statement of Financial Position relate to the difference between the value of fixed assets taken over by the Cambridgeshire and Peterborough Mental Health Partnership NHS Trust at inception on 1 April 2002 and the corresponding value of the Opening Capital Debt. The balance of Other Reserves will remain fixed for the foreseeable future.

**Income and expenditure reserve**
The balance of this reserve is the accumulated surpluses and deficits of the NHS Foundation Trust.
Statement of Cash Flows for the year ended 31st March 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
</table>

**Cash flows from operating activities**

Operating surplus 6,437 4,053

**Non-cash income and expense:**

- **Depreciation and amortisation** 4,981 4,665
- Non-cash movements in on-SoFP pension liability - 45
- Increase in receivables and other assets (1,545) (5,152)
- (Increase)/decrease in inventories (60) 6
- Increase in payables and other liabilities 1,582 7,574
- Increase/(decrease) in provisions (8) 456
- Other movements in operating cash flows - (10)

Net cash generated from/(used in) operating activities 11,387 11,637

**Cash flows from investing activities**

- Interest received 30 59
- Purchase and sale of financial assets (476) (4,150)
- Purchase of property, plant, equipment and investment property (3,049) (4,227)

Net cash used in investing activities (3,495) (8,318)

**Cash flows from financing activities**

- Public dividend capital repaid - (500)
- Capital element of finance lease rental payments (43) (37)
- Capital element of PFI, LIFT and other service concession payments (678) (695)
- Interest paid on finance lease liabilities (60) (65)
- Interest paid on PFI, LIFT and other service concession obligations (1,629) (1,640)
- PDC dividend paid (2,014) (2,233)

Net cash used financing activities (4,424) (5,170)

Net cash used in operating activities 3,468 (1,851)

Cash and cash equivalents at 1 April 9,726 11,577

Cash and cash equivalents at 31 March 13,194 9,726
Notes to the Accounts

Note 1 Accounting policies and other information

Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS Foundation Trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow IFRS and HM Treasury’s FReM to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Going concern

After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the Going Concern basis in preparing the accounts.

Note 1.1 Interests in other entities

Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

The Trust has been involved in a joint venture with Cambridge University Hospitals NHS Foundation Trust under the umbrella of the UnitingCare Partnership LLP which is in the process of being wound up. The Trust has accounted for this joint venture under the equity method in the year.

Note 1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. 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 NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employer’s pension cost 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.

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust’s accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Note 1.4 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 1.5 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:

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

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

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.

Subsequent measurement is as follows:
- Assets held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use.
- Specialised assets are held at current value in existing use which is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential.
- Assets held for their service potential but are surplus are valued at current value in existing use, if there are restrictions on the Trust or the asset which will prevent access to the market at the reporting date. If the Trust can access the market then the surplus asset is valued at fair value using IFRS 13.
- Assets which are not held for their service potential are valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale.
- Assets which are not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and do not meet the IFRS 5 and IAS 40 criteria, these assets are considered surplus and are valued at fair value using IFRS 13.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values are determined as follows:
- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on the basis of a modern equivalent asset.
- Leasehold improvements in respect of buildings for which the Trust is a lessee under an operating lease will be depreciated over the lease duration (or other period deemed appropriate) and carried at depreciated historic cost, as this is not considered to be materially different from current value. Thus improvements are not revalued, and no indexation is applied as the adjustments which would arise are not considered material.

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

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23. Assets are revalued and depreciation commences on assets when they are brought into use, other than grouped information technology (IT) assets. Depreciation commences on grouped IT assets on receipt by the Trust and not when the separable parts are brought into use, as this is more practicable by alleviating the requirement to depreciate the assets individually.

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

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic 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’ ceases 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 income.

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 DH 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 income 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

Assets intended for disposal are reclassified as ‘held for sale’ once all of the following criteria are met:

• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable ie:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as ‘held for sale’ and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.
**Private Finance Initiative (PFI) transactions**

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury’s *FReM*, are accounted for as ‘on-Statement of Financial Position’ by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Min life</th>
<th>Max life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings, excluding dwellings</td>
<td>10</td>
<td>57</td>
</tr>
<tr>
<td>Plant &amp; machinery</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Information technology</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Furniture &amp; fittings</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

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

**Note 1.6 Intangible assets**

**Internally generated intangible assets**

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

**Software**

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

**Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or “fair value less costs to sell”.

**Amortisation**

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.
Note 1.7 Revenue government and other grants

Government grants are grants from government bodies other than income from commissioners or NHS 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.

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.9 Financial instruments

Recognition

Financial assets and financial liabilities which arise from contracts for 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, are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

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

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

Classification and Measurement

The Trust's financial assets are categorised either as loans and receivables or as available-for-sale financial assets. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

The Trust's financial liabilities are categorised as "other" financial liabilities at amortised cost. The classification depends on the nature and purpose of the financial liability and is determined at the time of initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise - current investments, cash and cash equivalents, NHS receivables, other receivables and accrued income.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of an allowance account.
Note 1.10 Leases

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

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

The Trust as lessor
Rental income from operating leases is recognised on a straight-line basis over the term of the lease.

Note 1.11 Provisions

The NHS Foundation 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 the discount rates published and mandated by HM Treasury.

Clinical negligence costs
The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at note 24 but is not recognised in the NHS Foundation Trust’s accounts.

Non-clinical risk pooling
The NHS Foundation 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 the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any “excesses” payable in respect of particular claims are charged to operating expenses when the liability arises.
Note 1.12 Contingencies
Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets.

Contingent liabilities are not recognised, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.13 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 Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation 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 NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.14 Value added tax
Most of the activities of the NHS Foundation 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 1.15 Corporation tax
The Cambridgeshire and Peterborough NHS Foundation Trust is a Health Service body within the meaning of s 519A ICTA 1988 and accordingly is exempt from tax on respect of income and capital gains within categories covered by this. There is a power for the Treasury to disapply the exemption in relation to the specified activities of a Foundation Trust (s519A (3) to (8) ICTA 1988). Accordingly the NHS Foundation Trust is potentially within the scope of Corporation Tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000pa. There is no tax liability arising in respect of the current or previous financial year.

Note 1.16 Foreign exchange
The functional and presentational currencies of the Trust are sterling.

Transactions denominated in a foreign currency are translated into Sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the Statement of comprehensive income. At the Statement of financial position date, monetary assets & liabilities denominated in foreign currencies are retranslated at the rates prevailing at the Statement of financial position date.

Note 1.17 Third party assets
Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury’s FReM.

Note 1.18 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS Foundation Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.
Note 1.19 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.20 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2016/17.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted
The Treasury FReM does not require the following Standards and Interpretations to be applied in 2016-17. The application of the Standards as revised would not have a material impact on the accounts for 2016-17, were they applied in that year:

<table>
<thead>
<tr>
<th>Standards issued or amended but not yet adopted in FReM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IFRS 9 Financial Instruments</strong></td>
</tr>
<tr>
<td>Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.</td>
</tr>
</tbody>
</table>

| **IFRS 14 Regulatory Deferral Accounts**                |
| Not yet EU-endorsed.*                                   |
| Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies. |

| **IFRS 15 Revenue from Contracts with Customers**       |
| Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted. |

| **IFRS 16 Leases**                                     |
| Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted. |

Note 1.22 Critical accounting estimates and judgements

**Holiday pay**
In accordance with the requirements of IAS 19, the Trust provides for unpaid holiday carried forward by staff at the year end. The Trust has a policy of allowing staff to carry forward only 5 days annual leave at any time. As the Trust does not have centralised holiday records, the estimated provision is based on a representative sample of staff at the end of the financial year. This sample has produced an estimated average carry forward of annual leave of 1.7 days.

**Charitable Funds**
From 2013-14, the divergence from the FReM that NHS Charitable Funds are not consolidated with bodies’ own returns was removed. Under the provisions of IFRS 10 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities’ returns.

IAS 1, Presentation of annual report and accounts, says that specific disclosure requirements set out in individual standards or interpretations need not be satisfied if the information is not material. In addition accounting policies need not be developed or applied if the impact of applying them would be immaterial. The Trust has concluded that in the current financial year that the accounts of the Charitable Fund are not material and have not therefore consolidated them in these accounts.

**PFI Borrowing Costs**
As recommended by Monitor and in accordance with IAS 23, the Trust does not capitalise its own borrowing costs incurred in connection with the construction of an asset, when it is to be subsequently held at fair value. However as those borrowing costs associated with the Trust’s PFI scheme are considered to be the borrowing costs of the operator rather than the Trust, the Trust has elected to capitalise the borrowing costs.
Note 2 Operating Segments

Segment information is presented on the same basis as that used for internal reporting purposes by the “Chief Operating Decisionmaker”. The operating segments to be disclosed in these accounts are therefore identified on the basis of internal reports regularly reviewed by the Board of Directors, the Board of Directors being considered to be the chief operating decision-maker for the Trust, in order to allocate resources to the segments and to assess their respective performance.

The Board considers the Trust from a service perspective, organised into one business segment, Healthcare.

The internal directorates of the healthcare reportable segment (Adult and Specialist Mental Health, Children, Young People and Families, Older People’s and Adult Community and Corporate Services), do not qualify as reportable segments as decisions about the allocation of resources and the assessment of performance are not made at this level by the Board.

The Board assesses the performance of the operating segments based on gross expenditure and income where the service contract is discrete to that service. The Board do not receive a breakdown by segment for the Trust's performance in terms of interest receivable or payable, depreciation or amortisation and any other material non-cash items.

Other information provided to the Board is measured in a manner consistent with that in the accounts.
Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental health services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost and volume contract income</td>
<td>10,120</td>
<td>9,907</td>
</tr>
<tr>
<td>Block contract income</td>
<td>84,540</td>
<td>78,808</td>
</tr>
<tr>
<td>Clinical partnerships providing mandatory services (including S75 agreements)</td>
<td>14,141</td>
<td>12,749</td>
</tr>
<tr>
<td><strong>Community services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community services income from CCGs and NHS England</td>
<td>63,853</td>
<td>27,647</td>
</tr>
<tr>
<td>Community services income from other commissioners</td>
<td>3,129</td>
<td>42,238</td>
</tr>
<tr>
<td><strong>All services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional income for delivery of healthcare services</td>
<td>-</td>
<td>500</td>
</tr>
<tr>
<td>Private patient income</td>
<td>102</td>
<td>97</td>
</tr>
<tr>
<td>Other clinical income</td>
<td>6,152</td>
<td>5,546</td>
</tr>
<tr>
<td><strong>Total income from activities</strong></td>
<td><strong>182,037</strong></td>
<td><strong>177,492</strong></td>
</tr>
</tbody>
</table>

The additional income for delivery of healthcare services in 2015/16 related to a capital to revenue transfer as agreed with NHS Improvement.

Note 3.2 Income from patient care activities (by source)

<table>
<thead>
<tr>
<th>Income from patient care activities received from:</th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCGs and NHS England</td>
<td>154,418</td>
<td>104,470</td>
</tr>
<tr>
<td>Local authorities</td>
<td>17,493</td>
<td>15,524</td>
</tr>
<tr>
<td>Department of Health</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other NHS Foundation Trusts</td>
<td>6,501</td>
<td>5,501</td>
</tr>
<tr>
<td>NHS Trusts</td>
<td>546</td>
<td>701</td>
</tr>
<tr>
<td>NHS other</td>
<td>79</td>
<td>118</td>
</tr>
<tr>
<td>Non-NHS: private patients</td>
<td>102</td>
<td>97</td>
</tr>
<tr>
<td>Non-NHS: overseas patients (chargeable to patient)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NHS injury scheme (was RTA)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Non NHS: other</td>
<td>2,898</td>
<td>50,581</td>
</tr>
<tr>
<td>Additional income for the delivery of healthcare services</td>
<td>-</td>
<td>500</td>
</tr>
<tr>
<td><strong>Total income from activities</strong></td>
<td><strong>182,037</strong></td>
<td><strong>177,492</strong></td>
</tr>
</tbody>
</table>

Of which:

| Related to continuing operations | 182,037 | 177,492 |

The additional income for delivery of healthcare services in 2015/16 related to a capital to revenue transfer as agreed with NHS Improvement.
### Note 4 Other operating income

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and development</td>
<td>4,272</td>
<td>4,238</td>
</tr>
<tr>
<td>Education and training</td>
<td>6,357</td>
<td>6,256</td>
</tr>
<tr>
<td>Non-patient care services to other bodies</td>
<td>2,209</td>
<td>2,794</td>
</tr>
<tr>
<td>Sustainability and Transformation Fund income</td>
<td>1,941</td>
<td>-</td>
</tr>
<tr>
<td>Other income</td>
<td>2,991</td>
<td>3,186</td>
</tr>
<tr>
<td><strong>Total other operating income</strong></td>
<td><strong>17,770</strong></td>
<td><strong>16,474</strong></td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related to continuing operations</td>
<td>17,770</td>
<td>16,474</td>
</tr>
</tbody>
</table>

### Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from services designated (or grandfathered) as commissioner requested services</td>
<td>162,180</td>
<td>159,759</td>
</tr>
<tr>
<td>Income from services not designated as commissioner requested services</td>
<td>37,627</td>
<td>34,207</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>199,807</strong></td>
<td><strong>193,966</strong></td>
</tr>
</tbody>
</table>
### Note 5.1 Operating expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of healthcare from non NHS bodies</td>
<td>1,403</td>
<td>746</td>
</tr>
<tr>
<td>Employee expenses - executive directors</td>
<td>1,311</td>
<td>1,140</td>
</tr>
<tr>
<td>Remuneration of non-executive directors</td>
<td>129</td>
<td>148</td>
</tr>
<tr>
<td>Employee expenses - staff</td>
<td>141,088</td>
<td>137,358</td>
</tr>
<tr>
<td>Supplies and services - clinical</td>
<td>2,637</td>
<td>3,465</td>
</tr>
<tr>
<td>Supplies and services - general</td>
<td>9,990</td>
<td>11,132</td>
</tr>
<tr>
<td>Establishment</td>
<td>2,451</td>
<td>2,250</td>
</tr>
<tr>
<td>Research and development</td>
<td>4,408</td>
<td>4,236</td>
</tr>
<tr>
<td>Transport</td>
<td>2,727</td>
<td>2,982</td>
</tr>
<tr>
<td>Premises</td>
<td>12,433</td>
<td>13,759</td>
</tr>
<tr>
<td>Increase in provision for impairment of receivables</td>
<td>353</td>
<td>80</td>
</tr>
<tr>
<td>Change in provisions discount rate(s)</td>
<td>137</td>
<td>-</td>
</tr>
<tr>
<td>Drug costs</td>
<td>1,130</td>
<td>1,209</td>
</tr>
<tr>
<td>Rentals under operating leases</td>
<td>3,178</td>
<td>1,795</td>
</tr>
<tr>
<td>Depreciation on property, plant and equipment</td>
<td>4,981</td>
<td>4,665</td>
</tr>
<tr>
<td>Audit fees payable to the external auditor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>audit services- statutory audit</td>
<td>69</td>
<td>54</td>
</tr>
<tr>
<td>other auditor remuneration (external auditor only)</td>
<td>-</td>
<td>35</td>
</tr>
<tr>
<td>Clinical negligence</td>
<td>566</td>
<td>497</td>
</tr>
<tr>
<td>Legal fees</td>
<td>388</td>
<td>410</td>
</tr>
<tr>
<td>Consultancy costs</td>
<td>285</td>
<td>265</td>
</tr>
<tr>
<td>Internal audit costs</td>
<td>116</td>
<td>90</td>
</tr>
<tr>
<td>Training, courses and conferences</td>
<td>688</td>
<td>714</td>
</tr>
<tr>
<td>Patient travel</td>
<td>111</td>
<td>166</td>
</tr>
<tr>
<td>Car parking &amp; security</td>
<td>30</td>
<td>93</td>
</tr>
<tr>
<td>Redundancy</td>
<td>237</td>
<td>694</td>
</tr>
<tr>
<td>Hospitality</td>
<td>38</td>
<td>29</td>
</tr>
<tr>
<td>Insurance</td>
<td>112</td>
<td>75</td>
</tr>
<tr>
<td>Losses, ex gratia &amp; special payments</td>
<td>23</td>
<td>39</td>
</tr>
<tr>
<td>Other</td>
<td>2,351</td>
<td>1,787</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>193,370</strong></td>
<td><strong>189,913</strong></td>
</tr>
</tbody>
</table>

Of which:

- Related to continuing operations 193,370 189,913

### Note 5.2 Limitation on auditor’s liability

The limitation on auditors’ liability for external audit work is £2m (2015/16: £2m).
### Note 6 Employee benefits

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>112,716</td>
<td>109,771</td>
</tr>
<tr>
<td>Social security costs</td>
<td>9,973</td>
<td>7,388</td>
</tr>
<tr>
<td>Employer's contributions to NHS pensions</td>
<td>13,832</td>
<td>13,185</td>
</tr>
<tr>
<td>Pension cost - other</td>
<td>-</td>
<td>175</td>
</tr>
<tr>
<td>Termination benefits</td>
<td>237</td>
<td>694</td>
</tr>
<tr>
<td>Temporary staff (including agency)</td>
<td>9,811</td>
<td>11,910</td>
</tr>
<tr>
<td><strong>Total gross staff costs</strong></td>
<td><strong>146,569</strong></td>
<td><strong>143,123</strong></td>
</tr>
<tr>
<td>Recoveries in respect of seconded staff</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total staff costs</strong></td>
<td><strong>146,569</strong></td>
<td><strong>143,123</strong></td>
</tr>
<tr>
<td><strong>Of which</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs capitalised as part of assets</td>
<td>96</td>
<td>288</td>
</tr>
</tbody>
</table>

### Note 6.1 Retirements due to ill-health

During 2016/17 there were 8 early retirements from the Trust agreed on the grounds of ill-health (4 in the year ended 31 March 2016). The estimated additional pension liabilities of these ill-health retirements is £366k (£246k in 2015/16).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.
Note 7 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017, is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

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

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

The NHS and LGPS pension contributions for 2017/18 are expected to be broadly consistent with 2016/17.
Note 8 Operating leases

Note 8.1 Cambridgeshire and Peterborough NHS Foundation Trust as a lessor
Nil for 2016/17 and 2015/16

Note 8.2 Cambridgeshire and Peterborough NHS Foundation Trust as a lessee
This note discloses costs and commitments incurred in operating lease arrangements where Cambridgeshire and Peterborough NHS Foundation Trust FT is the lessee.

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum lease payments</td>
<td>3,178</td>
<td>1,795</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,178</strong></td>
<td><strong>1,795</strong></td>
</tr>
<tr>
<td></td>
<td>31 March 2017</td>
<td>31 March 2016</td>
</tr>
<tr>
<td>Future minimum lease payments due:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- less than one year</td>
<td>3,024</td>
<td>1,312</td>
</tr>
<tr>
<td>- later than one year and not later than five years;</td>
<td>2,844</td>
<td>1,181</td>
</tr>
<tr>
<td>- later than five years.</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,868</strong></td>
<td><strong>2,493</strong></td>
</tr>
<tr>
<td>Future minimum sublease payments to be received</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note 9 Finance income
Finance income represents interest received on assets and investments in the period.

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest on bank accounts</td>
<td>30</td>
<td>59</td>
</tr>
<tr>
<td>Other (LGPS Interest on Plan Assets)</td>
<td>-</td>
<td>59</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>118</strong></td>
</tr>
</tbody>
</table>

Note 10 Finance expenditure
Finance expenditure represents interest and other charges involved in the borrowing of money.

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest expense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance leases</td>
<td>60</td>
<td>65</td>
</tr>
<tr>
<td>Other (LGPS Finance cost)</td>
<td>-</td>
<td>69</td>
</tr>
<tr>
<td>Main finance costs on PFI and LIFT schemes obligations</td>
<td>1,169</td>
<td>1,230</td>
</tr>
<tr>
<td>Contingent finance costs on PFI and LIFT scheme obligations</td>
<td>460</td>
<td>411</td>
</tr>
<tr>
<td><strong>Total interest expense</strong></td>
<td><strong>1,689</strong></td>
<td><strong>1,775</strong></td>
</tr>
<tr>
<td>Other finance costs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,689</strong></td>
<td><strong>1,775</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2016/17 £000</th>
<th>2015/16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts included within interest payable arising from claims made under this legislation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Compensation paid to cover debt recovery costs under this legislation</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
### Note 11 Intangible assets - 2016/17

<table>
<thead>
<tr>
<th>Software licences</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Valuation/gross cost at 1 April 2016 - brought forward</td>
<td>239 239</td>
</tr>
<tr>
<td>Gross cost at 31 March 2017</td>
<td>239 239</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amortisation at 1 April 2016 - brought forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided during the year</td>
</tr>
<tr>
<td>Amortisation at 31 March 2017</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Net book value at 31 March 2017</td>
</tr>
<tr>
<td>Net book value at 1 April 2016</td>
</tr>
</tbody>
</table>

### Note 11.1 Intangible assets - 2015/16

<table>
<thead>
<tr>
<th>Software licences</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Valuation/gross cost at 1 April 2015 - as previously stated</td>
<td>239 239</td>
</tr>
<tr>
<td>Gross cost at 1 April 2015 - restated</td>
<td>239 239</td>
</tr>
<tr>
<td>Valuation/gross cost at 31 March 2016</td>
<td>239 239</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amortisation at 1 April 2015 - as previously stated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amortisation at 1 April 2015 - restated</td>
</tr>
<tr>
<td>Provided during the year</td>
</tr>
<tr>
<td>Amortisation at 31 March 2016</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Net book value at 31 March 2016</td>
</tr>
<tr>
<td>Net book value at 1 April 2015</td>
</tr>
</tbody>
</table>
### Note 12.1 Property, plant and equipment - 2016/17

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Land</strong></td>
<td>18,848</td>
<td>-</td>
<td>20,825</td>
<td>-</td>
<td>20,825</td>
<td>18,848</td>
</tr>
<tr>
<td><strong>Buildings</strong></td>
<td>82,087</td>
<td>841</td>
<td>87,506</td>
<td>7,237</td>
<td>84,158</td>
<td>80,136</td>
</tr>
<tr>
<td><strong>Assets under construction</strong></td>
<td>2,903</td>
<td>1,491</td>
<td>3,226</td>
<td>848</td>
<td>3,142</td>
<td>1,786</td>
</tr>
<tr>
<td><strong>Plant &amp; machinery</strong></td>
<td>1,347</td>
<td>104</td>
<td>1,465</td>
<td>844</td>
<td>1,381</td>
<td>1,011</td>
</tr>
<tr>
<td><strong>Information technology</strong></td>
<td>10,399</td>
<td>104</td>
<td>11,940</td>
<td>1,072</td>
<td>11,868</td>
<td>9,107</td>
</tr>
<tr>
<td><strong>Furniture &amp; fittings</strong></td>
<td>1,233</td>
<td>104</td>
<td>1,233</td>
<td>104</td>
<td>1,233</td>
<td>1,233</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>116,817</td>
<td>14,471</td>
<td>126,195</td>
<td>12,500</td>
<td>113,695</td>
<td>102,346</td>
</tr>
</tbody>
</table>

### Note 12.2 Property, plant and equipment - 2015/16

<table>
<thead>
<tr>
<th></th>
<th>Valuation/gross cost at 1 April 2015</th>
<th>Accumulated depreciation at 1 April 2015</th>
<th>Valuation/gross cost at 31 March 2016</th>
<th>Accumulated depreciation at 31 March 2016</th>
<th>Net book value at 31 March 2016</th>
<th>Net book value at 1 April 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Land</strong></td>
<td>18,338</td>
<td>-</td>
<td>18,848</td>
<td>-</td>
<td>18,848</td>
<td>18,338</td>
</tr>
<tr>
<td><strong>Buildings</strong></td>
<td>80,136</td>
<td>1,239</td>
<td>82,087</td>
<td>4,316</td>
<td>80,136</td>
<td>74,850</td>
</tr>
<tr>
<td><strong>Assets under construction</strong></td>
<td>1,786</td>
<td>-</td>
<td>2,903</td>
<td>-</td>
<td>2,903</td>
<td>1,786</td>
</tr>
<tr>
<td><strong>Plant &amp; machinery</strong></td>
<td>1,827</td>
<td>323</td>
<td>1,347</td>
<td>752</td>
<td>1,347</td>
<td>1,011</td>
</tr>
<tr>
<td><strong>Information technology</strong></td>
<td>9,107</td>
<td>23</td>
<td>9,130</td>
<td>4,034</td>
<td>9,130</td>
<td>9,107</td>
</tr>
<tr>
<td><strong>Furniture &amp; fittings</strong></td>
<td>1,233</td>
<td>-</td>
<td>1,233</td>
<td>104</td>
<td>1,233</td>
<td>1,233</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>111,611</td>
<td>9,806</td>
<td>113,695</td>
<td>10,439</td>
<td>113,695</td>
<td>101,805</td>
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</tbody>
</table>
### Note 12.3 Property, plant and equipment financing - 2016/17

<table>
<thead>
<tr>
<th></th>
<th>Land £000</th>
<th>Buildings excluding dwellings £000</th>
<th>Assets under construction £000</th>
<th>Plant &amp; machinery £000</th>
<th>Information technology £000</th>
<th>Furniture &amp; fittings £000</th>
<th>Total £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net book value at 31 March 2017</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owned</td>
<td>20,825</td>
<td>48,700</td>
<td>3,226</td>
<td>488</td>
<td>4,664</td>
<td>309</td>
<td>78,212</td>
</tr>
<tr>
<td>Finance leased</td>
<td>-</td>
<td>3,436</td>
<td>-</td>
<td>25</td>
<td>-</td>
<td>-</td>
<td>3,461</td>
</tr>
<tr>
<td>On-SoFP PFI contracts and other service concession arrangements</td>
<td>-</td>
<td>31,987</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>31,987</td>
</tr>
<tr>
<td>Donated</td>
<td>-</td>
<td>35</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>35</td>
</tr>
<tr>
<td><strong>NBV total at 31 March 2017</strong></td>
<td><strong>20,825</strong></td>
<td><strong>84,158</strong></td>
<td><strong>3,226</strong></td>
<td><strong>513</strong></td>
<td><strong>4,664</strong></td>
<td><strong>309</strong></td>
<td><strong>113,695</strong></td>
</tr>
</tbody>
</table>

### Note 12.4 Property, plant and equipment financing - 2015/16

<table>
<thead>
<tr>
<th></th>
<th>Land £000</th>
<th>Buildings excluding dwellings £000</th>
<th>Assets under construction £000</th>
<th>Plant &amp; machinery £000</th>
<th>Information technology £000</th>
<th>Furniture &amp; fittings £000</th>
<th>Total £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net book value at 31 March 2016</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owned</td>
<td>18,848</td>
<td>43,526</td>
<td>2,903</td>
<td>448</td>
<td>4,835</td>
<td>411</td>
<td>70,971</td>
</tr>
<tr>
<td>Finance leased</td>
<td>-</td>
<td>3,139</td>
<td>-</td>
<td>51</td>
<td>-</td>
<td>-</td>
<td>3,190</td>
</tr>
<tr>
<td>On-SoFP PFI contracts and other service concession arrangements</td>
<td>-</td>
<td>28,148</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>28,148</td>
</tr>
<tr>
<td>Donated</td>
<td>-</td>
<td>37</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>37</td>
</tr>
<tr>
<td><strong>NBV total at 31 March 2016</strong></td>
<td><strong>18,848</strong></td>
<td><strong>74,850</strong></td>
<td><strong>2,903</strong></td>
<td><strong>499</strong></td>
<td><strong>4,835</strong></td>
<td><strong>411</strong></td>
<td><strong>102,346</strong></td>
</tr>
</tbody>
</table>
Note 13 Revaluations of property, plant and equipment

All the freehold properties owned by the Foundation Trust were valued by Boshier & Company Chartered Surveyors in the 2013/14 financial year. This valuation represented the Trust's Quinquennial valuation.

During 2016-17 Boshier and Company Chartered Surveyors undertook an interim valuation to update this. The properties were valued as at 31st March 2017.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the Statement of financial position date. In practice the Trust will ensure that there is a full quinquennial valuation and an interim valuation 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 book values reflect current values. Current values are determined as follows:

Land and non specialised buildings – market value for existing use/modern equivalent asset

Specialised building - Depreciated Replacement Cost

The valuations were in accordance with the requirements of the RICS valuation standards sixth edition and the international valuation standards. The valuation of each property was on the basis of market value, subject to the following assumptions

i) For owner occupied property: that the property would be sold as part of the continuing enterprise in occupation;

ii) For investment property: that the property would be sold subject to any existing leases;

iii) For surplus property and property held for development: that the property would be sold with vacant possession in its existing condition;

The Valuer's opinion of market value was primarily derived using:

i) Comparable recent market transactions on arm's length terms;

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

Plant and equipment that have not been revalued are shown at their depreciated value.
Note 14.1 Investments in associates (and joint ventures)

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying value at 1 April</td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Acquisitions in year</td>
<td>476</td>
<td>4,150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of profit/(loss)</td>
<td>(476)</td>
<td>(4,150)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying value at 31 March</td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note 15 Disclosure of interests in other entities

UnitingCare Partnership LLP

UnitingCare Partnership LLP was a partnership set up between the Trust and Cambridge University Hospitals NHS Foundation Trust to bid for the Adults and Older People’s services put out to tender by the Cambridgeshire and Peterborough Clinical Commissioning Group. The LLP was successful in securing this contract and as such took responsibility for the provision of these services from 1st April 2015.

On the 3rd December 2015 UnitingCare served notice on its contract with the CCG due to the financial viability of the arrangement. At this time the LLP was loss making with a net liability balance sheet. Both partners made a further investment of £4.15m each in 2015/16 into the organisation to allow it to pay its creditors and return the LLP to solvency. Within 2016/17 an additional amount of £476k has been paid into the LLP to finalise the payment of these liabilities, and in 2017/18 the LLP will be formally wound up.

UnitingCare is a partnership limited by liability with neither entity having overall control. As such it is deemed to be a Joint Venture. As the Trust’s liability is limited it has no obligation to make good the loss of the LLP, other than up to the value of its investment in the entity and therefore this value of loss has been consolidated in the Trust’s financial statements. The LLP’s Statement of Financial Position has not been consolidated on the grounds of materiality.

Cambridge University Health Partnership

Cambridge University Health Partners (CUHP) was designated an Academic Health Science Centre by the Department of Health in March 2009. The entity became fully established as a company limited by guarantee on 11th September 2009, with CPFT (as one of the four partners) underwriting 25% of the guarantee costs. The objectives of CUHP are to drive forward the partnership between the National Health Service (NHS) and the University of Cambridge.

The Trust has accepted as part of the members agreement a recurrent funding requirement of £103,300 (2015/16: £103,000), however the agreement requires unanimous confirmation of partners for any additional funding.

In view of the arrangements set out in the members agreement with CUHP, the Trust considers CUHP to be an Associate. However it has not been accounted for under the equity method as it is the Trust’s view that the investment is not material.
### Note 16 Inventories

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Drugs</td>
<td>91</td>
<td>31</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total inventories</strong></td>
<td><strong>119</strong></td>
<td><strong>59</strong></td>
</tr>
</tbody>
</table>

Inventories recognised in expenses for the year were £0k (2015/16: £6k). Write-down of inventories recognised as expenses for the year were £0k (2015/16: £0k).

### Note 17.1 Trade receivables and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade receivables due from NHS bodies</td>
<td>5,579</td>
<td>6,943</td>
</tr>
<tr>
<td>Other receivables due from related parties</td>
<td>3,640</td>
<td>3,928</td>
</tr>
<tr>
<td>Provision for impaired receivables</td>
<td>(814)</td>
<td>(465)</td>
</tr>
<tr>
<td>Prepayments (non-PFI)</td>
<td>1,383</td>
<td>546</td>
</tr>
<tr>
<td>Accrued income</td>
<td>2,724</td>
<td>422</td>
</tr>
<tr>
<td>PDC dividend receivable</td>
<td>179</td>
<td>204</td>
</tr>
<tr>
<td>VAT receivable</td>
<td>620</td>
<td>-</td>
</tr>
<tr>
<td>Other receivables</td>
<td>1,842</td>
<td>2,055</td>
</tr>
<tr>
<td><strong>Total current trade and other receivables</strong></td>
<td><strong>15,153</strong></td>
<td><strong>13,633</strong></td>
</tr>
</tbody>
</table>
Note 17.2 Provision for impairment of receivables

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>At 1 April as previously stated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in provision</td>
<td>353</td>
<td>80</td>
</tr>
<tr>
<td>Amounts utilised</td>
<td>(4)</td>
<td>(4)</td>
</tr>
<tr>
<td>At 31 March</td>
<td>814</td>
<td>465</td>
</tr>
</tbody>
</table>

Note 17.3 Analysis of financial assets

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trade and other receivables</td>
<td>&amp; Other financial assets</td>
</tr>
<tr>
<td>Ageing of impaired financial assets</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>0 - 30 days</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>30-60 Days</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>60-90 days</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>90- 180 days</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Over 180 days</td>
<td>814</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>814</td>
<td>-</td>
</tr>
</tbody>
</table>

Ageing of non-impaired financial assets past their due date

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Investments</td>
<td>Investments</td>
</tr>
<tr>
<td>0 - 30 days</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>30-60 Days</td>
<td>1,274</td>
<td>1,464</td>
</tr>
<tr>
<td>60-90 days</td>
<td>376</td>
<td>699</td>
</tr>
<tr>
<td>90- 180 days</td>
<td>1,221</td>
<td>2,418</td>
</tr>
<tr>
<td>Over 180 days</td>
<td>3,119</td>
<td>501</td>
</tr>
<tr>
<td>Total</td>
<td>5,990</td>
<td>5,082</td>
</tr>
</tbody>
</table>
### Note 18 Non-current assets for sale and assets in disposal groups

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total £000</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NBV of non-current assets for sale and assets in disposal groups at 1 April</td>
<td>-</td>
<td>930</td>
</tr>
<tr>
<td>At start of period for new FTs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transfers by absorption</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Plus assets classified as available for sale in the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Less assets sold in year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Less impairment of assets held for sale</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Plus reversal of impairment of assets held for sale</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Less assets no longer classified as held for sale, for reasons other than disposal by sale</td>
<td>-</td>
<td>(930)</td>
</tr>
<tr>
<td><strong>NBV of non-current assets for sale and assets in disposal groups at 31 March</strong></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The asset held for sale in 2014/15 Vinery Road is no longer for sale and has been transferred back to Property, Plant and Equipment.
Note 19.1 Cash and cash equivalents movements

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

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At 1 April</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Net change in year</strong></td>
<td>3,468</td>
<td>(1,851)</td>
</tr>
<tr>
<td><strong>At 31 March</strong></td>
<td>13,194</td>
<td>9,726</td>
</tr>
</tbody>
</table>

**Broken down into:**
- Cash at commercial banks and in hand: 383, 131
- Cash with the Government Banking Service: 12,811, 9,595
- **Total cash and cash equivalents as in SoFP**: 13,194, 9,726

Note 19.2 Third party assets held by the NHS Foundation Trust

Cambridgeshire and Peterborough NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Foundation Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bank balances</strong></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td></td>
<td>79</td>
<td>90</td>
</tr>
<tr>
<td><strong>Total third party assets</strong></td>
<td>79</td>
<td>90</td>
</tr>
</tbody>
</table>

The Trust held cash at bank and in hand at 31 March 2017 of £79,000 (31 March 2016 £90,000) which relates to monies held by the Trust on behalf of patients. This has been excluded from cash at bank and in hand figure reported in the accounts.
### Note 20 Trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS trade payables</td>
<td>1,134</td>
<td>1,807</td>
</tr>
<tr>
<td>Amounts due to other related parties</td>
<td>556</td>
<td>1,015</td>
</tr>
<tr>
<td>Other trade payables</td>
<td>3,903</td>
<td>-</td>
</tr>
<tr>
<td>Capital payables</td>
<td>471</td>
<td>259</td>
</tr>
<tr>
<td>VAT payable</td>
<td>-</td>
<td>1,034</td>
</tr>
<tr>
<td>Other taxes payable</td>
<td>2,728</td>
<td>2,422</td>
</tr>
<tr>
<td>Other payables</td>
<td>2,928</td>
<td>4,982</td>
</tr>
<tr>
<td>Accruals</td>
<td>14,730</td>
<td>13,832</td>
</tr>
<tr>
<td>PDC dividend payable</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total current trade and other payables</strong></td>
<td><strong>26,450</strong></td>
<td><strong>25,351</strong></td>
</tr>
</tbody>
</table>
### Note 21 Other liabilities

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Other deferred income</td>
<td>4,670</td>
<td>3,975</td>
</tr>
<tr>
<td>Deferred PFI credits</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lease incentives</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total other current liabilities</strong></td>
<td>4,670</td>
<td>3,975</td>
</tr>
<tr>
<td><strong>Non-current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred grants income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Deferred goods and services income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Deferred rent of land income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other deferred income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Deferred PFI credits</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lease incentives</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>LGPS Pension liability</td>
<td>192</td>
<td>192</td>
</tr>
<tr>
<td><strong>Total other non-current liabilities</strong></td>
<td>192</td>
<td>192</td>
</tr>
</tbody>
</table>

### Note 22 Borrowings

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Obligations under finance leases</td>
<td>44</td>
<td>41</td>
</tr>
<tr>
<td>Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)</td>
<td>694</td>
<td>696</td>
</tr>
<tr>
<td><strong>Total current borrowings</strong></td>
<td>738</td>
<td>737</td>
</tr>
<tr>
<td>adopted</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obligations under finance leases</td>
<td>216</td>
<td>262</td>
</tr>
<tr>
<td>Obligations under PFI, LIFT or other service concession contracts</td>
<td>25,397</td>
<td>26,073</td>
</tr>
<tr>
<td><strong>Total non-current borrowings</strong></td>
<td>25,613</td>
<td>26,335</td>
</tr>
</tbody>
</table>
Note 23 Finance leases

Note 23.1 Cambridgeshire and Peterborough NHS Foundation Trust as a lessee

Obligations under finance leases where Cambridgeshire and Peterborough NHS Foundation Trust is the lessee.

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017 £000</th>
<th>31 March 2016 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross lease liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>651</td>
<td>752</td>
</tr>
<tr>
<td>of which liabilities are due:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- not later than one year</td>
<td>101</td>
<td>101</td>
</tr>
<tr>
<td>- later than one year and not later than five years</td>
<td>262</td>
<td>304</td>
</tr>
<tr>
<td>- later than five years</td>
<td>288</td>
<td>347</td>
</tr>
<tr>
<td>Note 1. Standards, amendments and interpretations in issue but not yet effective or adopted</td>
<td>(391)</td>
<td>(449)</td>
</tr>
<tr>
<td><strong>Net lease liabilities</strong></td>
<td>260</td>
<td>303</td>
</tr>
<tr>
<td>of which payable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- not later than one year</td>
<td>44</td>
<td>41</td>
</tr>
<tr>
<td>- later than one year and not later than five years</td>
<td>81</td>
<td>108</td>
</tr>
<tr>
<td>- later than five years</td>
<td>135</td>
<td>154</td>
</tr>
</tbody>
</table>
### Note 24.1 Provisions for liabilities and charges analysis

<table>
<thead>
<tr>
<th>Pensions - early departure costs</th>
<th>Other legal claims</th>
<th>Redundancy</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
</tr>
<tr>
<td><strong>At 1 April 2016</strong></td>
<td>240</td>
<td>352</td>
<td>224</td>
<td>1,073</td>
</tr>
<tr>
<td>Change in the discount rate</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>137</td>
</tr>
<tr>
<td>Arising during the year</td>
<td>56</td>
<td>57</td>
<td>160</td>
<td>257</td>
</tr>
<tr>
<td>Utilised during the year</td>
<td>(69)</td>
<td>-</td>
<td>(224)</td>
<td>(132)</td>
</tr>
<tr>
<td>Reversed unused</td>
<td>-</td>
<td>(250)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unwinding of discount</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>At 31 March 2017</strong></td>
<td>227</td>
<td>159</td>
<td>160</td>
<td>1,335</td>
</tr>
</tbody>
</table>

**Expected timing of cash flows:**

- not later than one year; 69 159 160 51 439
- later than one year and not later than five years; 158 - - 336 494
- later than five years. - - - 948 948
**Total** 227 159 160 1,335 1,881

**Pension - Other staff** - This reflects the liabilities arising from early retirements.

**Other Legal claims** - This reflects potential claims against the NHSLA scheme and provision for employer tribunal costs.

**Agenda for change** - This reflects provisions in respect of potential equal pay claims resulting from the introduction of agenda for change.

**Redundancy** - Provision for redundancy costs

**Other** - reflects provisions arising from injury benefit claims and dilapidations for Trust properties.

### Note 24.2 Clinical negligence liabilities

At 31 March 2017, £11,939k was included in provisions of the NHSLA in respect of clinical negligence liabilities of Cambridgeshire and Peterborough NHS Foundation Trust (31 March 2016: £12,948k).
### Note 25 Contractual capital commitments

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, plant and equipment</td>
<td>£477</td>
<td>£-000</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>£-000</td>
<td>£-000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£477</strong></td>
<td><strong>£-000</strong></td>
</tr>
</tbody>
</table>
Note 26 Defined benefit pension schemes

The Trust also employs a small number of staff that transferred from Cambridgeshire Community Services NHS Trust on 1 April 2015 as members of the Local Government Pension Scheme (LGPS). These staff formerly worked for Cambridgeshire County Council but transferred into the NHS in April 2004 as part of the Cambridgeshire wide section 75 agreement for the provision of Health and Social Care for Older People. The LGPS is a defined benefit statutory scheme administered in accordance with the Local Government Pension Scheme Regulations. The Trust became an admitted body to the scheme effective on 1 April 2015.

The balances and transactions in relation to the LGPS are immaterial to the financial statements.
Note 27 On-SoFP PFI, LIFT or other service concession arrangements

Note 27.1 Imputed finance lease obligations
The Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Gross PFI, LIFT or other service concession liabilities</td>
<td>43,384</td>
<td>45,231</td>
</tr>
<tr>
<td>Of which liabilities are due</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- not later than one year;</td>
<td>1,835</td>
<td>1,847</td>
</tr>
<tr>
<td>- later than one year and not later than five years;</td>
<td>7,289</td>
<td>7,341</td>
</tr>
<tr>
<td>- later than five years.</td>
<td>34,260</td>
<td>36,043</td>
</tr>
<tr>
<td>Finance charges allocated to future periods</td>
<td>(17,293)</td>
<td>(18,462)</td>
</tr>
<tr>
<td>Net PFI, LIFT or other service concession arrangement obligation</td>
<td>26,091</td>
<td>26,769</td>
</tr>
<tr>
<td>- not later than one year;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- later than one year and not later than five years;</td>
<td>694</td>
<td>696</td>
</tr>
<tr>
<td>- later than five years.</td>
<td>3,054</td>
<td>2,965</td>
</tr>
<tr>
<td></td>
<td>22,343</td>
<td>23,108</td>
</tr>
</tbody>
</table>

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Total future payments committed in respect of the PFI, LIFT or other service concession arrangements</td>
<td>155,445</td>
<td>154,500</td>
</tr>
<tr>
<td>Of which liabilities are due:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- not later than one year;</td>
<td>4,227</td>
<td>4,162</td>
</tr>
<tr>
<td>- later than one year and not later than five years;</td>
<td>17,819</td>
<td>17,715</td>
</tr>
<tr>
<td>- later than five years.</td>
<td>133,399</td>
<td>132,623</td>
</tr>
</tbody>
</table>

Note 27.3 Analysis of amounts payable to service concession operator
This note provides an analysis of the Trust's payments in 2016/17:

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Unitary payment payable to service concession operator</td>
<td>4,227</td>
<td>4,135</td>
</tr>
<tr>
<td>Consisting of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interest charge</td>
<td>1,169</td>
<td>1,230</td>
</tr>
<tr>
<td>adopted</td>
<td>677</td>
<td>696</td>
</tr>
<tr>
<td>- Service element and other charges to operating expenditure</td>
<td>1,750</td>
<td>1,713</td>
</tr>
<tr>
<td>- Capital lifecycle maintenance</td>
<td>171</td>
<td>85</td>
</tr>
<tr>
<td>- Contingent rent</td>
<td>460</td>
<td>411</td>
</tr>
<tr>
<td>Total amount paid to service concession operator</td>
<td>4,227</td>
<td>4,135</td>
</tr>
</tbody>
</table>

The Trust is committed to make payments in relation to service charges on its PFI scheme. The charges are subject to an index linked inflation adjustment each year.

On 19th June 2007 the Trust concluded contracts under the Private Finance Initiative (PFI) with Peterborough (Progress Health) PLC for the construction of a new 102 bed hospital and the provision of hospital related services.

The PFI scheme was approved by the NHS Executive and HM Treasury as being better value for money than the public sector comparator. Under IFRIC 12, the PFI scheme is deemed to be on statement of Financial Position, meaning that the hospital is treated as an asset of the Trust, being acquired through a finance lease. The payments to Progress Health in respect of the facility (Cavell Centre) have therefore been analysed into finance lease charges and service charges. The accounting treatment of the PFI scheme is detailed in the accounting policies note.

The service element of the contract was £1,750,000 (2015/16: £1,713,000). The Cavell Centre was handed over to the Trust in two phases in November 2008 and May 2009. Payments under the scheme commenced in November 2008. The agreement is due to end in November 2042.

The estimated value of the scheme at inception was £25,700,000.
Note 28 Financial instruments

Financial risk management
Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. 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.

Market Risk
Market risk is the possibility that financial loss might arise as a result of changes in such measures as interest rates and stock market movements. A significant proportion of the Trust's transactions are undertaken in sterling and so its exposure to foreign exchange risk is minimal. It holds no significant investments other than short-term bank deposits. Other than cash balances, the Trust's financial assets and liabilities carry nil or fixed rates of interest and the Trust's income and operating cashflows are substantially independent of changes in market interest rates.

Interest Rate Risk
The Trust exposure to interest rate risk is primarily in relation to the PFI details which are set out in Note 28.

Credit Risk
Because the majority of the Trust revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2017 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk
The Trust operating costs are incurred under contracts with healthcare commissioners which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.
Note 28.2 Financial assets

<table>
<thead>
<tr>
<th></th>
<th>Loans and receivables</th>
<th>Held to maturity</th>
<th>Available-for-sale</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets as per SoFP as at 31 March 2017</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
</tr>
<tr>
<td>Trade and other receivables excluding non financial assets</td>
<td>13,591</td>
<td>-</td>
<td>-</td>
<td>13,591</td>
</tr>
<tr>
<td>Cash and cash equivalents at bank and in hand</td>
<td>13,194</td>
<td>-</td>
<td>-</td>
<td>13,194</td>
</tr>
<tr>
<td><strong>Total at 31 March 2017</strong></td>
<td><strong>26,785</strong></td>
<td>-</td>
<td>-</td>
<td><strong>26,785</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Loans and receivables</th>
<th>Held to maturity</th>
<th>Available-for-sale</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets as per SoFP as at 31 March 2016</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
</tr>
<tr>
<td>Trade and other receivables excluding non financial assets</td>
<td>12,883</td>
<td>-</td>
<td>-</td>
<td>12,883</td>
</tr>
<tr>
<td>Cash and cash equivalents at bank and in hand</td>
<td>9,726</td>
<td>-</td>
<td>-</td>
<td>9,726</td>
</tr>
<tr>
<td><strong>Total at 31 March 2016</strong></td>
<td><strong>22,609</strong></td>
<td>-</td>
<td>-</td>
<td><strong>22,609</strong></td>
</tr>
</tbody>
</table>

Note 28.3 Financial liabilities

<table>
<thead>
<tr>
<th></th>
<th>Other financial liabilities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities as per SoFP as at 31 March 2017</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
</tr>
<tr>
<td>Obligations under finance leases</td>
<td>260</td>
<td>-</td>
</tr>
<tr>
<td>Obligations under PFI, LIFT and other service concession contracts</td>
<td>26,091</td>
<td>-</td>
</tr>
<tr>
<td>Trade and other payables excluding non financial liabilities</td>
<td>26,450</td>
<td>-</td>
</tr>
<tr>
<td>Provisions under contract</td>
<td>1,881</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total at 31 March 2017</strong></td>
<td><strong>54,682</strong></td>
<td>-</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Other financial liabilities</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Liabilities as per SoFP as at 31 March 2016</strong></td>
<td><strong>£000</strong></td>
<td><strong>£000</strong></td>
</tr>
<tr>
<td>Obligations under finance leases</td>
<td>303</td>
<td>-</td>
</tr>
<tr>
<td>Obligations under PFI, LIFT and other service concession contracts</td>
<td>26,769</td>
<td>-</td>
</tr>
<tr>
<td>Trade and other payables excluding non financial liabilities</td>
<td>25,351</td>
<td>-</td>
</tr>
<tr>
<td>Provisions under contract</td>
<td>1,889</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total at 31 March 2016</strong></td>
<td><strong>54,312</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

Note 28.4 Maturity of financial liabilities

<table>
<thead>
<tr>
<th></th>
<th>31 March 2017</th>
<th>31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>In one year or less</td>
<td>29,069</td>
<td>26,617</td>
</tr>
<tr>
<td>In more than one year but not more than two years</td>
<td>710</td>
<td>867</td>
</tr>
<tr>
<td>In more than two years but not more than five years</td>
<td>2,425</td>
<td>2,692</td>
</tr>
<tr>
<td>In more than five years</td>
<td>22,478</td>
<td>24,136</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54,682</strong></td>
<td><strong>54,312</strong></td>
</tr>
</tbody>
</table>
### Note 29 Losses and special payments

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th></th>
<th>2015/16</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Number</td>
<td>Total</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>number of cases</td>
<td>£000</td>
<td>cases</td>
<td>£000</td>
</tr>
<tr>
<td>Losses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruitless payments</td>
<td>1</td>
<td>11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total losses</td>
<td>1</td>
<td>11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Special payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special severance payments</td>
<td></td>
<td>-</td>
<td>1</td>
<td>38</td>
</tr>
<tr>
<td>Ex-gratia payments</td>
<td>7</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Total special payments</td>
<td>7</td>
<td>2</td>
<td>6</td>
<td>39</td>
</tr>
<tr>
<td>Total losses and special payments</td>
<td>8</td>
<td>13</td>
<td>6</td>
<td>39</td>
</tr>
</tbody>
</table>

### Note 30 Events after the reporting date

There are no events after the reporting date that materially impact the financial statements.
Note 31 Related parties

All bodies within the scope of the Whole Government Accounts (WGA) are treated as related parties of an NHS Foundation Trust including the Department of Health as the Trust's parent organisation. Significant Income and expenditure for the reporting period and significant year-end Receivable and Payable balances are set out below.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Health Education England</td>
<td>68</td>
<td>-</td>
<td>950</td>
<td>-</td>
</tr>
<tr>
<td>Cambridgeshire &amp; Peterborough CCG</td>
<td>3,357</td>
<td>-</td>
<td>1,469</td>
<td>-</td>
</tr>
<tr>
<td>East of England Ambulance Service NHS Trust</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NHS England East Anglia Area Team</td>
<td>204</td>
<td>-</td>
<td>361</td>
<td>-</td>
</tr>
<tr>
<td>Cambridge University Hospital NHS Foundation Trust</td>
<td>1,305</td>
<td>-</td>
<td>1,240</td>
<td>230</td>
</tr>
<tr>
<td>Cambridgeshire Community Services NHS Trust</td>
<td>277</td>
<td>-</td>
<td>192</td>
<td>381</td>
</tr>
<tr>
<td>Peterborough &amp; Stamford Hospital NHS Foundation Trust</td>
<td>335</td>
<td>900</td>
<td>-</td>
<td>192</td>
</tr>
<tr>
<td>NHS Property Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>18</td>
</tr>
<tr>
<td>NHS Pensions</td>
<td>-</td>
<td>-</td>
<td>1,917</td>
<td>1,823</td>
</tr>
<tr>
<td>National Insurance Fund</td>
<td>-</td>
<td>-</td>
<td>2,728</td>
<td>2,422</td>
</tr>
<tr>
<td>Peterborough City Council</td>
<td>288</td>
<td>1,628</td>
<td>63</td>
<td>-</td>
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<tr>
<td>Cambridgeshire County Council</td>
<td>3,225</td>
<td>2,223</td>
<td>297</td>
<td>916</td>
</tr>
<tr>
<td>University of Cambridge</td>
<td>33</td>
<td>15</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>UnitingCare Partnership LLP</td>
<td>267</td>
<td>446</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,359</strong></td>
<td><strong>6,009</strong></td>
<td><strong>9,424</strong></td>
<td><strong>6,660</strong></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Income 2016/17</th>
<th>2015/16</th>
<th>Expenditure 2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Health Education England</td>
<td>7,445</td>
<td>7,035</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Cambridgeshire &amp; Peterborough CCG</td>
<td>139,203</td>
<td>86,013</td>
<td>110</td>
<td>77</td>
</tr>
<tr>
<td>NHS England East Anglia Area Team</td>
<td>13,726</td>
<td>15,337</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cambridge University Hospital NHS Foundation Trust</td>
<td>4,156</td>
<td>3,478</td>
<td>838</td>
<td>941</td>
</tr>
<tr>
<td>Cambridgeshire Community Services NHS Trust</td>
<td>339</td>
<td>482</td>
<td>4,087</td>
<td>5,264</td>
</tr>
<tr>
<td>Peterborough &amp; Stamford Hospital NHS Foundation Trust</td>
<td>1,940</td>
<td>1,735</td>
<td>808</td>
<td>1,052</td>
</tr>
<tr>
<td>NHS Property Services</td>
<td>-</td>
<td>-</td>
<td>2,939</td>
<td>1,076</td>
</tr>
<tr>
<td>Peterborough City Council</td>
<td>5,354</td>
<td>3,957</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cambridgeshire County Council</td>
<td>10,738</td>
<td>11,029</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>University of Cambridge</td>
<td>33</td>
<td>100</td>
<td>1,820</td>
<td>2,157</td>
</tr>
<tr>
<td>East of England Ambulance Service NHS Trust</td>
<td>-</td>
<td>-</td>
<td>103</td>
<td>126</td>
</tr>
<tr>
<td>NHS Pensions</td>
<td>-</td>
<td>-</td>
<td>13,832</td>
<td>13,185</td>
</tr>
<tr>
<td>National Insurance Fund</td>
<td>-</td>
<td>-</td>
<td>9,973</td>
<td>7,388</td>
</tr>
<tr>
<td>UnitingCare Partnership LLP</td>
<td>-</td>
<td>49,783</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Department of Health</td>
<td>2,851</td>
<td>3,478</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>185,785</strong></td>
<td><strong>182,427</strong></td>
<td><strong>34,529</strong></td>
<td><strong>31,271</strong></td>
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</table>
QUALITY REPORT
2016/17
24 May 2017

Improving care, improving services

Pride in our care
Our services

### Adult & Specialist Directorate

<table>
<thead>
<tr>
<th>2 Assessment wards (3 days)</th>
<th>2 Treatment wards (3 weeks)</th>
<th>2 Recovery wards (3 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ward for women with severe Personality Disorder</td>
<td>Eating Disorder ward</td>
<td>Low Secure ward</td>
</tr>
<tr>
<td>Psychiatric Inpatient Care Unit (PICU)</td>
<td>Learning Disability ward</td>
<td>Community services</td>
</tr>
<tr>
<td>Crisis Resolution &amp; Home Treatment teams</td>
<td>First Response Services</td>
<td>Locality teams</td>
</tr>
<tr>
<td>Early Intervention teams</td>
<td>Personality Disorder team</td>
<td>Eating Disorder teams</td>
</tr>
<tr>
<td>Psychological Wellbeing teams (IAPT)</td>
<td>ADHD (Attention Deficit Hyperactivity Disorder) team</td>
<td>Supported Employment Day Service for people with Learning Disability</td>
</tr>
<tr>
<td>Aspergers clinic</td>
<td>Liaison Psychiatry teams</td>
<td>Prison In-Reach service</td>
</tr>
<tr>
<td>Forensic teams</td>
<td>Victim Pathfinders team</td>
<td>Liaison &amp; Diversion team</td>
</tr>
<tr>
<td>Advice &amp; Referral team</td>
<td><strong>45 TEAMS / 24 SERVICES</strong></td>
<td><strong>16-17</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community contacts</th>
<th>Inpatient spells</th>
<th>TOTAL CONTACTS</th>
<th>PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>117945</td>
<td>2079</td>
<td>120024</td>
<td>15453</td>
</tr>
<tr>
<td>119274</td>
<td>2379</td>
<td>121653</td>
<td>14321</td>
</tr>
</tbody>
</table>

**VARIANCE**

<table>
<thead>
<tr>
<th>Community contacts</th>
<th>Inpatient spells</th>
<th>Total contacts</th>
<th>Total no. patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 1.11%</td>
<td>- 12.61%</td>
<td>- 1.34%</td>
<td>+ 7.90%</td>
</tr>
</tbody>
</table>

**PWS**

<table>
<thead>
<tr>
<th>Contacts</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>65492</td>
<td>16839</td>
</tr>
<tr>
<td>63795</td>
<td>14000</td>
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</tbody>
</table>

**VARIANCE**

<table>
<thead>
<tr>
<th>Community contacts</th>
<th>Inpatient spells</th>
<th>Total contacts</th>
<th>Total no. patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ 2.66%</td>
<td>+ 20%</td>
<td>+ 7.90%</td>
<td>+ 7.90%</td>
</tr>
</tbody>
</table>

### Children, Young People & Families Directorate

<table>
<thead>
<tr>
<th>1 Mental health ward</th>
<th>1 Eating Disorder ward</th>
<th>1 Children &amp; Families mental health ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Secure accommodation/In-reach health provision for females aged 10-17 yrs</td>
<td>Community services</td>
<td>1 Child &amp; Adolescent Substance Use team</td>
</tr>
<tr>
<td>1 Intensive Support team</td>
<td>5 Child &amp; Adolescent Mental Health team</td>
<td>2 Youth Offending team</td>
</tr>
<tr>
<td>1 Social work service for families (includes LAC and Fostering &amp; Adoption services)</td>
<td>1 Together for Families service</td>
<td>3 MST (multi-systemic therapy) team</td>
</tr>
<tr>
<td>1 Health Visiting team</td>
<td>1 Paediatric Physiotherapy &amp; Occupational Therapy team</td>
<td>1 Paediatric Speech &amp; Language Therapy team</td>
</tr>
<tr>
<td>1 School Nursing team</td>
<td>1 Paediatric Psychology team</td>
<td>1 Paediatric team</td>
</tr>
<tr>
<td>1 Family Nurse Partnership team</td>
<td>1 Child Development Centre</td>
<td>1 Children in Care team</td>
</tr>
<tr>
<td>1 Community Nursing team</td>
<td>1 Social work for Families team</td>
<td>29 TEAMS / 22 SERVICES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community contacts</th>
<th>Inpatient spells</th>
<th>TOTAL CONTACTS</th>
<th>PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>108181</td>
<td>144</td>
<td>108325</td>
<td>252636</td>
</tr>
<tr>
<td>117667</td>
<td>163</td>
<td>117830</td>
<td>29647</td>
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</table>

**VARIANCE**

<table>
<thead>
<tr>
<th>Community contacts</th>
<th>Inpatient spells</th>
<th>Total contacts</th>
<th>Total no. patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 8.06%</td>
<td>- 11.66%</td>
<td>- 8.07%</td>
<td>- 11.51%</td>
</tr>
</tbody>
</table>

**VARIANCE**

<table>
<thead>
<tr>
<th>Community contacts</th>
<th>Inpatient spells</th>
<th>Total contacts</th>
<th>Total no. patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ 2.00%</td>
<td>- 7.60%</td>
<td>- 2.01%</td>
<td>- 2.20%</td>
</tr>
</tbody>
</table>

**TOTAL TRUST (excluding PWS)**

<table>
<thead>
<tr>
<th>Community contacts</th>
<th>Inpatient spells</th>
<th>TOTAL CONTACTS</th>
<th>PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>848715</td>
<td>1677</td>
<td>850392</td>
<td>93814</td>
</tr>
<tr>
<td>859673</td>
<td>1677</td>
<td>861350</td>
<td>94606</td>
</tr>
</tbody>
</table>

### Older People & Adults Community Directorate

<table>
<thead>
<tr>
<th>2 Cognitive disorder wards</th>
<th>2 Functional disorder wards</th>
<th>5 Intermediate Care wards, providing rehabilitation / palliative care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community services</td>
<td>3 Minor Injury Units</td>
<td>3 Radiography Units</td>
</tr>
<tr>
<td>16 Neighbourhood Teams</td>
<td>(Integrated mental &amp; physical health services)</td>
<td>4 Joint Emergency Teams (urgent response service)</td>
</tr>
<tr>
<td>(excluding PWS)</td>
<td>4 Out of Hours nursing teams</td>
<td>1 Neuro Rehabilitation service</td>
</tr>
<tr>
<td></td>
<td>1 Nutrition &amp; Dietetics service</td>
<td>1 Podiatry service (inc Bone Surgery pathway)</td>
</tr>
<tr>
<td></td>
<td>1 Psychiatry service</td>
<td>1 Speech &amp; Language Therapy service</td>
</tr>
<tr>
<td></td>
<td>2 Discharge Planning Teams</td>
<td>1 Medicines Management service</td>
</tr>
<tr>
<td></td>
<td>1 Front of House Team</td>
<td>1 Respiratory service</td>
</tr>
<tr>
<td></td>
<td>(Hinchingbrooke)</td>
<td>1 Parkinson’s service</td>
</tr>
<tr>
<td></td>
<td>2 Community Geriatricians</td>
<td>1 Epilepsy service</td>
</tr>
<tr>
<td></td>
<td>2 Crisis Resolution &amp; Home Treatment service (incorporating Dementia Intensive Support Team)</td>
<td>1 Multiple Sclerosis service</td>
</tr>
<tr>
<td></td>
<td>2 Specialist Mental Health Teams</td>
<td>1 Chronic Fatigue Syndrome service</td>
</tr>
<tr>
<td></td>
<td>1 Younger People with Dementia team</td>
<td>1 Heart failure/Cardiac rehabilitation service</td>
</tr>
<tr>
<td></td>
<td>Specialist nursing services:</td>
<td>1 Continence service</td>
</tr>
<tr>
<td></td>
<td>1 Respiratory service</td>
<td>1 Tissue Viability service</td>
</tr>
<tr>
<td></td>
<td>1 Parkinson’s service</td>
<td>1 Diabetes service</td>
</tr>
<tr>
<td></td>
<td>1 Epilepsy service</td>
<td>1 TB Service</td>
</tr>
</tbody>
</table>

64 TEAMS / 29 SERVICES

Page 2 of 127
Introducing CPFT

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is a partnership organisation providing integrated community and mental health, learning disability and social care services to more than 947,000 people across Cambridgeshire and Peterborough.

We are a designated Cambridge University Teaching Trust and a member of Cambridge University Health Partners, one of only five Academic Health Science Centres in England, working collaboratively with the University of Cambridge Clinical School. We are also a partner in the National Institute for Health Research’s (NIHR) Collaborations for Leadership in Applied Health Research and Care East of England (CLAHRC).

We have three Clinical Directorates, reduced from four following a service restructure during the year.

<table>
<thead>
<tr>
<th>Adults</th>
<th>Adults &amp; Specialist Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist</td>
<td>Children, Young People &amp; Families</td>
</tr>
<tr>
<td>Children</td>
<td>Older People &amp; Adult Community</td>
</tr>
<tr>
<td>Integrated Care</td>
<td></td>
</tr>
</tbody>
</table>

We have 138 clinical teams providing 75 different types of services in inpatient, community and primary care settings under these main headings:
1. Adult mental health
2. Forensic and specialist mental health
3. Older people’s mental health
4. Children’s mental health
5. Children’s community
6. Older people and adult community
7. Specialist learning disability
8. Primary care and liaison psychiatry
9. Substance misuse

Full details of our services are available on the CPFT Website. [www.cpft.nhs.uk](http://www.cpft.nhs.uk).

We employ over 3,400 staff, based in over 90 locations across Cambridgeshire and Peterborough, including a community eating disorder service in Norfolk.

Community learning disability services are provided by the Cambridgeshire Learning Disability Partnership and the Peterborough Learning Disability Partnership. We provide inpatient intensive assessment and support services in collaboration with the Learning Disability Partnerships.

Our partners with whom we jointly deliver services include:
- Cambridgeshire and Peterborough Local Authorities
- Cambridge University Hospitals NHS Foundation Trust
- North West Anglia NHS Foundation Trust.
- Cambridgeshire Community Services
- NHS England Specialist Commissioning Group
- Sodexo
New services developed, acquired and/or expanded during 2016/17
These services were developed as part of the mental health Vanguard programme.

- **County-wide First Response Service (FRS)** - The First Response Service (FRS) was initially piloted in Cambridge in April 2016, and expanded on 19 September to cover the whole county. The team provide assessments in the community 24/7 and respond to urgent referrals from emergency services, as well as self-referrals from people of any age across Cambridgeshire and Peterborough by dialling 111 and selecting option 2.

- **Sanctuary** - the Cambridgeshire service was opened in May 2016 and a second Sanctuary service in Peterborough in September 2016. A partnership between CPFT and mental health charity Mind, this service enables people in crisis across the whole of Cambridgeshire and Peterborough to access Sanctuary support. Staffed by mental health charity Mind, the Sanctuary offers people practical and emotional support between 6pm and 1am and is accessible by referral from the FRS.

**FRS impact on the wider system as of February 2017**
- 19% reduction in attendance for any ‘mental health’ (MH) need in Emergency Department (ED)
- 20% reduction in admissions to acute hospitals for MH patients from ED
- 11% reduction in ambulance conveyances
- 45% and 39% reductions in 111 calls and Out of Hours GP appointments, respectively
- 16% reduction in the number of overdoses reported by ED services

**Note:** In March 2017, additional funding was agreed with Health and Care Executive of the Sustainable Transformation plan for the continuation of the First Response Service.

**Feedback received …**

“Thank you for your lifesaving service” service user

“I do suffer from depression etc, and sometimes I feel as if everyone is against me. Like everyone wants me to suffer, but after talking with you I feel completely normal again” service user

“The Sanctuary is a very good place to go instead of A&E, no waiting times, get an appointment allocated quickly” service user

“Friendly service, extremely patient and don’t think anyone with mental or physical problems could ask for anymore” service user

“I was very impressed by the service responding immediately, plus the therapeutic environment” service user

“I was impressed with the team’s professionalism and also the rate in which they responded. We were assisted very quickly” Staff member Centre 33 (voluntary sector)

“We referred our patients and the ladies came out and were in the department and saw all 4 of the patients and enabled quick discharges for the patients. The nurses were friendly and approachable and a real pleasure to see in the department” ED staff

“A rare glimmer of something getting better when so much feels worsening” GP

“Wanted to let you know that very positive feedback on FRS from my well known patient. She found whoever spoke to her last Monday really caring and helpful.” GP

“I used this service last night and it was brilliant. Was a bit time consuming but ended up with us having a member of their team on scene 40 minutes after our call and they booked the patient straight into Oak ward. Hopefully this is going to be the way forward. From first experience it is a referral pathway that works.” Ambulance service
We also developed, acquired or expanded other services during 2016-17 including:

**Clare Lodge**
In June 2016, we took over the management of an in-reach health service in Peterborough, which provides secure accommodation for "welfare-only" placements and is the only all female unit for 10-17 years in the UK. The service is governed by Peterborough City Council. CPFT has been commissioned by Sodexo to provide the in-reach health service.

**Psychological Wellbeing Service (PWS)**
CPFT’s Psychological Wellbeing Service, which helps people suffering from stress, anxiety and depression, was among the first to be selected and funded for expansion by the Government in September 2016. The aim is to increase access rates from 15 per cent to 25 per cent over the next five years to help people with long-term conditions such as respiratory problems, heart disease and diabetes. The project has huge potential to further improve integrated working between physical and mental health care. Patients can self-refer to the service if they are registered with a GP in Cambridgeshire or Peterborough. Treatments available include personal therapy, guided self-help, group sessions including training in Mindfulness, and an online service SilverCloud. Services are also available to staff.

**Liaison and Diversion (LaD) service**
A major government investment amounting to £750,000 enabled the expansion of the Liaison and Diversion service in October 2016. LaD works with people who enter the criminal justice system. It provides assessments for vulnerabilities such as mental ill-health or learning disabilities. They also offer support with other issues such as housing problems and financial concerns and signpost them to services run by both CPFT and a range of partner organisations. The investment means the team – based at police stations and criminal courts – increased from four members of staff to 19 thus enabling hundreds more people to receive support.

**PRISM**
We are developing this service in line with the objectives of the *Five Year forward View* to offer mental health service within the community and primary care setting that is easily accessible to people. It provides a primary care mental health service, involving timely assessment and onward referral, triage or signposting, for people with mental health problems aged 17-65 years with mental health problems of moderate to high severity in collaboration with GPs. A proof of concept of the new service was launched on 15 August 2016 to test the principles covering 5 GP surgeries in the Huntingdon area. This will be rolled out across the Trust in May 2017.

**Additional funding for Trust services**
Additional funding was agreed for three CPFT services in March 2017. The decision will allow the continuation of the **First Response Service** and the expansion of the **Joint Emergency Teams**. The money has been allocated by the Health and Care Executive of the Sustainable Transformation Plan, the programme involving partners from the Cambridgeshire and Peterborough health economy, which was set up to ensure services are built around the needs of local people. We also received confirmation that the **Diabetes Service** was given additional national NHS funds. We are expecting news on other proposals for additional support for long-term conditions and general community and primary care.

This reflects the confidence of our partners and external agencies in our commitment to deliver high quality care that meets the needs of the people who use our services.
Our mission, vision and values

**Our mission**
…is to put people in control of their care. We will maximise opportunities for individuals and their families by enabling them to look beyond their limitations to achieve their goals and aspirations. In other words…to offer people the best help to do the best for themselves.

**Our vision**
We want to give those people who need our services the best possible chance to live a full and happy life, despite their condition or circumstances

<table>
<thead>
<tr>
<th>Recovery</th>
<th>We will empower patients to achieve independence and the best possible life changes, removing dependence and giving them and their families (in the case of children) control over their care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration</td>
<td>We will work closely with providers along pathways to deliver integrated person-centered care and support to local people close to their homes principally in non-institutional settings. We will integrate with key partners to improve efficiency and effectiveness and simplify access.</td>
</tr>
<tr>
<td>Specialist services</td>
<td>We are one of England’s leading providers of key specialist mental health services with particular expertise in eating disorders, children and young people’s mental health, autistic spectrum disorders and female personality disorders.</td>
</tr>
</tbody>
</table>

**Our values - PRIDE**

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>We will maintain the highest standards and develop ourselves and others ...by demonstrating compassion and showing care, honesty and flexibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>We will create positive relationships ...by being kind, open and collaborative</td>
</tr>
<tr>
<td>Innovation</td>
<td>We are forward thinking, research focused and effective ...by using evidence to shape the way we work</td>
</tr>
<tr>
<td>Dignity</td>
<td>We will treat you as an individual ... by taking the time to hear, listen and understand</td>
</tr>
<tr>
<td>Empowerment</td>
<td>We will support you ...by enabling you to make effective, informed decisions and to build your resilience and independence</td>
</tr>
</tbody>
</table>
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PART 1

Statement on quality from the Chief Executive

It gives me great pleasure to present our Quality Accounts 2016-17 so I can tell you about our achievements and how we have met our quality commitments this past year. This report also outlines our quality priorities and plans for improvement for 2017-18.

2016-17 has been a good year for CPFT – we have seen our organisation grow and our services expand and develop. Our services have been praised by the CQC and other external organisations for its commitment to provide good quality care, and some of our staff received recognition from both the national and international health care communities.

I would therefore like to take this opportunity to thank our staff for all their hard work to ensure our patients receive the best possible care in the last 12 months. The efforts they have made means CPFT has managed to provide high quality care while still innovating and improving our services. I would also like to thank our commissioners and partners, including the third sector and other external organisations, for being on this journey with us.

We know that we are facing the twin challenges of increasing demand and ongoing financial pressures across the health and care sector, which are not going to be resolved soon. However, by continuing to work together for the benefit of the people who use our services, we can be assured that we will continue to produce extraordinary results in the coming years.

Highlights from 2016-17

Some of the highlights from the past year are outlined below.

- In the Children, Young People and Families Directorate, we achieved our aim to drive down waiting lists; and our health visiting service was rated as one of the best in the East of England.
- In our Adult and Specialist Mental Health Directorate we have the shortest length of stay for patients of any mental health Trust in our region; the figures for prone restraint have been reduced to zero in some areas; and the continued success and quality of our Psychological Wellbeing Service.
- In our Older People’s and Adult Community Directorate, the breadth and quality of the work is continually recognised in patient feedback; and the efforts of the JET and Neighbourhood Teams continue to have a positive impact on the number of emergency admissions to local acute hospitals.
- Our research work continues to attract attention at home and abroad, making a major contribution to new interventions and services on mental health, dementia and frailty; and the PROMISE project was showcased in the World Psychiatric Association Congress in Cape Town, South Africa.
- Our recruitment programme is attracting experienced staff and apprentices to our Trust; and there are great examples of successful partnership working, including the introduction of mental health staff based at the police headquarters in Huntingdon, and the Mental Health Vanguard project with MIND, which includes 24/7 advice via the NHS 111 helpline and two Sanctuary buildings for those in mental health crisis.
There are many more achievements in 2016-17, and we have listed some of these in section 1.1 of this report.

**Our priorities for improvement in 2016-17**

We set some very challenging quality priority targets for ourselves last year, and I am pleased to say that we have achieved some of these and have made very good progress towards achieving the rest in the year. These are detailed in Part 2.1.2.

I would like to note at this stage that the Directorate restructure that took place halfway in the year meant that while some of the targets set by the Directorates separately in the previous year were amalgamated under the new Directorate structures, there is no like-for-like comparison between performance reported in 2016-17 and the previous year for some of the Directorate-specific targets.

The achievements that I am most proud of are in the area of patient safety, which include:

- 57% reduction in ‘patient to patient’ physical assaults and 41% reduction in ‘patient to staff’ physical assaults
- 7% reduction in other forms of restraint involving full physical interventions (PIs); and
- if we exclude the incidents from Darwin Centre which is one of our children’s wards, the Trust achieved a 33% reduction in the number of self harm incidents overall

We have also achieved improvements in areas relating to our patient experience, including:

- Significant improvement in our PLACE scores in 2016-17 as compared to the previous year which is a testament to all the hard work of our staff;
- 96.51% of our carers reporting that they feel involved in the care of the person they are caring for in the Carer Survey; and
- 9% improvement of our community patients reporting that they have been given information about their medication side effect through the patient experience survey

There have been improvements overall in our Staff Survey scores too, with a 3% improvement in staff recommendation of the Trust as a place to work and a 2% improvement in recommendation as a place to receive care. Within the Directorates, the Children, Young People & Families Directorate reported a 3% improvement in the score relating to ‘staff ability to contribute towards improvements at work’; while in the Adults & Specialist Directorate, there was a 4% improvement in being given information on out-of-hours contacts.

Finally, I am very pleased with the progress we have made around strengthening the research culture in CPFT and the promise of greater things in 2017-18.

We have also achieved a number of our CQUIN targets in the year including:

- Reducing the proportion of avoidable admissions to hospital through improved utilisation of community pathways;
- Promoting a system of timely identification and proactive management of frailty in community, mental health and acute providers;
- NHSE targets around safer staffing; and
- Staff health and wellbeing.

On the other hand, the Trust clearly still has some areas to improve upon and we will act on these and continue to work collaboratively to improve these important areas in 2017-18.
Our priorities for improvement in 2017-18
In line with the objectives of the Five Year Forward View and The Government’s mandate to NHS England for 2017-18, our priorities for 2017-18 are grouped under four main headings – leadership, reducing avoidable harm, improving the experience of our patients and staff, and embedding a quality improvement culture through making better use of opportunities for learning. These are set out in section 2.1.3.

These also tie in with our Sustainability and Transformation Plans (STP) programme.

Other quality and performance indicators
We have continued to do well, and in some cases, exceed the national average in relation to the NHS England Core Quality Indicators, particularly around CRHT gatekeeping and the number and rate of patient safety incidents that lead to severe harm or death; as well as the new performance indicators set out by NHS Improvement based on the Risk Assessment Framework and the Single Oversight Framework, most notably around waiting times and access to psychological therapies via the IAPT programme.

Highlights include
- improvements in our scores overall on the 2016 NHS Mental Health Community Survey, and from our in-house Carer Survey scores
- reduction in the number of suicide/probable suicides and patient absconding/AWOL,
- continued improvements in the activity and satisfaction with our Psychological Wellbeing Services (PWS); and
- participation in national quality improvement programmes and accreditation schemes.

Personal message
On a personal note, as I step down as Chief Executive of CPFT and retire from the NHS in the next few months, I would like to personally thank everyone in CPFT for their support during my time in the organisation. I can honestly say that it has been a privilege and I am extremely proud to have been part of CPFT.

Their efforts have put the Trust in a much better place than when I first arrived, and CPFT has established itself as a key partner in the local health economy.

While there are many challenges ahead, I believe CPFT will continue to thrive and move forward with the dedication and commitment of its staff - its greatest asset - to do their best for everyone they see and provide the highest quality of care possible.

Statement of Accuracy
I confirm that to the best of my knowledge, the information in this document is accurate.

Aidan Thomas
Chief Executive Officer
24 May 2017
1.1 **Highlights of 2016/17**

<table>
<thead>
<tr>
<th>April 2016</th>
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<tbody>
<tr>
<td><strong>Vanguard sets sail</strong></td>
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<tr>
<td>The first phase of the Mental Health Vanguard programme was launched on 4 April which aims to improve the way urgent mental health care is delivered locally by making it easier for people to access 24/7 crisis support and treatment. Phase 1 included:</td>
</tr>
<tr>
<td>- A new First Response Service in Cambridge</td>
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<tr>
<td>- A Sanctuary to provide a safe place in the community offering short-term support between 6pm and 1am.</td>
</tr>
<tr>
<td>- A system-wide co-ordinator to support calls from emergency services out-of-hours and refer onto the Sanctuary and First Response Service.</td>
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<tr>
<td>- Mental health practitioners based in the police control room providing advice and referral options to police.</td>
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<thead>
<tr>
<th>May 2016</th>
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<tr>
<td><strong>Charity boost for the neighbourhood team and their patients</strong></td>
</tr>
<tr>
<td>Specialist medical equipment worth more than £5,000 was donated by Whittlesey-based charity No Gain No Pain UK to the older people and adults community team in Peterborough. The syringe drivers help patients control when, and how much, medication they take to control pain and other symptoms.</td>
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<table>
<thead>
<tr>
<th>May 2016</th>
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<tr>
<td><strong>CQC’s praise for safeguarding in Peterborough</strong></td>
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<tr>
<td>As part of an inspection of safeguarding and children in care services in the city which are commissioned by Cambridgeshire and Peterborough CCG, CQC representatives praised CPFT staff after visiting the Trust’s Safeguarding team and CAMH (Child &amp; Adolescent Mental Health) services in Peterborough. Initial feedback from the inspectors recognised that “There was a strong safeguarding children culture evident throughout CPFT.”</td>
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<tr>
<th>June 2016</th>
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<tr>
<td><strong>CPFT represented in international workshop on acquired brain injury (ABI) in Brazil</strong></td>
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<tr>
<td>Dr Suzanna Watson, clinical lead at CPFT’s Cambridge Centre for Paediatric Neuropsychological Rehabilitation at Ida Darwin, Cambridge, took part in a prestigious international workshop on acquired brain injury. Dr Watson was one of only 12 UK experts chosen to spend four days in Brazil alongside other specialists from across the world discussing the latest research and treatment ahead of a world-wide research study into acquired brain injury.</td>
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<tr>
<th>June 2016</th>
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<tr>
<td><strong>Investors In People Award</strong></td>
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<tr>
<td>The Trust retained its bronze Investors In People Award, passing every core standard along with 34 additional requirements involving learning and development, performance appraisal, supervision, recognition and rewards.</td>
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<tr>
<th>June 2016</th>
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<tbody>
<tr>
<td><strong>CQC praise for neighbourhood teams and JET</strong></td>
</tr>
<tr>
<td>The Care Quality Commission (CQC) thematic review of older people’s integrated care in Cambridgeshire praised services provided by the Integrated Care Directorate (later renamed Older People &amp; Adult Community). The report singled out the neighbourhood teams and the Joint Emergency Team (JET) as examples of good practice.</td>
</tr>
</tbody>
</table>
Praise for safeguarding
A review into safeguarding children and looked-after children in Peterborough - which involves CPFT and several other partners - was published by the Care Quality Commission. In the report, the Trust’s processes for safeguarding children and looked after children were received positively and the inspectors felt there was a strong culture of safeguarding children.

Royal seal of approval for Poplar
Poplar ward, a six-bed unit for male patients at the Cavell Centre, Peterborough was awarded the Accreditation for Psychiatric Intensive Care Units by the Royal College of Psychiatrists following a thorough assessment process. The accreditation is part of the college’s quality assessment programme and follows a wide-ranging examination of the ward’s patient care and procedures. It is one of the few psychiatric intensive care units in the country to achieve such recognition.

£150k boost for Hospital at Home
Fundraisers donated £150,000 towards CPFT’s Hospital At Home service in Peterborough which provides rehabilitation services, such as physiotherapy, and palliative care for patients in their own home rather than having to receive care in hospital. Peterborough became the first place in the country to have a Hospital At Home service when it was launched in 1978. When the service was threatened with closure two years later because of funding issues, the Hospital At Home Friends Group was launched. Since then the group has raised more than £6 million towards the cost of the palliative part of the service.

Trust to lead new nursing training scheme
CPFT was chosen by Health Education England as one of 11 providers across the country to lead a new nursing associate programme. Nursing associates will bridge the gap between support workers and fully qualified registered nurses. The programme, in conjunction with Anglia Ruskin University, will begin in December with 15 places available to CPFT staff.

Charity donates £10k specialist devices to Trust
Fundraisers No Gain No Pain UK donated further specialist medical devices worth more than £10,000 to the Peterborough and Borderline Neighbourhood Team for use in Whittlesey, Stanground, Thorney, and Wansford. The charity also presented the Trust with more than 70 hand-made cloth bags which patients can use to carry the syringe drivers - portable machines which administer medicines to patients - which cost more than £1,300 each.

Jeremy Hunt visits CPFT crisis care projects
Health Secretary Jeremy Hunt visited CPFT’s new mental health crisis services and met staff from the First Response Service who are based at Hinchingbrooke Hospital, before going to the Cambridge Sanctuary. In the first month of operations, the FRS team helped more than 1,000 people. The service can also refer people to the Sanctuary 'safe-haven' projects in Cambridge and Peterborough run by Mind In Cambridgeshire in collaboration with CPFT.

PROMISE Project reaches South Africa
CPFT’s Promise Project which restates the commitment to helping service users towards recovery and end the use of physical restraint of
mental health patients was showcased in South Africa. Members meeting for the World Psychiatric Association Congress in Cape Town heard about the success of the project which was devised by Dr Manaan Kar-Ray, clinical director of the Adult and Specialist Mental Health Directorate, and expert-by-experience Sarah Rae.

December 2016

**Top ten ranking for the Trust's carers commitment**
CPFT was recognised as one of the top ten community NHS Trusts in England for supporting carers, after being awarded two gold stars by a national scheme. The Trust signed up to the Triangle of Care last year, which was set up by the Carers Trust and the National Mental Health Development Unit to strengthen the involvement of carers and families in care planning, treatment and support.

**Pilgrim PRU rated ‘Outstanding’ by OFSTED**
Staff including modern matron Rob Bode and head teacher Amanda Drake-Morris were interviewed as BBC Radio Cambridgeshire reporter Katy Prickett reported on how the Pilgrim PRU which educates young people at CPFT’s young people’s unit - the Croft, the Darwin and the Phoenix - was recently declared ‘outstanding’ by Ofsted. A young person, Ellie, and her mum also spoke to the BBC, giving a compelling account of her time at the Phoenix, her experience of the school and her hopes for the future.

January 2017

**Darwin Centre accreditation delight**
The Darwin Centre for Young People, a specialist adolescent inpatient unit, was praised by the Royal College of Psychiatrists. Darwin Centre was awarded the Quality Network for Inpatient CAMHS (QNIC) Type 1 standard accreditation.

**New nursing associates welcomed**
Thirty-six recruits joined a ground-breaking NHS training programme, which is being led by the Trust. On the first day in their new roles, the trainee nursing associates, including 18 from CPFT, attended a welcome event at Anglia Ruskin University, Cambridge, to find out more about their two-year training schedule. Nursing associates will be regulated by the Nursing and Midwifery Council in line with other registered nurses.

March 2017

**Ground-breaking Trust research showcased**
A free event showcasing how CPFT research is breaking new ground took place on 30 March at CRUK Cambridge Institute, at the Addenbrooke's Hospital site, from world leaders on mental health, dementia and frailty. It explored the pathway from idea to research project and showed how CPFT research is contributing to new interventions and services.

**Autism expert to address UN**
World renowned expert on autism Professor Simon Baron-Cohen, who is an honorary consultant psychologist with CPFT, was the keynote speaker at a United Nations autism event in New York on 31 March, ahead of Autism Awareness Day on 2 April. Simon is a professor in the University Department of Psychiatry and the Director of the Autism Research Centre (ARC) in Cambridge. In 1999 he created the first UK clinic for adults with suspected Asperger Syndrome, called the CLASS clinic (Cambridge Lifespan Asperger Syndrome Service), which is part of CPFT and based at the Chitra Sethia Autism Centre, Fulbourn.
PART 2
Priorities for Improvement and Statements of Assurance from the Board

2.1 Priorities for Improvement

In this section we present our over-arching strategy for quality and quality improvement in CPFT.

We also report on our performance in 2016-17 against the quality priorities set in the beginning of the year, and our CQUIN targets.

Finally, we present our quality priorities and CQUIN targets for 2017-18 and outline how we are going to monitor our progress against these during the year.

2.1.1 Our Quality Strategy
We believe that high quality care is only possible when these three equally important dimensions are present, as defined by High Quality Care for All (DH, June 2008) –

- care that is clinically effective and outcome focussed;
- care that is safe; and
- care that provides a positive experience for patients.

The achievement of high quality care is underpinned by strong, effective and collaborative leadership at all levels of the organisation, and needs to be supported by a robust quality improvement framework in order for us to learn and continually improve the way we deliver our services and achieve the best outcomes for the people who use our services.

Our strategy for quality is grounded upon three key objectives, which were presented in last year’s report –

1. We will provide safe, high quality & clinically effective interventions in line with nationally recognised evidence-based standards.
   This is the foundation upon which everything should be built moving forward. We will aim to ensure that all our services can demonstrate delivery of evidence-based interventions and reduce unacceptable variation in the provision of evidence-based care.

2. Where learning is identified these will be embedded into practice and lead to demonstrable improvements in outcomes of care.
   This process is the lynchpin that holds all the various elements of interconnecting and sometimes quite complex structures and activities together to deliver quality improvement. We will strengthen our processes around identifying learning and opportunities for improvement and ensure these are translated into demonstrable improvements in outcomes of care that are embedded into practice. This requires strong leadership and clear lines of accountability at every level of the organisation.
3. **We will transform care and develop sustainable services through innovation and collaborative partnerships.**

Operating within a challenged health economy requires the ability and desire to transform and innovate, in collaboration with partners and stakeholders, in order to develop sustainable services that are proven to be cost-effective and value for money that meet the needs of the people who use our services. This is the fuel that will drive us forward and keep us going to achieve our primary aim of delivering high quality services, and will serve to embed resilience in the organisation. We will ensure that quality underpins every decision that is made in the organisation, based on knowledge and evidence of what works. We will listen to the people who use our services and use their expertise to inform our interventions, pathways and models of care; and work with our commissioners to ensure appropriate and safe levels of staff for our services.

These objectives have informed our quality priorities, actions and decisions in 2016-17 and will continue to do so in the coming years.

**2.1.2 Quality improvement in CPFT**

In its recent publication, *Improving quality in the English NHS*, The King’s Fund stated that the NHS ‘cannot hope to meet the health care needs of the population without a coherent, comprehensive, unifying and sustained commitment to quality improvement as its principal strategy’ (Ham et al 2016).

In April 2016, the Trust approved funding for additional resources in quality and clinical effectiveness, showing a firm commitment to improve quality in CPFT. We invited speakers from NHS Improvement and other hospitals to share their knowledge and experience with us about quality improvement (see Part 2.1.3, Quality Priority 4.2b) and looked at examples of good practice from other organisations.

In February 2017, the Board resolved to formally embark on a quality improvement journey. We haven’t yet decided on the specific model and approach that we will use as an organisation to embed a culture of continuous quality improvement in CPFT.

In the meantime we have embraced the principles of quality improvement and are using this to inform our quality improvement programme. We will report upon our achievements and demonstrate improved outcomes of care in next year’s Quality report.

We are developing our **Quality Improvement Strategy** which hinges upon three key areas of activity - outlined below. We will finalise this in 2017-18.

1. *Creating the right conditions & appetite for Quality Improvement*
2. *Building capacity & capability*
3. *Empowering change for improvement*
2.1.3 Looking back – our priorities for improvement for 2016/17

Our patients and the people who use our services are at the centre of everything we do.

In choosing our quality priorities for 2016/17 we worked with our Clinical Directorate management teams to identify areas for improvement that we believed would make the most impact on the safety and quality of our services and improve the experience and wellbeing of the people who use our services, their families and carers, and our staff.

We reviewed data and information from a range of sources such as our patient, carer and staff surveys, incidents and complaints, clinical audit and service reviews, performance and activity reports, and Care Quality Commission (CQC) inspection reports (published in October 2015); as well as feedback from our Governors, partners and other key stakeholders.

A. Our performance on our quality priorities for 2016-17

Whilst some of the quality priorities for 2016/17 build upon our performance and achievements from the previous year, most are new for this year and reflects our continuing commitment to provide high quality, safe and clinically effective care.

Our performance and progress on these priorities is monitored primarily through the Performance Review Executive (PRE) and Clinical Governance & Patient Safety Group (CGPSG), with oversight from the Quality, Safety & Governance Committee (QSGC).

A summary of our performance on our targets for 2016-17 is summarised in Table 1 below. Further details are presented overleaf.

<table>
<thead>
<tr>
<th>Improvement Priority</th>
<th>Performance at year end</th>
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<tbody>
<tr>
<td>Priority Area 1: Over-arching priorities</td>
<td>T: Trustwide / D: Directorates</td>
</tr>
<tr>
<td>1.1 Quality Framework</td>
<td>T: achieved</td>
</tr>
<tr>
<td>1.2 Friends and Family Test (FFT) staff</td>
<td>T: 1 achieved, 1 almost achieved, 1 data not comparable</td>
</tr>
<tr>
<td>Priority Area 2: Patient experience</td>
<td></td>
</tr>
<tr>
<td>2.1 PLACE (Patient Led Assessment of Care Environments)</td>
<td>T: almost achieved</td>
</tr>
<tr>
<td>2.2 Triangle of Care</td>
<td>T: 2 achieved, 1 almost achieved, 2 not achieved</td>
</tr>
<tr>
<td>2.3 Patient Survey</td>
<td>T: 1 achieved, 1 almost achieved, 2 not achieved, D: 1 achieved, 1 almost achieved, 1 not achieved</td>
</tr>
<tr>
<td>2.4 NHS Outcomes Framework (OPAC Directorate only)</td>
<td>D: 1 achieved, 1 almost achieved</td>
</tr>
<tr>
<td>Priority Area 3: Patient safety</td>
<td></td>
</tr>
<tr>
<td>3.1 Reducing avoidable harm</td>
<td>T: 3 not achieved</td>
</tr>
<tr>
<td>3.2 Management of violence and aggression</td>
<td>D: 1 partially achieved, 1 not achieved</td>
</tr>
<tr>
<td>Priority Area 4: Clinical Effectiveness</td>
<td>T: 4 achieved</td>
</tr>
</tbody>
</table>

We would like to note that, as a result of the Directorate restructure during the year, service-specific targets initially set by the Adults Directorate and Specialist Directorate separately have been amalgamated for 2016/17 and reported as a target for the combined Adults & Specialist Directorate. It is also important to note that the Specialist Directorate included three children’s specialist mental health wards in 2015-16 which were transferred to the Children’s Directorate in the restructure. This means there is no ‘like for like’ comparison for Directorate-specific targets of these services between 2015-16 and 2016-17 data. This has particular significance for national data (i.e. Staff Survey) where it was not possible to extract service-specific data from the overall scores.
## Priority Area 1: Over-arching priorities
*These have been carried over from the previous year and apply to all of our clinical services and staff.*

### 1.1 Quality Framework

<table>
<thead>
<tr>
<th>Why did we focus on this?</th>
<th>This was our quality priority in 2015-16 and carried forward to 2016-17. This remains a priority for the Trust and we wanted to build on what we achieved last year.</th>
</tr>
</thead>
</table>
| What did we aim to achieve? | **a.** To develop team-specific integrated quality and safety dashboards that feed into the Directorate and Trust dashboards, to be in place by January 2017.  
**b.** Review and strengthen the quality assurance framework (QAF) which will include the processes for monitoring compliance with the CQC standards and performance against the quality & safety indicators from team to Board. |
| We have achieved this | **a.** We have made significant progress in the development of dashboards during the year, from Trust to individual team level reports. This involved a substantial undertaking to create direct links from the data sources to the Trust’s data warehouse. We have focused on creating electronic clinical and performance reports that are directly accessible from the Trust intranet page, some of which are live while some are on a month-end basis. This was rolled out in the beginning of the year. As of March 2017 over 50 reports are being produced on ‘Mi Reports’, accessible from our intranet, with more on the pipeline.  
**b.** This involved three key work streams.  
  i. The monthly Integrated Quality & Safety Report, which contains a wider range of information than is reflected in the Trust’s over-arching dashboard, was reviewed in the beginning of the year. The aim was to streamline the report, provide a better picture of Directorate activity in relation to the overall Trust wide performance, and focus attention on exceptions and actions. The Trust level report was revised in June 2016 and further refined over the next 3 months. The final agreed template was applied to the Directorate level reports in October 2016.  
  Coming into 2017-18, we will continue to improve our reporting framework in line with the work around the quality assurance framework and quality improvement programme, which will include the review and identification of more meaningful indicators of quality and performance.  
  ii. The Board commissioned Deloitte to undertake a Well Led Governance review in the beginning of the year. The final report was received in December 2016 which highlighted a number of areas of strength, including:  
  a cohesive Board with a range of skills and experience, led by a Chair and CEO with an excellent working relationship;  
  a positive focus on quality and patient safety and reference by staff to an open and honest culture; and  
  an organisation that is committed to supporting innovation  
  There were also areas for improvement, including the need to refocus performance management arrangements on partnership working across organisations in support of the Trust’s strategy; and improvements in performance reporting. We are working on the recommendations of the report, which include reviewing the Trust’s governance and reporting framework, led by the Associate Director of Performance Delivery. |
iii. We are currently in the process of reviewing the monitoring and assurance framework in relation to the Trust’s compliance with the Care Quality Commission (CQC) standards. This will take account of the proposed changes in the regulation framework, which takes effect in April 2017. The aim is to link this more closely to our reporting framework and make better use of other existing monitoring activities to pull together a more rounded picture of compliance that will provide assurance and will be used to inform a programme of service reviews and deep dives.

This work will continue into 2017-18 and will be reviewed at regular intervals to ensure that it reflects new and emerging risks and the requirements of the organisation.

1.2 Friends and Family Test (Staff)

Why did we focus on this?

We exceeded our target of improving staff recommendation to care for friends and family in 2015-16.

For 2016-17, we expanded on this target to include improvements in staff recommendation as a place to work. We also worked with our Clinical Directorates to identify additional targets that were specific to their services.

What did we aim to achieve?

Trustwide

3% increase on our national staff survey scores on recommendation to care and place to work.

Directorates

a. Adults – 5% improvement on
   • good communication between senior management and staff
   • organisation and management interest in action on health and wellbeing

b. Specialist

   Improve and strengthen staff recruitment and retention strategies in the service

c. Older People & Adults Community (OPAC, previously Integrated Care)

   5% improvement in appraisal rate compliance

d. Children, Young People & Families (CYP&F, previously Children)

   3% improvement on ‘ability to contribute towards improvements at work’

We have partially achieved this

Trustwide

<table>
<thead>
<tr>
<th>Target – 3% increase on</th>
<th>2016</th>
<th>2015</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff recommendation as a place to work</td>
<td>51</td>
<td>49</td>
<td>+ 3%</td>
</tr>
<tr>
<td>Staff recommendation to receive care or treatment</td>
<td>64</td>
<td>62</td>
<td>+ 2%</td>
</tr>
</tbody>
</table>

How well did we do?

We are pleased with the improvements that we have made which reflects our continuing commitment to improve the working experience and wellbeing of our staff. Following last year’s Staff Survey results we reviewed and updated the Health & Wellbeing Strategy, Recruitment & Retention Strategy and developed a Stay Well at Work plan. Actions we have taken include providing Mindfulness courses, Leadership and Management Development courses and classes for yoga, basketball and art. We established a Wearing Two Hats group which supports staff with their own lived experience of long term conditions. We have also worked with our staff, commissioners and other partners to develop new services and improve our existing services.

This remains a priority of the Trust for 2017-18 and will be reported in Part 3 of the report.
**Directorates**

**a. Adults & Specialist (A&S)**

<table>
<thead>
<tr>
<th>Target – 5% increase on</th>
<th>Directorate</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good communication between senior management and staff</td>
<td>Adults</td>
<td>37%*</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Organisation and management interest in action on health and wellbeing</td>
<td>Adults</td>
<td>3.74*</td>
<td>3.45</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td>3.73</td>
<td></td>
</tr>
</tbody>
</table>

*These are the scores for the combined Adults & Specialist Directorate.

This was a target set by the Adults Directorate prior to the service restructure. As the service configurations are not the same, it is not possible to compare the 2016 and 2015 scores or calculate a percentage increase accurately.

Nevertheless, the figures above appear to show an overall improvement in the score for interest and action on health and wellbeing. This is reflected in the increase in our Trust overall score on staff recommendation as a place to work (see Trust wide target in the previous page).

On the other hand, good communication between senior management and staff is an area that we need to improve on going into 2017-18. Some of the things that we have done during the year to further improve communication include

- expanding the membership of the Wider Leadership Group meetings that are held every two months to provide senior staff with a forum to hear about new developments in the Trust, ask questions to the Trust executives, as well as an opportunity to network with other staff
- continuing the ‘Aidan Answers’, which is a dedicated email for staff to get in touch with our Chief Executive about concerns, suggestions or any ideas they may have. Whilst this is coordinated by the Communications team, Aidan answers most of the emails himself and reviews all of the answers in those instances when he needs to ask another member of staff for information.
- continuing the Back to the Floor initiative, which involve our executive and non-executive directors spending the day with teams on the ground
- regular CPFT Live sessions, an online chat forum with the Executive team where staff can post questions about all areas of the Trust’s work. A transcript of the session is also provided for those who are unable to join the session on the day.
- weekly Staff Bulletins and regular staff communications

At team level, senior managers are committed to improving visibility and accessibility within their services, including morning catch-up meetings at the start of the day/shift to talk about issues and concerns, giving feedback and cascading information.

During the year, the Board commissioned a ‘Collective and Collaborative Leadership’ review across the Trust, the findings of which were presented during the Wider Leadership Team meeting in March 2017. The members were asked to provide feedback and suggestions which will inform the development of an action plan to fully embed a collaborative and caring leadership culture in the Trust.

**b. Staff recruitment and retention strategies**

This was a specific target of the Specialist Directorate for 2016-17 which previously included three children’s specialist mental health wards - a service where there is a national shortage of appropriately skilled staff – that have since been transferred to CYP&F Directorate.
During the year, the Trust has employed creative and pro-active approaches to recruitment and retention across all of our services. These include taking part in local and national recruitment events, using social media such as Twitter, Facebook and LinkedIn, increased use of promotional banners in our major sites and promotional stands at shopping centres, implementation of rolling job adverts, New Hire Bonus scheme, return to practice, and apprenticeships, and making better use of our mailing lists.

The Adults & Specialist Directorate, in particular, introduced a flexible shift pattern following an extensive consultation exercise with its staff to improve recruitment and retention.

The vacancy rate is a measure that could demonstrate the effectiveness of these strategies. The figures below show that the vacancy rate for the Adults & Specialist Directorate has gone down significantly since August 2016, while that of the Children, Young People & Families Directorate reflected an increase in August following the transfer of the children’s wards to the Directorate. The vacancy rates of both Directorates have since reduced from August although it has increased slightly in March, which shows the impact of the work being done in this area.

<table>
<thead>
<tr>
<th>Vacancy rate</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Nov-16</th>
<th>Jan-17</th>
<th>Mar-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;S</td>
<td>10.09%</td>
<td>11.13%</td>
<td>6.37%</td>
<td>5.47%</td>
<td>6.23%</td>
<td>7.20%</td>
</tr>
<tr>
<td>CYP&amp;F</td>
<td>10.34%</td>
<td>13.46%</td>
<td>12.71%</td>
<td>11.40%</td>
<td>11.95%</td>
<td>12.92%</td>
</tr>
</tbody>
</table>

c. **Older People & Adults Community (OPAC)**

The figures show an increase in the appraisal compliance rate for the OPAC Directorate as reported in the national Staff Survey, which is in line with the Trust’s overall increase.

<table>
<thead>
<tr>
<th>Target – 5% increase</th>
<th>2016</th>
<th>2015</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>% appraisal in the last 12 months (staff survey)</td>
<td>84%</td>
<td>82%</td>
<td>+ 2%</td>
</tr>
<tr>
<td><strong>Actual appraisal rate completed (Trust data)</strong></td>
<td>88.84%</td>
<td>55.34%</td>
<td>+ 33.5%</td>
</tr>
</tbody>
</table>

This is a priority of the Trust overall. Actions we have taken to improve our performance in 2017-18 include making changes to the electronic appraisal system to make it more user-friendly, providing more support and guidance to staff on the completion of the electronic appraisal system, and strengthening the performance management process.

For 2017-18, we will focus on improving our score on the quality of the appraisal process.

d. **Children, Young People & Families (CYP&F)**

The CYP&F Directorate achieved their target improvement in this area which reflects the work they have done to improve staff engagement during the year. The Directorate held an away day for all senior managers, and following this, all teams were supported to hold their own away days. The Directorate’s vision was presented, which included a clear message around how staff can engage in developing their services. Throughout the year, senior managers have remained visible and staff are encouraged and supported in their communications.
2.1 Our patients will be treated in clinical environments that are compliant with national standards (PLACE)

Why did we focus on this?
The environment in which people are cared for has a significant impact on their experience and recovery. Our quality priority in 2015-16, which we achieved, was to ensure that the Trust overall scores for PLACE (Patient Led Assessment of Care Environment) were at least equal to or higher than the national average.

For 2016/17 we wanted to build upon our performance in the previous year.

What did we aim to achieve?
All wards will have scores at least equal to or higher than the national average.

We have almost achieved this
While the Trust’s overall score in all areas were above the national average, 3 wards each had scores below the national average. While we have not met the target for 2016/17, this is still a significant improvement from the previous year’s scores.

Comparative breakdown of scores are presented below.

**Trust overall scores compared to national average scores 2016**

<table>
<thead>
<tr>
<th></th>
<th>Cleanliness</th>
<th>Ward food</th>
<th>Privacy, dignity, well-being</th>
<th>Condition, appearance &amp; maintenance</th>
<th>Dementia</th>
<th>Disability (new in 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nat’l Avg Scores</td>
<td>98.06 %</td>
<td>88.96%</td>
<td>84.16%</td>
<td>93.37%</td>
<td>75.28 %</td>
<td>78.84%</td>
</tr>
<tr>
<td>Overall Trust Avg</td>
<td>99.88 %</td>
<td>93.00%</td>
<td>87.50 %</td>
<td>95.77%</td>
<td>85.22 %</td>
<td>86.76 %</td>
</tr>
<tr>
<td>Ida Darwin</td>
<td>99.89%</td>
<td>83.93%</td>
<td>90.20%</td>
<td>97.02%</td>
<td>N/A</td>
<td>91.42%</td>
</tr>
<tr>
<td>Cavell</td>
<td>99.77%</td>
<td>93.29%</td>
<td>89.78%</td>
<td>97.03%</td>
<td>82.72%</td>
<td>80.19%</td>
</tr>
<tr>
<td>S3 Adds</td>
<td>99.72%</td>
<td>89.44%</td>
<td>85.26%</td>
<td>96.65%</td>
<td>N/A</td>
<td>89.55%</td>
</tr>
<tr>
<td>F’bourn</td>
<td>100%</td>
<td>98.48%</td>
<td>92.50%</td>
<td>96.39%</td>
<td>92.59%</td>
<td>89.52%</td>
</tr>
<tr>
<td>NCH</td>
<td>100%</td>
<td>98.22%</td>
<td>86.05%</td>
<td>94.82%</td>
<td>97.10%</td>
<td>96.39%</td>
</tr>
<tr>
<td>Princess of Wales</td>
<td>100%</td>
<td>89.99%</td>
<td>91.07%</td>
<td>95.83%</td>
<td>89.80%</td>
<td>84.98%</td>
</tr>
<tr>
<td>Brookfields</td>
<td>98.85%</td>
<td>94.15%</td>
<td>69.08%</td>
<td>96.82%</td>
<td>79.50%</td>
<td>82.02%</td>
</tr>
<tr>
<td>CCC, Pboro</td>
<td>100%</td>
<td>90.28%</td>
<td>85.94%</td>
<td>88.32%</td>
<td>85.93%</td>
<td>90.90%</td>
</tr>
</tbody>
</table>

**Trust overall scores compared to national average scores 2015**

<table>
<thead>
<tr>
<th></th>
<th>Cleanliness</th>
<th>Ward food</th>
<th>Privacy, dignity, well-being</th>
<th>Condition, appearance &amp; maintenance</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nat’l Avg Scores</td>
<td>97.57 %</td>
<td>88.49%</td>
<td>86.03%</td>
<td>90.11%</td>
<td>74.51%</td>
</tr>
<tr>
<td>Overall Trust Avg</td>
<td>98.25 %</td>
<td>88.92%</td>
<td>89.09%</td>
<td>91.99%</td>
<td>79.09%</td>
</tr>
<tr>
<td>Ida Darwin</td>
<td>100.00%</td>
<td>100.00%</td>
<td>94.85%</td>
<td>95.93%</td>
<td>85.87%</td>
</tr>
<tr>
<td>Cavell</td>
<td>98.17%</td>
<td>81.60%</td>
<td>87.80%</td>
<td>92.08%</td>
<td>72.53%</td>
</tr>
<tr>
<td>S3 Adds</td>
<td>99.70%</td>
<td>100.00%</td>
<td>85.26%</td>
<td>93.75%</td>
<td>N/A</td>
</tr>
<tr>
<td>F’bourn</td>
<td>99.30%</td>
<td>97.97%</td>
<td>92.46%</td>
<td>96.22%</td>
<td>83.46%</td>
</tr>
<tr>
<td>NCH</td>
<td>96.20%</td>
<td>64.18%</td>
<td>80.95%</td>
<td>76.89%</td>
<td>73.42%</td>
</tr>
<tr>
<td>Princess of Wales</td>
<td>99.57%</td>
<td>89.22%</td>
<td>87.43%</td>
<td>96.97%</td>
<td>77.39%</td>
</tr>
<tr>
<td>Brookfields</td>
<td>90.91%</td>
<td>91.85%</td>
<td>81.36%</td>
<td>83.61%</td>
<td>85.14%</td>
</tr>
<tr>
<td>CCC, Pboro</td>
<td>96.90%</td>
<td>74.55%</td>
<td>79.63%</td>
<td>76.28%</td>
<td>67.45%</td>
</tr>
</tbody>
</table>

Local action plan were developed by the wards, the majority of which were in relation to the condition, appearance and maintenance of their premises.

Areas for improvement following feedback from Patient Assessors and the review of the process by the internal PLACE team have identified the following, which will be implemented in future assessments:

- more clarity around the physical requirements for assessors, such as the ability to walk/stand for a period of time and to use own mobility aid as necessary
- clarity that food scores are not based on nutritional values
- to provide patient assessors with information about the nature of services being assessed
2.2 Continue to strengthen implementation of the Triangle of Care programme

**Why did we focus on this?**

Carers are vital partners in the provision of care and the patient’s recovery. In 2015/16, we achieved specific targets on the implementation of the Triangle of Care programme.

For 2016-17, we wanted to improve upon our achievement in the previous year.

**What did we aim to achieve?**

a. At least 60% of service users will have an identified carer recorded in RiO
b. At least 60% of carers identified will have a carer record completed on RiO
c. All teams will complete at least 2 carer experience surveys per month
d. At least 75% of carers surveyed will report feeling involved in the care of the cared for
e. 100% of identified carers will be offered/signposted for a carer’s assessment

**We have partially achieved this**

**As of 2 April 2017**

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Trust wide</th>
<th>A&amp;S</th>
<th>CYP&amp;F</th>
<th>OPAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Identified carers</td>
<td>60%</td>
<td>8.56%</td>
<td>10.87%</td>
<td>4.25%</td>
<td>5.60%</td>
</tr>
<tr>
<td>b. Completed carer record</td>
<td>60%</td>
<td>27.1%</td>
<td>27.8%</td>
<td>0%</td>
<td>22.6%</td>
</tr>
<tr>
<td>d. Carer involvement</td>
<td>75%</td>
<td>96.51%</td>
<td>95.08%</td>
<td>99.89%</td>
<td>97.77%</td>
</tr>
<tr>
<td>e. Carer’s assessment</td>
<td>100%</td>
<td>95.42%</td>
<td>93.48%</td>
<td>99.89%</td>
<td>97.25%</td>
</tr>
</tbody>
</table>

We recognise that we need to improve practice on carer records. Some of the feedback received on the reasons for the poor performance include:

- The new Care Act compliant carer record form is lengthy
- The need for a refresher course on completion of the carer record form

Within the OPAC Directorate, only the mental health inpatient services were included in Phase 1 with the mental health community teams coming on board in Phase 3. Their physical health services that use SystmOne electronic patient records system is not yet part of the implementation.

The Care Act focuses on adults over 18 years, and for the CYP&F Directorate this relates to young people who are reaching the age of 18 years and are transitioning into other services. The development of a carer record for the carers of young people in transition is being developed and is in its early stages, which explains the return of 0% in the year. The proposal will be presented to the Board in May 2017.

**Actions to improve performance in 2017-18 include:**

- Setting up a Task & Finish Group to explore how to improve the usage and reduce completion time. Various changes have been made to the new form in RiO and the feedback so far has been positive
- Rolling out the reporting requirements to SystmOne users
- Provision of a training session on the completion of the new carer record, introduced in March 2017.

**c. The Carer Survey** was introduced in September 2015. In September 2016, teams were given a minimum target of 2 surveys collected per month. Performance has improved over the months as shown in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Apr ’16</th>
<th>May ’16</th>
<th>Jun - ’16</th>
<th>Jul -’16</th>
<th>Aug -’16</th>
<th>Sep -’16</th>
<th>Oct -’16</th>
<th>Nov -’16</th>
<th>Dec -’16</th>
<th>Jan -’17</th>
<th>Feb -17</th>
<th>Mar -17</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;S</td>
<td>30</td>
<td>32</td>
<td>29</td>
<td>23</td>
<td>32</td>
<td>40</td>
<td>42</td>
<td>50</td>
<td>39</td>
<td>45</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>CYP&amp;F</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>12</td>
<td>23</td>
<td>38</td>
<td>40</td>
<td>33</td>
<td>25</td>
<td>32</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>OPAC</td>
<td>5</td>
<td>10</td>
<td>23</td>
<td>14</td>
<td>20</td>
<td>16</td>
<td>16</td>
<td>27</td>
<td>28</td>
<td>17</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>40</td>
<td>56</td>
<td>49</td>
<td>75</td>
<td>94</td>
<td>98</td>
<td>110</td>
<td>92</td>
<td>94</td>
<td>106</td>
<td>118</td>
</tr>
</tbody>
</table>

See Part 3.1.5 for more information about our Carer Survey.
2.3 Address specific areas in our patient experience survey (Meridian) that showed consistently low scores in the previous year

Continually improving the experience of our patients is a constant priority for the Trust, and whilst we exceeded our target to improve the patient’s FFT (Friends and Family Test) scores in the previous year, we know that there are other areas that we need to do better on.

For 2016-17, we wanted to focus on those areas with consistently low scores.

Notes:
- The CYP&F Directorate which in 2015-16 only included community services, have had consistently high patient experience survey scores throughout the year and have focused on improved reporting for 2016-17.
- The patient experience survey questionnaire was aligned in the OPAC Directorate in January 2016 and therefore did not have enough data to identify a baseline for improvement in this area for 2016-17. The Directorate has therefore set a specific target around the NHS Outcome Framework – see 2.4.

What did we aim to achieve?

Trust wide targets
5% improvement in the patient survey scores on the following areas:
- Food
- Activities in evenings and weekends
- Information about medication side effects (inpatients & community)

Directorates
- Adults
  - 5% improvement for ‘information on keeping healthy’ (inpatients)
  - 3% improvement for ‘out of hours contact’ (community)
- CYP&F

Establish a process for routine reporting of patient experience across the service using the Graduation forms used by Family Nurse Partnership (FNP) and Experience of Service Questionnaires (ESQ) used by Child & Adolescent Mental Health (CAMH) services.

We have partially achieved this
Trustwide – Target 5% improvement

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total Ave/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>67%</td>
<td>64%</td>
<td>65%</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td>2016/17</td>
<td>67%</td>
<td>74%</td>
<td>69%</td>
<td>69%</td>
<td>70%</td>
</tr>
<tr>
<td>% improvement</td>
<td>0%</td>
<td>10%</td>
<td>4%</td>
<td>-2%</td>
<td>+3%</td>
</tr>
</tbody>
</table>

Although we fell short of our target for the year, we are very pleased with the improvement in our food scores overall.

It is worth noting that the Trust score include our eating disorder units that always report low scores, and our adult rehabilitation wards whose patients stay for an average period of 3 months and in general are more likely to express dissatisfaction with their meals. Our older people’s wards always report high satisfaction scores with food.

We continue to work with our suppliers, inpatient units and catering contracts team to improve the choice, quality and appearance of food being served.

Our wards have introduced various initiatives which include Fish & Chips Fridays, patients cooking their own meals or a housekeeper cooking the meals locally, staff having their meals with the patients, using restaurant-style crockery and cutlery, and improving the service and general appearance of the dining area. These initiatives have received very positive feedback which is reflected in the improved scores in the year. This is important to the Trust and we will report on this in Part 3 of the Quality report 2017-18.
b. **Week end & evening activities**

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total Ave/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>74%</td>
<td>75%</td>
<td>75%</td>
<td>63%</td>
<td>72%</td>
</tr>
<tr>
<td>2016/17</td>
<td>65%</td>
<td>65%</td>
<td>72%</td>
<td>70%</td>
<td>71%</td>
</tr>
<tr>
<td>% improvement</td>
<td>-9%</td>
<td>-10%</td>
<td>-3%</td>
<td>7%</td>
<td>-1%</td>
</tr>
</tbody>
</table>

The 1% overall reduction in our weekend and evening activities score is largely due to issues with staffing vacancies particularly in the Children’s wards, and long term sickness in the Occupational Therapist team in the adults wards during the first half of the year. The figures reported in the second half of the year reflect the improvements made, which include recruitment of activities coordinator in Q4 by some wards, and the introduction of volunteers to the Mulberry 3 ward.

c. **Medication side effects**

<table>
<thead>
<tr>
<th>Year</th>
<th>Inpatients</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>2015/16</td>
<td>77%</td>
<td>75%</td>
</tr>
<tr>
<td>2016/17</td>
<td>66%</td>
<td>63%</td>
</tr>
<tr>
<td>% improvement</td>
<td>-11%</td>
<td>-12%</td>
</tr>
</tbody>
</table>

While the overall average score for inpatient services for the year shows a 6% reduction, the quarterly scores show improvement in the second half of the year. Staffing vacancies, particularly in the adults and children’s wards, largely account for the low scores. This remains a priority for 2017-18.

**Directorates**

a. **A&S**

I. **Information on keeping healthy** – Target 5% improvement

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total Ave/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>80%</td>
<td>80%</td>
<td>77%</td>
<td>70%</td>
<td>76%</td>
</tr>
<tr>
<td>2016/17</td>
<td>73%</td>
<td>81%</td>
<td>84%</td>
<td>75%</td>
<td>79%</td>
</tr>
<tr>
<td>% imp</td>
<td>-7%</td>
<td>1%</td>
<td>7%</td>
<td>5%</td>
<td>+ 3%</td>
</tr>
</tbody>
</table>

II. **Out of hours contact (community)** – Target 3% improvement

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total Ave/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>90%</td>
<td>87%</td>
<td>86%</td>
<td>85%</td>
<td>86%</td>
</tr>
<tr>
<td>2016/17</td>
<td>86%</td>
<td>93%</td>
<td>95%</td>
<td>89%</td>
<td>90%</td>
</tr>
<tr>
<td>% imp</td>
<td>-4%</td>
<td>6%</td>
<td>9%</td>
<td>4%</td>
<td>+ 4%</td>
</tr>
</tbody>
</table>

This was a target of the Adults Directorate for 2016-17, which has been amalgamated for the combined Adult & Specialist Directorate as a result of the service restructure during the year.

b. **CYP&F**

During the year, we strengthened the reporting of our quality and safety indicators, which include patient experience data, by improving our monthly Quality & Safety report (see Priority 1.2). The Directorate level reports are disseminated to all teams for discussion and action.

In addition to this, the CYP&F Directorate made a commitment to introduce more detailed routine reporting of patient experience which, unfortunately, it did not achieve during the year due to issues around staff vacancies. The Directorate has continued to engage with the children and young people in their services to ensure their experience is captured and any feedback is acted upon.

This is important to the Directorate and this action will be carried forward to their service objectives for 2017-18.
2.4 Specific targets for the OPAC Directorate related to improving the patient’s experience of care under the NHS Outcomes Framework

Why did we focus on this?
One of the key targets of the NHS is to reduce the length of time patients spend in hospital. This is stipulated in one of the seven mandated health outcomes of the NHS Outcomes Framework - admission avoidance and reducing hospital length of stay (LoS).

The Directorate wanted to improve their performance on these two areas for 2016-17.

What did we aim to achieve?
a. Increase the number of people supported in the community to avoid unnecessary admissions into hospital.
b. Reduce LoS in three of our five community rehabilitation wards to bring it in line with the national average of 28 days

We have almost achieved this
a. Avoiding unnecessary hospital admissions
We have two services within the OPAC Directorate that have been developed to provide support to people in the community and prevent unnecessary hospital admissions – the Dementia Intensive Support Team (DIST) and the Joint Emergency Team (JET). Activity figures in the year shows that these services have achieved their objectives.

Charts showing estimated avoided hospital admissions and hospital savings are shown on the next page.

DIST (Chart 1)
The 2016-17 activity figures shows that of the total referrals, 88% had an outcome of the patient remaining in the community therefore avoiding hospital admission. On average, DIST remained engaged with the patient for 12 days, thereby achieving the hospital avoidance target.

JET (Chart 2)
The 2016-17 activity figures shows that of the total referrals, 86% had an outcome of the patient remaining in the community therefore avoiding hospital admission. On average, JET remained engaged with the service user for 1.2 days to achieve the hospital avoidance target.

b. Reducing Length of Stay (LoS)
The original target was amended during the year as the existing reporting structure was not designed to differentiate between general rehabilitation and stroke patients who were being cared for in the same wards, and the LoS of two of the five wards were already below the target of 28 days.

The target of 28 days applies to Lord Byron A & B and Welney wards

<table>
<thead>
<tr>
<th>Wards</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Ave 15-16</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Ave 16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lord Byron A &amp; B*</td>
<td>33.4</td>
<td>27.1</td>
<td>28.1</td>
<td>29.8</td>
<td>29.7</td>
<td>26.5</td>
<td>31.1</td>
<td>27.5</td>
<td>31.4</td>
<td>29.2</td>
</tr>
<tr>
<td>Welney</td>
<td>32.1</td>
<td>37.1</td>
<td>28.3</td>
<td>58.6</td>
<td>35.6</td>
<td>25.9</td>
<td>22.9</td>
<td>29.1</td>
<td>26.6</td>
<td>26.2</td>
</tr>
<tr>
<td>Trafford</td>
<td>32.1</td>
<td>22.2</td>
<td>19.8</td>
<td>23.5</td>
<td>23.8</td>
<td>18.8</td>
<td>27.0</td>
<td>25.7</td>
<td>23.5</td>
<td>23.5</td>
</tr>
<tr>
<td>P’boro ICU</td>
<td>15.2</td>
<td>16.0</td>
<td>16.7</td>
<td>17.5</td>
<td>16.3</td>
<td>17.2</td>
<td>19.4</td>
<td>20.1</td>
<td>21.0</td>
<td>19.3</td>
</tr>
</tbody>
</table>

* These are two separate wards but data is amalgamated in the reporting structure

Each ward has a different set of challenges that affect LoS, such as acuity of patient and local availability of alternative community care options, the latter being generally outside of our control.

Work continues to reduce the length of stay and improve partnership working across the whole system.
**Chart 1 Dementia Intensive Support Team activity 2016-17**

Dementia Intensive Support Team - admission activity 2016/17

**Chart 2 Joint Emergency Team activity 2016-17**

JET service admission avoidance activity 2016/17
Priority Area 3: Patient safety
These were our additional indicators reported in Part 3 of the report in the previous year which we wanted to improve upon in 2016-17.

3.1 Reduce avoidable harm

Why did we focus on this?
In 2015 NHS organisations were invited to ‘Sign Up to Safety’ as part of the government’s ambition to reduce avoidable harm over the next three years. In CPFT, the top three patient safety incidents reported in 2015-16 were pressure ulcers, self harm and falls. We had previously reported these under Part 3 of this report.

For 2016-17, we wanted to focus on reducing the number of incidents in these areas, while maintaining the safety culture of high incident reporting in the Trust. The OPAC and CYP&F Directorates identified improvement priorities in areas that are pertinent to their services.

What did we aim to achieve?

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Target</th>
<th>Total as of 15/16</th>
<th>Total as of 16/17</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trustwide</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td><strong>10% reduction</strong> in the number of avoidable grade 3 or 4 pressure ulcers acquired in CPFT (all clinical services)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td><strong>5% reduction</strong> in the number of self harm incidents in our mental health services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td><strong>5% reduction</strong> in proportion of falls that lead to moderate and severe harm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Directorates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td><strong>OPAC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in missed insulin injections for those patients where the service is responsible for administering as part of their plan of care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. To improve reporting of missed insulin injections and establish a baseline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. From October 2016, reduce the number of missed insulin injections to 1 per month, with an aspirational target of 0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td><strong>CYP&amp;F</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction of Serious Incidents and/or Clinical Reviews relating to information governance breaches to no more than 2 in the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We have partially achieved this

Trustwide

<table>
<thead>
<tr>
<th><strong>Avoidable Grade 3 or 4 Pressure Ulcers (PUs)</strong></th>
<th>Target reduction</th>
<th>Total as of 15/16</th>
<th>Total as of 16/17</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidable grade 3 or 4 pressure ulcers acquired in CPFT</td>
<td>10%</td>
<td>9</td>
<td>13</td>
<td>+ 33%</td>
</tr>
</tbody>
</table>

This was reported under Part 3 of this report in previous years.

Incidents of avoidable PUs are reported mainly from the community Neighbourhood Teams within the OPAC services. We have worked hard to improve our services and interventions in this area during the year, with increased provision of training, support and guidance to staff which has increased awareness and may have contributed to the improved identification of cases and increased reporting.

Other actions we have taken include:
- Continued implementation of a simple and effective written care plan template (based on the national ‘Stop the Pressure’ SSKIN campaign recommendations) to support carers and provide them with pressure care advice.
- Including equipment provision in the clinical induction on tissue viability which has helped embed a standard approach in the Trust.
- Additional funding in the Tissue Viability Team resource.
- Investment in a Professional Lead for Nursing & Quality within the OPAC Directorate to strengthen clinical leadership.
• Review and refocusing of the Terms of Reference of the Pressure Ulcer Ambition Group.
• Provision of solution-focused facilitation sessions on leadership, caseload management and pressure ulcer prevention with the aim of re-energising the workforce and inform the objectives and actions required to reduce and prevent pressure ulcers and patient harm.

A detailed work plan is under development which incorporates learning from serious incidents, deep dive findings; barriers reported by staff that impact on the achievement of high quality care, best practice and positive deviants to inform innovation and interventions to reduce harm.

This remains a priority area for the Trust going into 2017-18.

b. Self harm incidents

<table>
<thead>
<tr>
<th></th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
<th>% change from 15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust wide</td>
<td>2346</td>
<td>1453</td>
<td>1517</td>
<td>+4%</td>
</tr>
<tr>
<td>Springbank</td>
<td>1174</td>
<td>412</td>
<td>161</td>
<td>-61%</td>
</tr>
<tr>
<td>Darwin Centre</td>
<td>491</td>
<td>362</td>
<td>784</td>
<td>+117%</td>
</tr>
<tr>
<td>Trust wide excluding Darwin Centre</td>
<td>1855</td>
<td>1091</td>
<td>733</td>
<td>-33%</td>
</tr>
</tbody>
</table>

Historically, the majority of self harm incidents reported in the Trust were from two of our 18 mental health wards – Springbank, an inpatient unit for women with severe personality disorder; and Darwin Centre, an inpatient unit for young people with severe mental illness. These patient groups have a high tendency to self harm due to the severity of their illness.

In 2014-15, self harm incidents from Springbank accounted for half of the total number of incidents in the Trust. Over the last 2 years, Springbank has seen a significant reduction in the number of self harm incidents with a 61% reduction from the previous year’s figures. This achievement is a result of a quality improvement programme which the team commenced in the latter part of 2015-16 in collaboration with their patients and carers, which involved changing the whole culture of the service (see pg 30).

The Darwin Centre, on the other hand, accounted for a fifth of total self harm incidents in the Trust in 2014-15. The number of incidents went down by a quarter in 2015-16, but accounted for a quarter as a proportion of total incidents in the Trust in 2015-16 due to the reducing trend across the Trust overall. In 2016-17, self harm incidents in the Darwin Centre increased significantly accounting for just over half of the total Trust incidents. This increase was largely due to a small number of individuals presenting with extremely challenging behaviour, and in particular one young person who was inappropriately placed in the ward due to the lack of more suitable placements in the country.

Excluding figures from the Darwin Centre shows a reduction amounting to a third of the Trust’s overall figures from the previous year, which we attribute to our continuing work on embedding the principles of Positive and Proactive Care (PPC) in our services (see pg 30).

It is worth noting that on average around 95% of our total self harm incidents are graded as no/low harm. The high reporting practice in the Trust is an important feature of a strong safety culture in our services.

This is a priority for the CYP&F Directorate in 2017-18.
Embedding Positive and Proactive Care (PPC)

The work around embedding the principles of positive and proactive care in the Trust was preceded by the PROMISE Project which was launched in 2013-14.

The project was spearheaded by Dr Manaan Kar-ray, consultant psychiatrist and Clinical Director of the Adults & Specialist Directorate, and Sarah Rae, Patient Leader. It grew into a global movement in 2015-16, with collaborations between Cambridge, Yale, Brisbane, Prague, Cape Town and others, working together to break through frontiers of humane mental health care, with a goal of eradicating reliance on the use of force within 10 years by using the principles of recovery, and positive and proactive care. More information is available on www.promise.global.

The PPC Group takes the lead in continuing to implement the principles of positive and proactive care in the Trust, and monitors all incidents relating to the use of restraint and provides guidance and support to the mental health wards. The PMVA Team also works very closely with the clinical teams, with PMVA staff allocated to each ward to support them in the appropriate use of restraint, among others.

One of the biggest successes of the PPC Group is in reducing the use of prone restraint in the Trust over the last two years, shown in Figure 1 on the right.

Other initiatives supported by the PPC Group include: development of a Debriefing approach, which helps staff and patients explore circumstances leading to the incident and what could have been done to prevent it, supporting Sensory Groups in the wards, and rationalising the use of Blanket Restrictions, which have reduced incidents of violence & aggression in the wards.

Quality Improvement: Debriefing Approach – the Springbank journey

The Springbank story is one of the great successes in the Trust where taking positive risks and thinking outside of the box has resulted in the dramatic reduction of incidents in the ward.

Once the highest reporter of self harm incidents in the Trust, Springbank went from 50% of the Trust total in 2014-15 to just a little over 10% in 2016-17.

Likewise, their total incidents went from an average of 88 per month and up to 7 per day as of October 2015 down to 17 per month and 0.6 per day as of February 2017.

“I have been busy writing goodbye letters to everybody. I have really enjoyed thinking about good times and what has and hasn’t helped. I don’t think it was the therapy as much as it was that staff would never shout or get angry with me. No matter what I did it felt like the only person I was actually hurting was myself.

Before my problems had got worse in hospital because the staff would seem so annoyed when I self harmed. If I self harmed on Springbank no one ever treated me any different, I got it dealt with and then I could just carry on, there were no horrible consequences so I would have less urges to harm myself after I had done it that once.

I remember being given quite a few chances and I believe if Jorge (consultant psychiatrist in Springbank) hadn't have given me that last chance then nothing would have changed, and I would probably be in hospital somewhere else”

Thank you Springbank!

Service user
Figures 2 and 3 below show Springbank ward’s achievement over the last two years, having embarked on their quality improvement journey in May 2015.

**Figure 2 Incidents per month over time – Springbank ward**

![Incidents per month at Springbank Ward (May 2011 - March 2017)](image)

**Figure 3 Incidents compared to other wards (Springbank ward) over time**

![Springbank Ward incidents compared to local wards (May 2011 - March 2017)](image)

**How did they do it?**

By changing the culture and mind shift of the ward, and working closely with their patients and carers...

<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rules</strong></td>
<td><strong>Values</strong></td>
</tr>
<tr>
<td>Institutionalisation</td>
<td>Discharge planning</td>
</tr>
<tr>
<td>Risk containment</td>
<td>Positive risk taking</td>
</tr>
<tr>
<td>Fire fighting</td>
<td>Nurturing environment</td>
</tr>
<tr>
<td>Status quo</td>
<td>Ongoing change</td>
</tr>
</tbody>
</table>

**Table 2: Incidents (Springbank ward)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Physical intervention</th>
<th>Rapid tranquillisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>52</td>
<td>36</td>
</tr>
<tr>
<td>2013</td>
<td>57</td>
<td>45</td>
</tr>
<tr>
<td>2014</td>
<td>59</td>
<td>44</td>
</tr>
<tr>
<td>2015</td>
<td>64</td>
<td>18</td>
</tr>
<tr>
<td>2016</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2017</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**The Rules**
- Smoking hours
  - 9:30am (if all awake) – 11pm
- Leave
  - Return to the ward by 9pm
  - No leave after 11pm
- No holidays
- Access
  - Rooms are locked in daytime
- Plastic cutlery and crockery
- No alcohol

**Values**
- Respect
  - Be honest with staff
  - Quiet if smoking at night
  - Quiet returning from leave late
- Recovery
  - Attend ward programme
  - Co-produce the programme
  - Leave that is meaningful
  - Plan discharge
- Safety
  - Drink in moderation
  - Keys to rooms
  - Normal cutlery and crockery

**Positive risk-taking**
- Removal of long-term observation
- Resisting pressures from ‘above’ to avoid risk
- Removal of sections of the Mental Health Act
- Allowing patients to leave the ward at any point
- Constant team discussions

**Nurturing environment**
- Staff support
  - Clinical supervision
  - Reflective practice
  - Case discussions
  - Educational activities
  - Away days with patients
- As a result
  - Increased recruitment
  - Increased retention
  - Recovery workers
  - Peer support workers
  - Only 3 vacancies
The majority of falls incidents in the Trust take place in our older people’s mental health wards, which saw an increase in the number of beds from 54 in 2015-16 to 63 in 2016-17, and a 3% increase overall in the number of inpatient spells during the year.

The development of our integrated community Neighbourhood Teams, which consist of community mental health teams and District Nursing service, has improved the care, treatment and support in the community. This means that the acuity of the patients admitted to the wards has risen.

The increase in the number of inpatient spells and acuity of the patients admitted to the wards has contributed to the increase in the number of falls that lead to moderate and severe harm during the year.

**Directorates**

**a. OPAC – missed insulin injections**

**I. Improved reporting and establishing a baseline**

At the beginning of the year, the Directorate made a decision that Initial Management Reports (IMR) will be completed for all incidents relating to insulin in order to gain a better understanding of what has gone wrong to help us learn and implement safer processes.

Specific data on missed insulin injections was added in the Medicines Management reports to raise awareness and discuss issues in the monthly patient safety meetings.

Examination of reported incidents found that missed doses is sometimes caused by poor discharge processes from acute hospitals whereby an appropriate referral is not made to the service when a patient is discharged back to the community. More often it is due to poor rostering, diary management and communication problems, particularly at weekends and over bank holidays.

Issues with under reporting were also uncovered whereby the number of missed visits was being reported as opposed to the actual number of missed doses, as illustrated in the table below. Where possible, the numbers were adjusted to reflect the number of doses missed from the information written in the incident reports.

<table>
<thead>
<tr>
<th>Missed insulin injections</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3*</td>
<td>4*</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>6*</td>
<td>6</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

* refers to the number of incidents reported (i.e. missed visit or missed weekend dose, but does not specify the number of patients in the home or whether it was a once or twice daily dose).

Improvement actions put in place include:

- close monitoring of insulin incidents at the monthly Directorate governance meetings
- implementation of SystmOne scheduling of visits and care planning to reduce incidents of missed visits
- development of new procedure for delegation of insulin administration to non-qualified Trust staff to standardise the training and delegation process
- development of new standard operating procedures for recording and transcribing medications onto medicines charts to improve consistency of practice
- development of a Learning from Incidents bulletin focusing on insulin incidents to share best practice and inform staff of the procedures
- development of a policy for delegation of insulin to non-qualified staff in other organisations (e.g. care homes) to provide a framework to enable CPFT community nursing teams to safely manage the increasing number of patients on their caseloads

II. Reducing missed insulin injections
Due to issues with inaccurate reporting, it was not possible to establish an appropriate baseline from which to set a realistic improvement target in the year, which means that the aspirational target set at the beginning of the year, was not realistic.

This remains a priority and will be carried forward to 2017-18.

b. CYP&F

<table>
<thead>
<tr>
<th>Target</th>
<th>Total as of 15/16</th>
<th>Total as of 16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction of Serious Incidents and/or Clinical Reviews relating to information governance (IG) breaches to no more than 2 in the year in Children's services</td>
<td>10</td>
<td>9</td>
</tr>
</tbody>
</table>

Within the CYP&F Directorate, Information Governance (IG) breach was their highest reported incident in 2015-16, occurring in their community services.

The majority of breaches have occurred within the administrative staff, and in particular, where there were individual staffing issues. These have been dealt with through the appropriate Human Resources (HR) processes. It is worth noting that during this period one of the Administrative Hub Managers left their post which had an impact on the overall leadership within the Administrative Hub.

3.1 Improve practice and Trust processes relating to the management of violence and aggression

Why did we focus on this?
Violence and aggression are relatively common and serious occurrences in health and social care settings, and occur most frequently in inpatient psychiatric units in mental health settings. The impact is significant and diverse, adversely affecting the health and safety of the patient and other patients in the vicinity as well as carers and staff (NICE 2015). In CPFT, physical outburst and assaults were the fourth and fifth highest reported incidents in 2015-16.

While we made significant improvements in 2015-16 on the implementation of positive and proactive care and eliminating the use of prone restraint, we are committed to making further improvements by addressing other areas relating to the management of violence and aggression in 2016-17.

What did we aim to achieve?

Trustwide

a. Physical assaults
5% reduction in the number of patient to patient and patient to staff physical assault incidents in CPFT

b. Seclusion
- Agreement of the approach to be implemented in CPFT with NHS Improvement (previously called Monitor) and the CQC, taking account of national guidance and evidence-based good practice
- Implementation of the agreed approach
**Directorates**

a. **Adults Directorate & Specialist Directorate**
   5% reduction in other forms of restrictive physical interventions

b. **CYP&F**
   All administrative staff will be trained in managing verbal abuse on the telephone to reduce the impact on staff

Note: Prior to the restructure, the Children’s Directorate only consisted of community services which did not have violence and aggression incidents, hence the focus of improvement was on support for administrative staff. Following the restructure, the children’s inpatient wards were transferred from the Specialist services to the Children’s Directorate. We have not carried this priority target around restrictive physical interventions through to the CYP&F Directorate as this was not part of their original target. This will be a priority for 2017-18.

**We have almost achieved this**

**Trustwide**

a. **Physical assaults**

<table>
<thead>
<tr>
<th>Number of physical assault incidents in the Trust</th>
<th>Target reduction</th>
<th>Total as of 15/16</th>
<th>Total as 16/17</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient to patient</td>
<td>5%</td>
<td>504</td>
<td>215</td>
<td>- 57%</td>
</tr>
<tr>
<td>Patient to staff</td>
<td>5%</td>
<td>890</td>
<td>521</td>
<td>- 41%</td>
</tr>
</tbody>
</table>

We are very pleased with the significant improvements we have made in this area, which reflects the improvements we have made in embedding the principles of Positive and Proactive Care (PPC) in the Trust.

This is a testament to the commitment of our staff to improve the safety culture in our wards and the therapeutic relationship with our patients.

b. **Seclusion**

This was highlighted as an area requiring improvement in our CQC report from the inspection that took place in May 2015. As part of our actions, we established a Task & Finish (T&F) Group to review the practice and facilities on the use of seclusion in the Trust. We worked with NHS Improvement (previously Monitor) and the CQC, and also visited another hospital in the country that had a children’s service similar to ours to find examples of best practice to inform our approach.

The work of the T&F Group was taken on by the PPC Group during the year. The recommendations were agreed by the Trust in the summer of 2016 – seclusion rooms to be located in PICU, our Psychiatric Intensive Care Unit in the Cavell Centre; and Croft, our psychiatric inpatient unit for children with complex development or psychiatric disorders. The service also undertakes intensive work with families, admitting parents with their children.

The Trust policy was amended to reflect the change in practice, and training and guidance materials were provided to staff to ensure correct implementation and embed required changes in practice. Leads were identified in the Directorates to provide additional support to staff for the implementation of the new policy and procedures.

Specifications for the seclusion rooms were agreed in line with the requirements of the Mental Health Act (MHA) and remedial work is expected to be completed in May 2017.

---

**How well did we do?**

- ✔️
- ✔️
- ✔️

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### Directorate

**a. A&S – 5% reduction in other forms of restraint**

In 2015-16, we took up the national challenge and made significant improvements in eliminating the use of prone restraint in our mental health wards. For 2016-17, both the Adults Directorate and the Specialist Directorate set a target to reduce the use of other forms of restraint in their services.

The table below shows the number of incidents reported involving full PI (physical intervention), excluding prone restraint, for the Adults & Specialist Directorate in 2015-16 and 2016-17.

<table>
<thead>
<tr>
<th>Year</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>A</td>
<td>19</td>
<td>12</td>
<td>10</td>
<td>15</td>
<td>9</td>
<td>6</td>
<td>12</td>
<td>17</td>
<td>12</td>
<td>8</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>7</td>
<td>14</td>
<td>5</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>14</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>26</td>
<td>26</td>
<td>15</td>
<td>21</td>
<td>18</td>
<td>13</td>
<td>23</td>
<td>16</td>
<td>22</td>
<td>9</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>A</td>
<td>11</td>
<td>12</td>
<td>10</td>
<td>12</td>
<td>9</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>S*</td>
<td>23</td>
<td>46</td>
<td>35</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>44</td>
<td>56</td>
<td>45</td>
<td>16</td>
<td>9</td>
<td>13</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
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<th>Nov-16</th>
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<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>A</td>
<td>19</td>
<td>12</td>
<td>10</td>
<td>15</td>
<td>9</td>
<td>6</td>
<td>12</td>
<td>17</td>
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<td>14</td>
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<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td>26</td>
<td>26</td>
<td>15</td>
<td>21</td>
<td>18</td>
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<td>9</td>
<td>25</td>
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</tr>
<tr>
<td>2016/17</td>
<td>A</td>
<td>11</td>
<td>12</td>
<td>10</td>
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<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>S*</td>
<td>23</td>
<td>46</td>
<td>35</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>44</td>
<td>56</td>
<td>45</td>
<td>16</td>
<td>9</td>
<td>13</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

**% imp** A&S -7%

* excludes data from children’s mental health wards

This chart illustrates the improvements in the second half of the year.

This remains a priority for the Directorate and the Trust as a whole and we will continue to work on reducing incidents of restraint in our wards.

### b. CYP&F

Administrative staff have received general telephone training during the year, but this did not include specific training on managing verbal abuse over the telephone.

Non-achievement of this target was due to the loss of the Administrative Hub Managers in the year. This is important to the Directorate and will be completed following the review of administrative services and establishment of new administrative hub manager for CYP&F Directorate in 2017-18.
## Priority Area 4: Clinical effectiveness

### 4.1 Implement the Clinical Effectiveness Strategy

<table>
<thead>
<tr>
<th>Why did we focus on this?</th>
<th>Clinical effectiveness and the implementation of evidence-based interventions is the foundation of providing high quality care. In 2015-16, we made significant progress in the development of the Trust’s Clinical Effectiveness Strategy, focusing on four areas which we believed would make the most impact on improving the effectiveness of practice and outcomes of care. For 2016-17, our aim was to implement the four priority areas of the strategy.</th>
</tr>
</thead>
</table>
| What did we aim to achieve? | **We have achieved this**  
**Trustwide**  
The Clinical Effectiveness Strategy was approved in September 2016. Achievements in the four priority areas are outlined below.  
**a. Patient Reported Outcome Measure (PROM)**  
The Adults Directorate and Specialist Directorate agreed on high level PROMs for their services in 2015-16. The Children’s Directorate already use a wide range of outcome measures in line with commissioner requirements, and was working on identifying a high level PROM that would cut across their services. The OPAC Directorate were in the process of redesigning their services and was exploring the option of having one measure that would apply to both mental health and physical health services.  

The priority for 2016-17 was two-fold:  
- To agree high level PROMs for the CYP&F and OPAC Directorates  
- To enable electronic recording and reporting of the data from RiO  

**PROM**  
Due to the changes in the management structure within CYP&F Directorate and the service restructure during the year, this work was put on hold for 2016-17. This will be explored further in 2017-18.  

The OPAC Directorate have agreed on the EQ-5D for their services, a standardised measure that provides a simple, generic measure of health outcome, that is already being recorded in SystmOne.  

**Electronic reporting**  
During the year, we have made good progress on enabling electronic recording of the agreed outcome measures in RiO, the patient records system used by our mental health services, with work being done on SystmOne, the system being used by our children’s community services and older people and adults community services.  

The electronic report format was agreed by the Clinical Effectiveness, Audit & Research Group (CEARG) in December 2016, and presented to the Trust’s Wider Leadership Team (WLT) event in January 2017. The report presents data over time at individual patient and by clinician, team, Directorate & Trust level, and enables the service to demonstrate the effectiveness of the interventions and services provided. The report also enables clinicians to use the scores in a meaningful way to inform a patient’s plan of care. |
| How well did we do? |  |

---

**Status:**

- [✓] Yes
- [ ] No
Work will continue into 2017-18 to further refine the reporting framework and better understand the clinical implications of the changes in the scores over time.

- **Strengthen evidence-based interventions (EBI) process**
  This work was initially hindered by capacity issues due to staff vacancy in the year. In December 2016, a new Head of Quality Assurance & Clinical Effectiveness was appointed with the responsibility for the implementation of the Clinical Effectiveness Strategy.

During the last quarter of the year, we have made significant progress in working with the Directorates to strengthen the processes in line with the Trust’s policy on implementing NICE guidelines, building this into the Directorate’s governance processes through monthly reporting and regular meetings with the Directorate Heads of Nursing.

For 2017-18, we will repeat the Trust wide scoping of NICE guidelines and develop local strategies to embed evidence-based interventions into practice, working with the Directorates to identify priority areas.

- **Strengthening research and innovation culture in CPFT**
  CPFT has a strong position nationally as a research-active NHS Trust, recruiting around 1000 patients per year into NIHR (National Institute for Health Research) portfolio studies.

In 2015, CPFT topped a new league table produced by NIHR for mental health research studies in the East of England. In 2016, two of CPFT’s NIHR Senior Investigators were listed by Thomson Reuters among the top 1% most highly cited scientists globally in psychology, psychiatry and neuroscience.

The review of the Research & Development (R&D) Strategy focused on two key objectives:

- Optimising staff and service user engagement and involvement in R&D across the organisation
- Using research questions and aspirations to drive service improvements locally and in the short term

The revised Research & Development Strategy was agreed and endorsed by the Board in January 2017.

The strategy outlines five key objectives over the next years, with the last point involving the most radical change that will have a significant impact on strengthening the culture of research and innovation in CPFT. These are:

- Communicating R&D outcomes and information clearly to all
- Building on our clinical data analytics infrastructure
- Growing our NIHR and commercial portfolios
- Strengthening the voice of lived experience
- Empowering all CPFT staff to use R&D to improve outcomes for CPFT service users

Some of the achievements we have made in the year include:

- Strengthening the links between the R&D, CLAHRC (Collaboration for Leadership in Applied Health Research and Care) and the Quality Improvement teams, simplifying and aligning the processes to improve the guidance and support to staff who want to undertake research and service improvement projects.
- Bringing in research training for CPFT staff, through CLAHRC
• Improving communication about research activities in CPFT, such as regular CLARHC bulletins, regular features of research projects in the Staff Bulletin and the Wider Leadership Team (WLT) events, holding events presenting outcomes of CPFT research open to staff and the public.

• Establishing Task & Finish Groups for each of the five headings to ensure effective implementation of the R&D Strategy

• **Physical health monitoring**

A Physical Health Lead was appointed in the latter part of 2015-16 (0.5WTE) to improve arrangements for physical health monitoring primarily in our mental health services.

Achievements in the year include:

• Updating the Physical Health Policy, approved in June 2016

• Development of physical health monitoring standards for inpatient and community care settings, incorporated in the revised policy

• Strengthened the physical health skills training for staff, rolled out in October 2016. This continues to be implemented through Clinical Directorate development days and meetings. In addition all staff have access to the [Clinical Skills.net](#) website, which has been promoted across all teams. The Trust has is also investing in training, provided by Anglia Ruskin University (ARU), for lead nurses in community teams across the organisation. The lead nurses will have a key role in supporting improvements in physical health awareness and interventions within the teams.

• Development of an in-patient phlebotomy service for mental health services across the Trust. This means patients do not need to go to the acute hospital for blood tests and ECGs (Electrocardiogram). The service commenced in November 2016.

• Physical health clinics are being established in adult mental health community teams. Both North and South CAMEO (Early Intervention) teams have them in place, and there is increasing use of Clozapine clinics to broaden the scope of the interventions it provides.

• Development of a Physical Investigations tab in RiO, which means there is one place in the electronic patient records system to record information on physical health assessments and investigations. This was rolled out in December 2016.

### 4.2 Learning and embedding change to improve outcomes of care

<table>
<thead>
<tr>
<th>Why did we focus on this?</th>
<th>Identification of learning and embedding change is a key aspect of quality improvement, and we recognise that this is an area we need to improve upon.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For 2016-17, we wanted to further strengthen our processes for identifying learning and embedding change.</td>
</tr>
<tr>
<td>What did we aim to achieve?</td>
<td>Improve processes for identifying learning in these areas and embedding change to demonstrate improved outcomes of care.</td>
</tr>
<tr>
<td></td>
<td>a. Incidents, near misses and complaints</td>
</tr>
<tr>
<td></td>
<td>b. Clinical audit, service improvement and research projects</td>
</tr>
<tr>
<td></td>
<td>c. External service reviews</td>
</tr>
<tr>
<td>We have achieved this</td>
<td>During the year, we have focused on improving the communication and reporting of learning in the Trust. We have also made good progress on improving the processes around embedding change, ‘closing the loop’, and demonstrating improved outcomes during the year, which we will continue to do in 2017-18.</td>
</tr>
</tbody>
</table>
How well did we do?

a. Incidents, near misses and complaints

In addition to the quarterly Lessons in Practice bulletin, a summary of the outcome and agreed actions on closed SI (Serious Incident) reports is now included in the monthly integrated Quality & Safety reports (see 1.1b). The Trust wide version of the report is presented in the Clinical Governance & Patient Safety Group (CGPSG), then to the Quality, Safety & Governance Committee (QSGC) and the Trust Board. The Directorate versions of the report are discussed in the Performance Review Executive (PRE), and also in the Directorate governance meetings and cascaded to the teams for information and discussion.

Examples of learning and improvement actions from clinical audit projects arising from Serious Incidents are outlined below.

- **Annual Suicide Prevention audit** – the actions informed the objectives of the Suicide & Self Harm Prevention Group, established in May 2016, which identified five priority areas for improvement: assessments and interventions relating to suicide prevention and self harm, training, documentation, carer involvement, and provision of information and learning resources.

- **Care plan/Risk assessments audit (Q1 & Q3)** – this was undertaken in the Peterborough Adult Locality Team due to the levels of suicide reported from the service. Actions taken by the team included ensuring that CPA reviews are undertaken in a timely manner and addressing practice around CPA care plans and risk assessments in supervision.

From the Directorates perspective,

- The **A& S Directorate** developed a Safety Culture Strategy which aims to improve communication and leadership around safety and ensuring robust incident reporting processes within their services, among others. Other actions taken include monthly safety reviews as a standing agenda in the Directorate governance meetings, increasing levels of ‘near miss’ reporting, strengthening processes around Datix incident reviews and safety alerts, and embedding SBARD (Situation, Background, Assessment, Recommendation, Decision) communication tool in handovers and progress notes.

- The **OPAC Directorate** has strengthened their governance processes through robust management of the monthly Safety & Quality Group, chaired by their Professional Nurse Lead with membership from the senior team managers and representation from key Trust governance leads, including Pharmacy, Quality & Compliance, Infection Control, Patient Safety and Patient Experience. Learning from incidents, complaints, and audit projects, among others, are discussed in detail and actions are agreed and monitored through this group.

- The **CYP&F Directorate** strengthened their governance process by introducing monthly Service Area Reporting meetings where each service considers safety issues within their local areas. This is reported to the Directorates Management meeting on a monthly basis where is has been added as a standing item on the agenda.

b. Clinical audit, service improvement and research projects

Work in this area focused on two work streams.

1. **Strengthening the Quality Improvement Programme**

   During the year, the Trust funded a substantial increase in the Clinical Effectiveness team resources, now called the Quality Improvement (QI) team. This enabled us to widen the scope of the
service to provide support for clinical audit and other quality improvement projects.

The processes on the approval and monitoring of projects were strengthened, ensuring that each project is screened and approved by the Directorate Heads of Nursing. Improvement actions are developed and its implementation monitored through the Directorate governance processes. We have also closely aligned the processes around research and quality improvement with the aim of providing a seamless service to our staff (see 4.1c and 2.2.3 for more information).

These changes mean that teams and clinicians are able to access the support that they need when they identify areas of their practice or service that require improvement – this is reflected by the significant increase in the number of clinician/team requested projects in the QI Programme in the year. Embedding Directorate involvement into the project management processes has also strengthened ownership of the projects – this means that approved projects are better aligned with the objectives of the Directorates and learning is translated into appropriate and meaningful actions that are embedded into practice.

The QI team are currently working on two projects using specific quality improvement tools and methodologies.

- **Care Records Project (OPAC)**
  This project came out of a care records audit that was prompted by a serious incident reported in one of the Neighbourhood Teams. The audit identified several issues, including poor record keeping practices, poorly designed forms and ineffective use of the record keeping system. The QI project was designed in three stages – the first stage focused on quick fixes in practice and systems issues, the second stage involves redesigning the record keeping forms, and the third stage will involve reviewing and improving the care planning processes. The last two stages will carry over into 2017-18.

- **Debriefing Model Project (A&S)**
  This project involves taking the principles that was successfully implemented in Springbank ward (see pg. 30), and introducing these to other wards in the Directorate within the context of improving the collaborative leadership and supervision culture.

We will continue to review and strengthen our processes in the coming year. For 2017-18, we will focus on improving the action planning process to ensure that actions are meaningful and will lead to demonstrable positive improvements in outcomes of care.

**II. Improving communication**

Improving our processes around communication will in turn improve the likelihood that learning and actions for improvement are shared and put into practice.

During the year, we have focused on three areas:

- **Website development**
  We updated the Clinical Audit webpage in the Trust's intranet – now called ‘Quality Improvement’ – where staff can access copies of the QI Programme and project reports, as well as links to useful external websites and documents.
• **Improving Practice Events**

We improved the programme of the Improving Practice events. The three events held in the year have focused on the topic of quality improvement and we invited external guest speakers to come and share their knowledge and experience with us on this subject matter. Clinical teams also present examples of improvements they have made in their services in response to identification of issues such as incidents, complaints, audits and service development.

Videos of the presentations and copies of the slides are available in the QI webpage for staff who are unable to attend the events.

• **Bulletins and Newsletters**

CLAHRC bulletins are now published regularly as part of the Trust communications, providing information about the outcome of projects, among other things. The R&D team has held events showcasing the impact of CPFT research projects not only within the Trust but also in the national arena.

The QI team have produced a newsletter for the Improving Practice event, and will work with R&D and CLAHRC to produce regular bulletins about the outcomes and impacts of projects to raise awareness and influence practice.

We will continue to improve our processes for communication and sharing of learning in 2017-18.

c. **External service reviews**

Reports from external service reviews are discussed in the appropriate group in accordance with the Trust’s governance framework.

Accreditation reports are discussed in the Directorate governance meetings and Performance Review Executive (PRE) meetings.

The outcome of Trustwide reviews are presented and progress on action monitored in the Clinical Governance & Patient Safety Group and the Quality, Safety & Governance Committee. Reports received during the year included the CQC Safeguarding Children Thematic Review and the NHS England (NHSE) review on the reporting and investigation of expected and unexpected deaths in the East of England.

The findings of these reports have been very positive identifying many areas of good practice. In particular, the NHSE report highlighted robust incident reporting and investigation processes, open and transparent reports, as well as evidence of good family involvement and meeting the requirements under the Duty of Candour.
B. Our performance on our CQUIN Targets for 2016-17

In April 2016 we agreed 10 CQUIN (Commissioning for Quality and Innovation) targets with our commissioners. Two of these are NHS Standard Schemes and build upon existing practices within CPFT and the remaining seven were negotiated and agreed between CPFT and our commissioners.

Our performance on our quality goals is outlined in Table 3 below.

<table>
<thead>
<tr>
<th>CQUIN 2016-17 GOALS</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1: NHS Staff Health and Wellbeing (National)</strong></td>
<td></td>
</tr>
<tr>
<td>1a- Introduction of health and wellbeing initiatives</td>
<td>✔</td>
</tr>
<tr>
<td>Providers are expected to achieve an improvement of 5% compared to the 2015 staff</td>
<td></td>
</tr>
<tr>
<td>survey results for questions 9a, 9b and 9c in the national staff survey.</td>
<td></td>
</tr>
<tr>
<td>1b- Healthy food for NHS staff, visitors and patients</td>
<td>✔</td>
</tr>
<tr>
<td>Providers will be expected to achieve a step change in the health of the food</td>
<td></td>
</tr>
<tr>
<td>offered on their premises. Providers will also be expected to submit national</td>
<td></td>
</tr>
<tr>
<td>data collection returns by July based on existing contracts with food and drink</td>
<td></td>
</tr>
<tr>
<td>suppliers. This will cover any contracts covering restaurants, cafés, shops,</td>
<td></td>
</tr>
<tr>
<td>food trolleys and vending machines or any other outlet that serves food and drink</td>
<td>✔</td>
</tr>
<tr>
<td>1c- Improving the uptake of flu vaccinations for frontline clinical staff</td>
<td>✔</td>
</tr>
<tr>
<td>Achieving an uptake of flu vaccinations by frontline clinical staff of 75%</td>
<td>✔</td>
</tr>
<tr>
<td>53.7% achieved against target</td>
<td></td>
</tr>
<tr>
<td>**Goal 2: Improving Physical Health Care to Reduce Premature Mortality in People</td>
<td></td>
</tr>
<tr>
<td>with Severe mental Illness (National Scheme)</td>
<td></td>
</tr>
<tr>
<td>Part 1 - Cardio Metabolic Assessment for Patients with Schizophrenia:</td>
<td></td>
</tr>
<tr>
<td>To demonstrate, through a national audit process similar to the National Audit</td>
<td></td>
</tr>
<tr>
<td>of Schizophrenia, full implementation of appropriate processes for assessing,</td>
<td></td>
</tr>
<tr>
<td>documenting and acting on cardio metabolic risk factors in patients with</td>
<td></td>
</tr>
<tr>
<td>schizophrenia (inpatient units and Early Intervention in Psychosis services).</td>
<td></td>
</tr>
<tr>
<td>Part 2 - Communication with GPs:</td>
<td></td>
</tr>
<tr>
<td>Completion of a programme of local audit of communication with patients’ GPs,</td>
<td></td>
</tr>
<tr>
<td>focussing on patients on CPA, demonstrating by quarter 4 that, for 90% of</td>
<td></td>
</tr>
<tr>
<td>patients audited, an up-to-date care plan has been shared with the GP, including</td>
<td></td>
</tr>
<tr>
<td>ICD codes for all primary and secondary mental and physical health diagnoses,</td>
<td></td>
</tr>
<tr>
<td>medications prescribed and monitoring requirements, physical health condition</td>
<td></td>
</tr>
<tr>
<td>and ongoing monitoring and treatment needs.</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Goal 3: System Wide CQUIN (Adults, Children &amp; OPAC Contracts)</strong></td>
<td>✔</td>
</tr>
<tr>
<td>Active and on-going participation and engagement by system leaders (clinical and</td>
<td></td>
</tr>
<tr>
<td>non-clinical) in the preparation of the Sustainability and Transformation Plan</td>
<td></td>
</tr>
<tr>
<td>and the on-going work of the STP Clinical Working Groups.</td>
<td></td>
</tr>
<tr>
<td><strong>Goal 4: Integrated Personality Disorder</strong></td>
<td></td>
</tr>
<tr>
<td>The Provider, Commissioner and others will work collaboratively to develop an</td>
<td></td>
</tr>
<tr>
<td>Integrated Personality Disorder Pathway across primary and secondary care.</td>
<td></td>
</tr>
<tr>
<td>CPFT will support the CCG by working with the Third Sector and Primary care to</td>
<td></td>
</tr>
<tr>
<td>create a seamless provision of services responsive to need with common outcome</td>
<td></td>
</tr>
<tr>
<td>measures and improved service user and carer experience.</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Goal 5: PRISM</strong></td>
<td></td>
</tr>
<tr>
<td>The Provider will work with the Commissioner to further develop an Integrated</td>
<td></td>
</tr>
<tr>
<td>Enhanced Primary Care Mental Health service to include PRISM, Recovery Coaches,</td>
<td></td>
</tr>
<tr>
<td>Third Sector and IAPT (all providers).</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Goal 6: ADHD Assessment</strong></td>
<td></td>
</tr>
<tr>
<td>Introduction of Qbtest as part of ADHD diagnostic process</td>
<td></td>
</tr>
<tr>
<td>Implementation of a validated objective assessment tools in the initial</td>
<td></td>
</tr>
<tr>
<td>assessment of young people with ADHD, particularly those with complex and co-morbid needs.</td>
<td></td>
</tr>
</tbody>
</table>
**Goal 7:** Reducing the Proportion of Avoidable Emergency Admissions to Hospital through improved utilisation of community pathways *

The indicator is based on the 2015/16 national urgent care CQUIN. It replaces avoiding ACS admissions with avoiding admission that could utilise community pathways – although the reality is there will be some cross over between these and ACS conditions.

**Goal 8:** Promote a system of timely identification and proactive management of frailty in community, mental health and acute providers. (Rockwood) *

The indicator is based on the 2016/17 national physical health template Gateway reference number 04255 – Frailty identification and care planning. It has been further adapted to include the Rockwood frailty score.

**Goal 9:** NHSE Safer Staffing *

To increase the staffing numbers on each of the 5 wards in order to improve safer staffing levels. (Croft, S3, GMH, Darwin and Phoenix)

**Goal 10:** NCED

To increase service user engagement via the use of podcasts to deliver the ‘Keeping Myself Safe’ programme.

* We have not received the outcome of our Q4 submission from our commissioners at the time of writing this report.

We are very pleased with our performance on our CQUIN targets during the year, particularly around Goal 7 - reducing the proportion of avoidable hospital admissions (more information is presented in Part 2.1.3, priority area 2.4), Goal 8 - promoting a system of timely identification and proactive management of frailty in community, mental health and acute providers, and Goal 9 - increasing the staffing numbers on the five wards.

We are disappointed about missing the target for flu vaccinations, especially as our performance this year was below the previous year’s uptake of 61.9%. Please see Part 3.2.6 for more information.

Additional details in relation to the partial achievement of Goals 4 and 5 are presented below.

**Goal 4: Integrated Personality Disorder**

Q1: 80% achieved due to data gaps
Q2: 90% achieved as pathway activity data submitted was not complete
Q3: 100% achieved
Q4: Outcome not yet available at time of reporting

**Goal 5: PRISM**

Q1: 100% achieved
Q2: 62.5% achieved as engagement plans submitted were not robust enough
Q3: 85% achieved as report detailing outcomes was not robust enough
Q4: Outcome not yet available at time of reporting
2.1.4 Looking forward – our priorities for improvement for 2017/18

In its simplest term, a **priority** is defined as **something that is more important than other things and that needs to be done or dealt with first.**

Therefore, whilst there are many areas in our organisation that we will focus on in the coming months and years in our drive to continually improve and deliver the highest possible quality of care, there is a core set of actions that we will prioritise above everything else – our quality priorities. Our quality priorities for 2017-18 have been developed through consultation with our staff and governors, and are informed by the views of our patients and carers.

We would like to note that we have changed our approach to setting our quality priorities for 2017-18 based on what we have learned from our experience in 2016-17, firmly linking this to the principles of quality improvement.

In contrast with 2016-17, we have kept the list short to ensure that we are able to give it the time, effort and resources it needs. Priorities from 2016-17 that will not be carried forward into 2017-18 will still be monitored and reported in Part 3 of the Quality report for 2017-18. Moreover, we have not set arbitrary (percentage improvement) targets for measuring performance against our quality priorities for 2017-18. The work that we have done around embedding Positive and Proactive Care (PPC) and the improved outcomes that it has produced in the past year have shown us that you get the most impact when you focus on the principles that support and embed changes in practice thereby leading to sustained improvements in the quality of care (see Part 2.1.3, priority area 3.1b and 3.2). Nevertheless, we will continue to aim for the best possible improvement, be it a reduction or increase in the scores, as relevant.

In line with the objectives of the *Five Year Forward View* and *The Government’s mandate to NHS England for 2017-18*, our priorities for 2017-18 are grouped under four main headings –

- **Leadership**
- **Reducing avoidable harm**
- **Improving the experience of our patients and staff**
- **Embedding a quality improvement culture** through making better use of information and the opportunities for learning that are available to us

Our performance and progress on these priorities will be monitored primarily through the Performance Review Executive (PRE) and Clinical Governance & Patient Safety Group (CGPSG), with oversight from the Quality, Safety & Governance Committee (QSGC).
### A. Our Quality Priorities for 2017-18

#### Priority Area 1: Over-arching priorities - Leadership

#### 1.1 Collective and collaborative leadership

<table>
<thead>
<tr>
<th>Rationale</th>
<th>The quality and strength of leadership is the driving force and the one key ingredient to the success or failure of any organisation. Taking the fact that we are operating in a financially challenged health economy, and bringing the sheer size of CPFT and our geographical spread into the pot, means that we need to develop and support strong leaders that are able to work in a collective and collaborative manner across and at all levels of the organisation who are capable of making effective and timely decisions at a local level that will benefit and contribute to the success of the organisation as a whole. The areas for improvement were identified from a diagnostic research undertaken in November and December 2016, involving 43 interviews and 102 online surveys. The findings were presented to the Wider Leadership Team event in March 2017, where discussions were held around the objectives and areas for improvement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This applies to</td>
<td>The whole organisation</td>
</tr>
<tr>
<td>Trust level</td>
<td>To implement the recommendations from the Collective and Collaborative Review report.</td>
</tr>
<tr>
<td>Directorate level</td>
<td>To strengthen clinical leadership at every level of the service.</td>
</tr>
</tbody>
</table>

#### 1.2 Improving staff experience

<table>
<thead>
<tr>
<th>Rationale</th>
<th>While our Staff Survey scores have steadily improved over the last five years, we are still rated as 'average' when compared to other similar Trusts. We want to improve on this rating, but more importantly we want our staff to feel that they are working for an organisation that cares for them and their views. We have discussed the findings and areas for action with our staff, and we are currently in the process of developing an improvement plan. The specific areas that we want to focus on in 2017-18 are set out below. These have been identified in discussion with our staff as the areas that will have the most impact on their experience, and also supports the principles of collective and collaborative leadership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This applies to</td>
<td>All staff</td>
</tr>
<tr>
<td>What do we aim to achieve?</td>
<td>To improve our performance on: a. the quality of appraisals b. experiencing harassment, bullying and abuse from staff in the last 12 months c. experiencing discrimination at work from manager/team leader or other colleagues (BME score)</td>
</tr>
</tbody>
</table>
Priority Area 2: Improving our patient’s experience

1.1 Patient experience survey (Meridian)

Rationale

Whilst we have made improvements in our Mental Health Community Survey from the previous year’s scores, we have more or less maintained our scores in our inpatient survey.

For 2017-18, we will focus on those areas where our scores have decreased in 2016-17.

This applies to

Clinical areas

What do we aim to achieve?

To improve our performance on the following areas:

- **Inpatients**
  - Week end and evening activities
  - Information on medication side-effects
- **Community**
  - Questions relating to care planning in the national and local (in-house) surveys
    - Mental Health Community Survey – ‘involved as much as wanted to be in discussion on how care is working’
    - Meridian patient survey – ‘Do you have a care/treatment plan’

1.2 Carer records

Rationale

We have made great strides in our Carer Programme in 2016-17 as set out in Part 3.1.5 of this report. However, we clearly need to improve our performance in relation to carer records.

In order for us to work effectively with carers, we must first ensure that we are identifying them appropriately and documenting all the relevant information as required by the Care Act 2014.

This applies to

All clinical teams

What do we aim to achieve?

To improve our performance on the following areas:

- **Trust wide**
  - Proportion of carers being identified, as documented in our electronic inpatient records systems
  - Proportion of identified carers with completed carer records
- **Directorate-specific**
  - CYP&F – to implement carer assessments in their services

Priority Area 3: Patient safety

3.1 Reducing avoidable harm

Rationale

We have made significant improvements, particularly around self harm and the management of violence and aggression, in 2016-17 as part of our work on Sign Up to Safety (see Part 2.1.3 priority area 3 and Part 2.2.8). However, there are areas that we need to do better on to improve the culture of safety in our organisation and outcomes for our patients.

Our priority areas for 2017-18 are set out below.

This applies to

All clinical services

Trust wide

- To develop a strategy for Zero Avoidable Harm and identify meaningful and measurable targets for our services
- To demonstrate clear improvements in outcomes of care in line with the implementation of the strategy within the year
Directorate-specific

**c.** A&S – to embed the principles of the Debriefing approach to all inpatient areas (see Part 2.1.3 priority area 3 – Quality improvement: the Springbank journey)

**d.** CYP&F – to reduce incidents of self harm in its inpatient wards

**e.** OPAC – to reduce
- avoidable Grade 3 or 4 pressure ulcers acquired in CPFT
- proportion of falls that lead to moderate or severe harm
- all insulin-related incidents

---

**Priority Area 4: Clinical effectiveness**

### 4.1 Embedding a quality improvement culture

<table>
<thead>
<tr>
<th>Rationale</th>
<th>The cornerstone of an effective quality improvement programme lies in the ability to use learning and turn these into meaningful actions that will lead to a demonstrable and quantifiable improvement in the experience and outcomes of care of our patients. This is an area of weakness in the organisation and the one thing that we believe will have the most impact on improving the quality of our services overall.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This applies to</td>
<td>All services</td>
</tr>
<tr>
<td>What do we aim to achieve?</td>
<td></td>
</tr>
</tbody>
</table>

| a. | Review and strengthen the processes around the development of improvement actions. |
| b. | To develop and introduce a framework for measuring SMART actions and demonstrating sustained improvements. |

---

**B. Our CQUIN Goals for 2017-18**

As part of our contractual agreement with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and NHS England for 2017-18, we will work towards the achievement of a range of quality goals which will support further improvements in patient experience, patient safety and clinical effectiveness.

The final details for the CQUIN goals for 2017-18 are still under discussion as of the date of this report. We have, however, agreed the broad themes which are outlined below. All of this year’s CQUIN schemes are national schemes although some will be assessed locally and will have local variations in the final documents.


**Goal 1:** NHS Staff health and wellbeing (national scheme)

**Goal 2:** Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI)

**Goal 3:** Improving services for people with mental health needs who present to A&E

**Goal 4:** Transitions out of Children and Young People’s Mental Health Services (CYPMHS)

**Goal 5:** Supporting proactive and safe discharge

**Goal 6:** Preventing ill health by risky behaviours – alcohol and tobacco

**Goal 7:** Improving the assessment of wounds

**Goal 8:** Personalised care and support planning
2.2 Statements of Assurance from the Board

We have reviewed the data available to us during the year covering the three dimensions of quality of patient safety, clinical effectiveness and patient experience.

There have not been any significant concerns with the data that have impeded us in the preparation of this Quality Report.


- How we are implementing the Duty of Candour;
- (where applicable) our patient safety improvement plan as part of the Sign Up To Safety campaign;
- our most recent NHS Staff Survey results for indicators KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months) and KF21 (percentage believing that Trust provides equal opportunities for career progression or promotion) for the Workforce Race Equality Standard; and
- our CQC ratings grid, alongside how you plan to address any areas that require improvement or are inadequate, and by when you expect it to improve. Where no rating exists yet, please set out your own view on the five key questions used by the Care Quality Commission in their inspections of services:
  1. Are they safe?
  2. Are they effective?
  3. Are they caring?
  4. Are they responsive to people’s needs?
  5. Are they well-led?

These have been added to the information presented in this section.

2.2.1 Review of Services

During 2016-17 CPFT provided and/or sub-contracted 75 relevant NHS health services.

CPFT has reviewed all the data available to us on the quality of care in all 75 of these relevant NHS health services.

The income generated by the relevant health services reviewed in 2016-17 represents 100% of the total income generated from the provision of relevant health services by CPFT for 2016-17.

2.2.2 Participation in Clinical Audit

Clinical audit is a key component of clinical governance, providing assurances about compliance with standards and the quality of our services, and is an essential tool for quality improvement.

During 2016-17, six national clinical audits and two national confidential enquiries covered relevant health services that CPFT provides.
During that period CPFT participated in 67% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that CPFT was eligible to participate in during 2016-17 are as follows:

1. Four Prescribing Observatory for Mental Health (POMH) UK
   - POMH 7e: Monitoring of patients prescribed lithium
   - POMH 11c: Prescribing antipsychotic medication for people with dementia
   - POMH 16a: Rapid Tranquilisation
   - POMH-UK 1g & 3d: Prescribing high dose and combined antipsychotic

2. National Diabetes Audit (Foot care)

3. Sentinel Stroke National Audit Programme (SSNAP)

4. Mental Health Conditions in young people (NCEPOD - National Confidential Enquiry into Patient Outcome and Death)

5. National Confidential Inquiry into Suicide and Homicide by People with Mental illness (NCISH)

There were two national pilot audits in 2016-17 for which CPFT was not a pilot site.
- Learning Disability Mortality Review Programme (LeDeR)
- National Audit of Dementia

The national clinical audits and national confidential inquiries that CPFT participated in, and for which data collection was completed during 2016-17, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or inquiry.

<table>
<thead>
<tr>
<th>Audit</th>
<th>% Cases submitted</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Programme of Prescribing Observatory for Mental Health (POMH) UK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POMH-UK 7e: Monitoring of patients prescribed lithium</td>
<td>8 participating teams 37 questionnaires submitted</td>
<td>Report received February 2017 Action planning stage</td>
</tr>
<tr>
<td>POMH-UK 11c: Prescribing antipsychotic medication for people with dementia</td>
<td>17 participating teams 217 questionnaires submitted</td>
<td>Report received November 2016 Action planning stage</td>
</tr>
<tr>
<td>POMH-UK 16a: Rapid Tranquilisation</td>
<td>4 participating teams 13 questionnaires submitted</td>
<td>Report expected in June 2017</td>
</tr>
<tr>
<td>POMH-UK 1g &amp; 3d: Prescribing high dose and combined antipsychotic</td>
<td>9 participating wards 94 questionnaires submitted</td>
<td>Data submitted 31 March 2017</td>
</tr>
</tbody>
</table>

Learning Disability Mortality Review (LeDeR) Programme

The initial LeDeR programme pilot was introduced in the North region in January 2016, with new pilot sites introduced in the other three regions in the summer of 2016 prior to the wider roll out from January 2017. CPFT was not a pilot site in 2016. Full implementation will commence on 1 May 2017.

National Audit of Dementia

This was a pilot audit involving 20 community hospitals, having only previously been done in acute inpatient services. CPFT was not a pilot site.

National Diabetes Audit

Our Diabetes service is eligible for the foot care element of the programme. The service withdrew from the programme prior to the transfer to CPFT in April 2015. The service has been registered for the audit in 2017-18.
Our Community Rehabilitation service is registered under the programme and has made service level data submissions prior to the transfer of this service to CPFT in April 2015. The last submission was in 2014-15, after which this aspect of the audit was decommissioned nationally. The service is also eligible for the care records aspect of the audit which it has not participated in historically. The service has been registered for the audit in 2017-18.

### National Confidential Enquiries

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health Conditions in young people (NCEPOD)</strong></td>
<td>Sampling process completed – 19 cases identified meeting the criteria and sent to NCEPOD in May 2017, awaiting final sample list for data collection to commence.</td>
</tr>
</tbody>
</table>
| **National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)** | • 19 suicide questionnaires sent by NCISH in 2016-17, 16 completed and submitted by CPFT (84%).  
• 0 homicide questionnaires sent by NCISH  
• 0 SUD (Sudden Unexplained Death) questionnaire sent by NCISH  
Note: The 3 questionnaires still outstanding as of 31 March 2017 were sent in April 2016, January 2017 and March 2017. |

In addition, we completed three national audits under the CQUIN (Commissioning for Quality and Innovation) programme during 2016-17:

- Communicating with GPs audit
- National Cardio metabolic Assessment audit - Inpatients
- National Cardio metabolic Assessment audit - EIP service

### The reports of three national clinical audits were reviewed by CPFT in 2016-17:

- POMH 12b: Prescribing for people with personality disorder 2015
- UK Parkinson’s Audit 2015
- National EIP (Early Interventions in Psychosis) Audit 2015-16

### CPFT intends to take/has taken the following actions to improve the quality of healthcare provided.

#### POMH 12b: Prescribing for people with personality disorder 2015

- Inpatient services – the team has ensured that regular and PRN medication is reviewed in the weekly clinical review, and there is always an assessment of whether the benefits outweigh the risks
- Community services – the team has ensured
  - that a collaborative crisis plan is developed for every patient as they progress through the DBT skills group, which is tailored to the techniques they find most helpful
  - recommendations are made to the GP regarding physical health monitoring whenever medication is reviewed
  - some medication review appointments are made available to GP referrals even for patients not in the service
- The service is exploring the possibility of setting up a physical health monitoring clinic for its patients

#### UK Parkinson’s Audit 2015

- Ensure audio recording is made at initial assessment and at review appointments, and save this to the patient’s electronic file. This included purchasing equipment to enable electronic transfer of data and IT (Information Technology) support.
• Investigating the use of standardised assessments for patients with Parkinson’s disease. This includes reviewing and agreeing on the most appropriate assessment tool to use, purchase the agreed tool, monitor use and comparing results to the informal assessments being used currently.

**National EIP Audit 2015-16**

The actions are the same as those for the CQUIN National Cardio metabolic audit 2015-16 as the audit covered the same standards and services. Please see below.

The reports of three national CQUIN audits were reviewed by CPFT in 2016-17. The actions for these three audits are interlinked and monitored under the Physical Health & Mental Health Strategic Group.

• Communicating with GPs (General Practitioners) audit 2015-16
• National Cardio metabolic Assessment audit 2015-16 – Inpatients
• National Cardio metabolic Assessment audit 2015-16 – EIP

**CPFT has taken/intends to take the following actions to improve the quality of healthcare provided:**

**Communicating with GPs (General Practitioners) audit 2015-16**

✓ Appointment of a Trust Physical Health Lead, with primary responsibility for improving physical health monitoring arrangements in our mental health services.
✓ Improved physical health monitoring arrangements in CPFT, and strengthened working arrangements between CPFT and primary care.
✓ Establishment of the Physical Health & Mental Health Strategic Group, with membership from Primary Care and Public Health.

**National Cardio metabolic Assessment audit 2015-16 (inpatients & EIP)**

✓ Develop a Physical Investigations tab in RiO, our electronic patient records system, to ensure information on physical health assessments and investigations are recorded in one place.
✓ Update the Physical Health Policy and practice guidelines. Changes include ensuring clarity on the roles and responsibilities in regard to physical health needs of patients.
✓ Development of an in-patient phlebotomy service for mental health services across the Trust.
✓ Establishment of physical health clinics in adult mental health community teams, and broadening the scope of the Clozapine Clinics to include other interventions relating to physical health.

The reports of 17 local clinical audits were reviewed by CPFT in 2016-17 and CPFT has taken/intends to take the following actions to improve the quality of healthcare provided:

1. **Risk assessment/CPA audit Q1 (Peterborough Adult Locality Team)**
   ✓ Address practice relating to CPA care plans and risk assessments in supervision.
   ✓ Ensure that CPA reviews are undertaken in a timely manner in accordance with the Trust Policy

2. **Risk assessment/CPA audit Q3 (Peterborough Adult Locality Team)**
   ✓ Address practice relating to CPA care plans and risk assessments in supervision.
   ✓ Ensure that CPA reviews are undertaken in a timely manner in accordance with the Trust Policy

3. **Antimicrobial audit (inpatients)**
   • Produce antimicrobial newsletter to highlight required prescribing and documentation practice in accordance with the Trust Policy
   • Establish a system to review antimicrobials after 48 to 72 hours
4. **Antimicrobial audit (MIUs)**  
   - Investigate why allergy status is not recorded in all cases as entries are made in SystmOne  
   - Remind prescribers about available PGDs (Patient Group Direction) guidelines in addition to the CCG (Clinical Commissioning Group) antimicrobial guidelines  
   - Remind prescribers to document the reason for prescribing a second line antimicrobial

5. **Medicines room temperature audit**  
6. **Medicines refrigerator temperature audit**  
   - Update and disseminate Medicines Management Standard Operating Procedure (MMSOP)  
   - Produce local action plans for individual units

7. **Audit of Administration Records on Inpatient Prescription Charts**  
   - Ensure the Missed Dose Action notice is available and implemented on the ward  
   - Establish a process for registered nurses to complete ‘Gap’ monitoring on their wards at least once a month  
   - Review stock lists on wards and availability of medicines and develop a form on which to record the review

8. **Pharmacy PRN audit**  
   - Distribute Medicines Related Bulletin to raise awareness of the Trust’s policies regarding PRN psychotropic - to include a summary ‘good PRN prescribing'  
   - Review content of Mandatory Medicines Management training  
   - Place posters on the ward drug cupboards to remind staff required documentation around administration of PRN medication  
   - Identify and cascade good practice example of PRN care planning from Darwin Centre (children’s ward) to all wards  
   - Review of Medicines Policy to include documentation practice around PRN administration

9. **Medicines Management Checks (annual)**  
   - Review Medicines Policy to incorporate findings from the audit  
   - Include areas for improvement in Medicines Policy Good Practice Guidelines  
   - Review and amend the audit tool  
   - Include Community teams in the next round of audit

10. **MHA Consent to Treatment (Section 58) audit**  
    - MH Law Team to  
      - continue to monitor compliance with S58/64 of the MHA, escalating any potential breaches to the clinical and medical directors and reporting compliance on a monthly basis.  
      - continue to monitor/report on compliance with the completion of capacity to consent to treatment under S58/S64 of the MHA on a monthly basis.  
      - send a list of all current consent T forms to ward managers on a monthly basis and seek confirmation that the current consent forms are attached to the patient’s medication charts  
      - introduce a scrutiny process for all T2/CTO12/S62 and S64 forms by a pharmacist  
      - include the outcome of the above monitoring processes in the development of a Doctors Performance Dashboard

11. **Revisiting the MEWS Standardised operating procedure (S3 ward)**  
    - Re-design MEWS form to support increased completion  
    - Train staff on the use of the new form

12. **Nutrition and Dietetics Care Records Audit**  
    - Ensure the use of the BDA (British Dietetic Association) approved working for “nutritional diagnosis” and that this includes identifying the problem, aetiology and signs & symptoms  
    - Ensure the goals that have been negotiated and benefits of making the changes explained to the patients are clearly stated

13. **Prison audit – ADHD prescribing**  
    - Present findings of the audit and discuss ADHD NICE guidelines with the team  
    - Perform a service review of recognition of ADHD symptoms in patients that are currently managed by In-Reach team in HMP Peterborough

14. **Audit of Referrals to Palliative Care Beds on Trafford Ward**  
    - Send a letter to new GP Medical Officers providing day to day cover highlighting the NICE standards for end of life care  
    - Undertake a full review of the CPFT end of life care service
We undertook a comprehensive consultation to refresh our R&D Strategy, which was completed in December 2016, and centred on five strategic themes:

- Communicating R&D outcomes and information clearly to all
- Building on our clinical data analytics infrastructure
- Growing our NIHR and commercial portfolios
- Strengthening the voice of lived experience
- Empowering all CPFT staff to use R&D to improve outcomes of care

The strategy was approved by the Board in January 2017.

Task & Finish Groups have been formed for each of the themes to deliver prioritised and costed implementation plans for 2017/18.

2.2.3 Participation in Clinical Research

A. Research and Development (R&D)

Within CPFT, we recognise that clinical research is a major driver of innovation which leads to more cost effective treatments. It is central to the maintenance and development of high standards of patient care and contributes to improvements in outcomes of care.

Over the past few years, the number and quality of research studies being undertaken in and by CPFT in partnership with other leaders in this field have continued to improve, producing world class studies to national and international acclaim. We have a strong NIHR (National Institute for Health Research) portfolio of research projects and a continually growing volume of commercial projects, especially in old age mental health. We are also one of a few healthcare Trusts leading on the development of clinical informatics nationally.

As of March 2017, there were 182 active studies in CPFT, compared to 153 in 2015-16 and 156 in 2014-15. A total of 32 studies were approved in 2015-16, of which 17 were adopted on the NIHR portfolio.

The number of patients receiving relevant health services provided or subcontracted by CPFT in 2016-17 that were recruited during that period to participate in research approved by a research ethics committee and portfolio adopted is currently 841 (compared to 983 in 2015-16 and 1,028 in 2014-15).

An example of research in the CPFT that led to demonstrable improvements

Evaluation of Memory Assessment Services (MAS): Main Study (Phase II)

This study was funded by the Department of Health to determine the effectiveness and cost-utility of Memory Assessment Services (MAS), the association with patient characteristics, and the cost-effectiveness of different types of MAS.

The study recruited about 2000 people with dementia and their lay carers from 80 clinics around the country.
Key findings and impact for MAS include:
- Health-related quality of life (HRQL) improves over the first six months after the first appointment.
- Changes in HRQL over six months are not associated with diagnosis or patient characteristics.
- The use of dementia interventions is associated with change in HRQL.

These results demonstrate the value of our clinic activity, and have further refined MAS in CPFT. We are changing practice in CPFT to ensure that every CPFT patient will be offered to take part in research. The evidence base supports that patients in trials have better clinical outcomes than those who are not.

B. CLAHRC EoE

CPFT is the host NHS Trust for the NIHR (National Institute for Health Research) Collaboration for Leadership in Applied Health Research and Care East of England (CLAHRC EoE), a five year programme for applied health research that will accelerate health research into patient care.

CLAHRC EoE officially launched on 1 January 2014 as a result of a competitive application process set by NIHR. As of 31 March 2017 CLAHRC EoE has 48 projects on its portfolio, 21 of which are active across six themes:
- Dementia, frailty and end-of-life care
- Enduring disabilities and/or disadvantage
- Health economics research
- Patient and public involvement research
- Patient safety
- Innovation and evaluation (core) theme

Three more projects are due to start in April 2017.

CLAHRC EoE has continued to produce the successful Fellowship Scheme for health and social care professionals. The past six years has produced seven cohorts, 81 professionals, 36 partner organisations, with 29 CPFT fellows. CPFT projects from the scheme in have included an investigation into the factors responsible for breakdown in placements for patients with learning disabilities; autonomic symptoms in people living with Lewy body dementia; and whether subgroups of complex paediatric community rehabilitation service users are identifiable and what characterises these subgroups.

CLAHRC also funds PhDs (Doctor of Philosophy) in each of its theme and is the lead CLAHRC nationally for the pilot NIHR Research Capacity in Dementia Care Programme 2014. This is a three year scheme to increase research capacity in Dementia Care by funding PhDs for nurses and Allied Health Professionals.

Examples of CLAHRC studies that have led to improved outcomes of care include:

**CAMHS Transitions/Youth Mental Health/MH Commissioning**

As a result of CLAHRC EoE research both CPFT and Hertfordshire Partnership NHS Foundation Trust have now reviewed their CAMHS transition procedures and protocols and are changing practice. CPFT is in discussions with the CP CCG to fund transitions workers to implement the prototype transitions booklet within the Trust. A cross-CLAHRC network on youth mental health is underway and CPFT clinicians are involved in the ongoing forum of evidence based discussions which are helping to shape their future decisions around service provision. An evaluation of the impact of two GP Leadership programmes on MH commissioners has highlighted positive changes in approaches to MH and primary care commissioning.

**Learning Disability Research**

Research into whether transcutaneous vagus nerve stimulation (tVNS) modulation of heart rate variability can reduce aggression by adults with developmental or acquired brain injury has led to ongoing discussions within the trust around the use of tVNS as a treatment for emotional dysregulation for patients.
PROMISE Project
CLAHRBC has supported the Promise project through ongoing qualitative and quantitative research providing the evidence base to underpin the improvement work that has been undertaken to reduce incidents of restraint in wards across the trust. This project has gained global recognition www.promise.global.

C. Service User and Carer Engagement in Research
Service user and carer involvement is a key priority area within our R&D programme, with CPFT having over 10 years of experience and expertise in this area. Our aim is to support, enable and empower service users, carers, researchers and clinicians to work together to develop high quality research which is relevant to people’s needs. The CPFT Service User and Carer Research Group (SUCRG) is a virtual group which has expanded throughout the years. People with lived experience of mental health issues or dementia are supported to be involved in the development, undertaking and dissemination of research and to facilitate learning.

During 2016/2017 we supported 66 people (54 in 2015-16) to be involved in 31 research or research-related activities (31 in 2015-16) and we provided advice and support to 23 researchers (17 in 2015-16). Involvement ranged from contributing to potential grant applications to reviewing research proposals, forming Service User Advisory Groups, promoting research as well as training researchers.

Examples of research with patient and carer involvement:
- Autonomic symptoms in people living with Lewy Body Dementia
- How do habits become compulsions
- DIAGRAMS: Co-Design of an Integrated Diagrammatic Systems Modelling Language (iDSML) to Facilitate Effective Communication and Problem Solving in Healthcare Systems
- Sleep Patterns in Social Recovery from Psychosis
- Studying the environmental and metabolic determinants of binge eating
- SPOT Depression Project
- Using brain imaging to understand causes of hallucination in Dementia
- Accumulation behaviours in individuals with attention deficit/hyperactivity disorders

Highlights in 2016-17.

Patient and Public Involvement (PPI)
- Four ‘Introduction to Research’ training sessions co-produced with an Expert by Experience in October 2016. Eight new members of the group were trained.
- Successful continuation of the user-led teaching programme for non-clinical researchers called Conversations with Experts by Experience.

Patient and Public Engagement (PPE)
- A public event held on 30 March entitled “Better diagnosis to better care”. Speakers include CPFT clinicians and researchers. Stands were provided by the CAMEO and Liaison Psychiatry teams, the Clinical Research Network (three spaces covering Mental Health, Dementia and Adult & Community Care), CLAHRC, C2:AD, CPFT Research Database and Service User and Carer Research Group. 150 people attended the event with a fairly even split between members of the public and clinicians/researchers.
- Building on the work from the previous year, members of the SUCRG have been involved in editing lay summaries for the ‘Research we are doing’ webpages.
2.2.4 Commissioning for Quality And Innovation (CQUIN) Payment Framework

A proportion of CPFT’s income in 2016-17 was conditional on achieving quality improvement and innovation goals agreed between CPFT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2017-18 and for the following 12-month period are available electronically at: http://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2016-17.pdf

Note: At the time of writing this report, the Trust has not received the outcome of the Quarter 4 submission from our commissioners. Therefore we are unable to present the total value of the payment for completion of our quality goals in 2016-17. In 2015/16 we received £1,630,470 for payment received from Cambridgeshire and Peterborough Clinical Commissioning Group and NHS England Specialist Commissioning Group in relation to achievement of our CQUIN targets in the year.

2.2.5 Care Quality Commission (CQC) Registration

The Care Quality Commission (CQC) is the independent regulator of all health and social care services in England. Its primary role is to ensure that the care people receive meets essential standards of quality and safety and to encourage on going improvements by those who provide or commission care.

CPFT is required to register with the Care Quality Commission and its current registration status is ‘Registered without Conditions’.

The Care Quality Commission has not taken enforcement action against CPFT during 2016-17.

CPFT has not participated in special reviews or investigations by the Care Quality Commission during 2016-17:

A. CQC Inspections

The Care Quality Commission (CQC) inspected our inpatient units and most of our community-based services in May 2015. The new services which had transferred from Cambridgeshire Community Services (CCS) in April 2015 were not included in the inspection as they had been inspected in the previous year.

The final CQC reports were published on 16 October 2015.

CPFT received a ‘Good’ rating overall, with an amber rating (requires improvement) in ‘Are services safe?’ category.

We received Requirement Notices (must do actions) in three areas:
- **Regulation 13**: MHA and MCA compliance around section 58 Consent to Treatment and Seclusion
- **Regulation 15**: Ligature risks and observations within inpatient services
- **Regulation 18**: Staffing
Trust actions

1. **Reviewing the systems and procedures and ensure adherence with Consent to Treatment (section 58)**  
   **Progress as of March 2017**
   Five out of the seven actions have been completed. The Mental Health Act (MHA) administration monitoring tool was updated and the escalation procedures to the Directorates were strengthened and built into the monitoring process. Performance management continues to be undertaken through monthly PRE (Performance Review Executive) meetings. A Trust wide Section 58 (Consent to Treatment) audit was completed in February 2016 and the actions approved by the MHA Legislation Group.

   **Other actions**
   Two actions were due in December 2016 - a Section 58 re-audit and development of a MHA team-based monitoring tool, rescheduled to 2017-18.

2. **Review the procedures and facilities on the use of seclusion across CPFT’s inpatient services and ensure compliance with the regulations of the MHA**  
   **Progress as of March 2017**
   Four out of five actions have been completed. A Task & Finish (T&F) Group was developed to review practice and facilities on the use of seclusion across the Trust’s inpatient services. The T&F Group was concluded in mid 2016 and work was carried forward by the PPC (Positive & Proactive Care) Group. A final report on the outcome of the review was written and presented to the PPC Group in 2016. A seclusion room was agreed for our adults Psychiatric Intensive Care Unit (PICU) and The Croft, our mental health inpatient unit for children and families. The Trust policy was revised to reflect this. An e-learning package was developed, and leads from each Directorate were identified to support the implementation of the revised policy and procedures.

   **Other actions**
   Specifications have been agreed and work on the seclusion rooms is expected to be completed in May 2017. A qualitative practice evaluation project to examine patient and staff views of the changes made in practice and procedures is due in December 2017.

3. **Remove ligature risks, ensuring any remaining risks are mitigated and ensure observations (lines of sight) are improved**  
   **Progress as of March 2017**
   Four out of five actions have been completed. The door handles were replaced in the Darwin Centre, our children's mental health inpatient unit. A Ligature Points audit was completed across the Trust in December 2015, and the actions are monitored regularly by the Strategic Ligature Reduction Group. The inpatient establishment review was completed, and the report submitted to the CCG and NHS England in December 2016.

   **Other actions**
   The remaining action involving environmental works has several components of which two out of three have been completed. Convex mirrors have been installed in all identified areas and anti-ligature furniture removed in the Adults inpatient areas. The trial of the foam doors for bathrooms in our adult mental health inpatient units in the Cavell Centre was concluded in late 2016. New door specifications were developed with Sussex Partnership and this will be rolled out to all adult mental health inpatient units, with an expected date of completion in May 2017.
4. **Review staffing establishments for identified services with our commissioners**

**Progress as of March 2017**

The staffing establishment review for our mental health inpatient units was completed and the report submitted to our commissioners in December 2016, the outcome of which was used to inform contract negotiations for 2016-17. Additional recurrent and non-recurrent funds were secured during the year, and additional posts agreed.

A joint review of staffing establishments was completed with our commissioners to agree service models and specifications, covering the Community Children and Adolescent Mental Health (CAMH), Community Children’s Nursing, Speech and Language Therapy (SaLT), Health Visiting and School Nursing services. Additional recurrent and non-recurrent funds were secured for some of the services during the year. Whilst there was no increase in the School Nursing service, existing level of funding was protected despite the reduction in Public Health Grant. Targets for waiting lists were achieved during the year.

**B. Thematic Reviews**

During the year, the CQC undertook three thematic reviews in Cambridgeshire and Peterborough which involved services provided by CPFT. These are:

- Safeguarding Children’s services in Peterborough (May 2016)
- Older People’s integrated care services in Cambridgeshire (June 2016)
- Safeguarding Children’s services in Cambridgeshire (July 2016)

The CQC praised CPFT services. In particular, it noted that there was a strong safeguarding culture throughout CPFT, and singled out the Neighbourhood Teams (NT) and the Joint Emergency teams (JET) as examples of good practice for older people’s services in the region.

Whilst the main responsibility for the improvement actions lies with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), CPFT has specific actions within the over-arching action plan. The actions presented below are those that are the primary responsibility of CPFT, and does not include other actions in conjunction with Cambridgeshire and Peterborough CCG and other providers.

**Safeguarding Children (Peterborough)**

✔ To ensure formal environmental risk assessments are undertaken and recorded when children and young people are placed on a paediatric ward to await mental health assessment, in conjunction with Peterborough City Hospital (PCH).

✔ To ensure measures are in place to provide prioritised CAMH services to looked after children (LAC) in Peterborough at the earliest opportunity.

- To implement best practice methods to ensure an effective perinatal mental health service is in place across Peterborough.
- To improve the oversight and audit of heath and action plans in adult mental health services to ensure they are ‘SMART’ and include clearly defined actions, timescales and responsible practitioners.
- To ensure patient records are as complete as possible by uploading all referrals made to social services onto client records (adult mental health services).
- Improve oversight of and ensure health plans arising from initial and review health assessments are SMART and include clearly defined actions, timescales and responsible practitioners.
● To ensure variations seen in growth measurements as part of the health assessment process are appropriately explored and actions recorded.
● To ensure all available evidence resources are used, explored and recorded in patient records prior to initial and review health assessments taking place.
  ✓ To continue consultation and methods to implement a health passport system at the earliest opportunity to better inform care leavers of their personal and family (where known) health histories.
  ✓ To ensure continuity of roles in LAC health, specifically in relation to safeguarding by giving due consideration to fixed term posts.

Safeguarding Children (Cambridgeshire)
● To implement arrangements for providing management oversight of children’s records in the minor injuries unit (MIU).
● To ensure an audit is carried out of paediatric attendances and staffing arrangements at the three MIU’s across the county.
● To develop its paediatric facilities in the MIUs across the county to ensure these are compliant with ‘Standards for Children and Young People in Emergency Care Settings’ issued by the Royal College of Paediatrics and Child Health (RCPCH).
● To formalise arrangements for capturing information about risk for children and young people attending MIUs, particularly risks in relation to child sexual exploitation and where young people receive contraceptive services.
● To ensure CAMH practitioners are aware of the importance of capturing information about key relationships as prompted by the RiO patient records system.
  ✓ To ensure that CAMHS practitioners are aware of the importance of documenting a plan for handing over the responsibility for managing ongoing risks to individual patients when a staff member leaves the service.
  ✓ To implement a formal method for assessing risk of child sexual exploitation of CAMHS patients and provide practitioners with a screening tool within the RiO system to enable assessment of such risks
● To implement a formal method for assessing risk of child sexual exploitation by practitioners in the MIUs and provide them with additional training, if required.

Older People’s integrated care services in Cambridgeshire
● Implementation of case finding and case management use of Rockwood Frailty score to identify risk
● Implementation of EQ5D outcome measure
● While we currently have person centred care plans, further work is required to have a health and social care plan in place – this will be developed through the case management work stream
  ✓ System-wide development of Early Supported Discharge Stroke pathway
● Development of a Falls Transformation Plan supported by Public Health
  ✓ Development of Patient and Carer Forums, and Carers Board
  ✓ Develop the role of MDT (Multidisciplinary team) coordinators
● Further strengthen arrangements for transitions of care and improved communication across the services and with partners
C. Mental Health Act Inspections

During the year, the CQC conducted 12 unannounced Mental Health Act visits to inpatient wards within CPFT.

As in previous years, the CQC comments to CPFT following its inspections were very positive and highlighted many areas of good practice.

All detained patients were found to be sectioned lawfully under the appropriate legal authority. The inspectors found our wards to be safe and clean and noted the good interaction between patients and their carers and our staff. The inspection also highlighted that patients were informed of their legal rights and had good access to the statutory Independent Mental Health Advocacy (IMHA) service.

Areas of good practice noted:
- Good interaction and engagement between nursing staff and patients we noted and patient reported that staff respect their privacy and dignity
- Patients were involved in individualised activities and informed the inspector that they got on well with staff
- Patients were informed of their rights under the Act on a regular basis.
- Risk assessments prior to granting section 17 leave were completed in line with the requirements of the Act and Trust’s procedures.
- Good evidence of patient’s awareness of their right to see an IMHA (Independent Mental Health Act Advocate) and good visibility of the advocates on the wards.
- Staff had a good understanding of their duties under the Deprivation of Liberty Safeguards
- Informal patients were also given their rights as part of the admission process

Staff understood their duties under the Deprivation of Liberty Safeguards and were adequately following CPFT’s procedural guidance and protecting patients’ rights.

The CQC noted that actions which were highlighted in previous visits to CPFT were addressed in all wards. Two of the visits did not result in any recommendations for improvement by the wards. There were areas of improvement noted to further strengthen the following areas, outlined below:

- In five of the visits, the CQC inspector identified a need to improve patient involvement in the developments of their care plan. Patient care plans are reviewed weekly, as part as a meeting between each patient and their doctor, or primary nurse. In order to ensure that patient are encouraged to contribute to the development of their care plan, ward managers have developed and implemented a weekly audit, which looks at the content of the care plan. Feedback is given to staff as part of their supervision and the improvement is reflected in the monthly patient survey outcomes.
- In two cases, the CQC inspectors noted that medications administered were not covered by the Second Opinion Approved Doctor (SOAD). These issues were rectified promptly.
- Although CPFT was found to be compliant with the legal requirements of section 58 (consent to treatment) further improvements were needed to ensure consistent recording by clinicians of the outcome of capacity assessments to consent to treatment. The Trust is regularly monitoring compliance with capacity assessment to consent to care and treatment and an escalation process in in place to address and rectify any breaches.

The revised MHA Code of Practice (CoP), which came into effect in April 2015, introduced changes which seek to provide stronger protection for patients. One of the main changes involved clearer definition for seclusion and the requirement to minimise blanket restriction practices. The Trust carried out and completed a comprehensive review of its seclusion facilities and practices in order to comply with the changes to the CoP. This review included a consultation process with patients on the seclusion policy, practice and procedures which were incorporated into the revised seclusion policy.
2.2.6 Data Quality and Information Governance (IG)

The Trust continues to operate within a robust information governance (IG) framework, incorporating training, communication and effective monitoring of IG issues.

During 2016-17, there were five incidents classed as level 2 on the Information Governance Incident Reporting Tool. All of these incidents were reported to the Information Commissioners Office and notifications of no action were received. The incidents were thoroughly investigated and measures were put in place in order to learn the lessons, prevent and minimise recurrence.

CPFT submitted records during 2016-17 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in published data:
- which included the patient’s valid NHS number was:
  - 98.54% for admitted patient care
- which included the patient’s valid General Practitioner Registration Code
  - 97.17% for admitted patient care

CPFT’s Information Governance Assessment Report overall score for 2016-17 was 82% which is the same as 2016-17, and was graded GREEN.

CPFT was not subject to the Payment by Results (PbR) clinical coding audit during the reporting period by the Audit Commission.

CPFT will be taking the following actions to improve data quality:
- Continue to monitor lower impact incidents through the Information Governance Steering Group. Each incident is investigated, assessed, reported (where appropriate) and appropriate learning outcomes are taken forward.
- The Information Governance function will continue to proactively review, revise and reissue guidance where necessary.

2.2.7 Duty of Candour

The introduction of a statutory Duty of Candour is an important step towards ensuring the open, honest and transparent culture that was lacking at Mid Staffordshire Hospitals NHS Foundation Trust. The failures at Winterbourne View Hospital reveal that there were no levers in the system to hold the ‘controlling mind’ of organisations to account. It is essential that CQC uses this new power to encourage a culture of openness and to hold providers and directors to account."

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 sets out what is required of all providers. The intention of the Regulation is to ensure that providers are open and transparent with people who use services and other "relevant persons" (people acting lawfully on behalf of patients) in general in relation to care and treatment.

This means that when any patient is harmed by the provision of any of our services, and is deemed as moderate harm, severe harm or death, we are obliged to investigate the incident and inform the patient or their next of kin and any other relevant person, as soon as possible. This has to be followed up in writing, regardless of whether a complaint has been made or a question asked. We have a duty to provide patients and their families with information and support when a reportable incident has, or may have occurred.
We have undertaken the following actions to implement the Duty of Candour in CPFT:

- Standard operating procedures and templates for the written notification under the Duty of Candour have been developed and are available to all staff on the intranet. In addition the Patient Safety Team are available to address any questions.
- The Datix incident reporting system was amended and the IMR (Initial Management Report) updated to reflect mandatory Duty of Candour requirements. This is highlighted in the system with a link to the NMC and GMC document on openness and honesty when things go wrong.
- A standard operating process was developed to provide staff with guidance.
- The Complaints Policy, Being Open and Duty of Candour Policy, and the Incident Management Policy Including Serious Incidents and Near Misses have been updated to reflect the Duty of Candour requirements.
- When sending Serious Incidents (SI) out for investigation, staff are reminded of the requirements of the Duty of Candour.
- The Patient Safety web page contains information that highlights the Duty of Candour requirements.
- Families are involved in Serious Incident Investigation.

2.2.8 Sign Up to Safety

Sign Up to Safety is a national initiative, led by NHS England, to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.

At the heart of Sign Up to Safety is the philosophy of locally led, self-directed safety improvement.

The five Sign Up to Safety pledges are:

1. **Putting safety first.** Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans.
2. **Continually learn.** Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are.
3. **Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
4. **Collaborating.** Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
5. **Being supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

CPFT signed up to the initiative in August 2015 and we have embedded these pledges into our patient safety processes. The PPC (Positive & Proactive Care) Group supports the implementation of Sign Up to Safety alongside the Patient Safety Team.

We are developing our safety improvement plan as part of the work in the development of our over-arching Quality Improvement Strategy. The patient safety aspect of the strategy focuses on three areas:

- Reducing avoidable harm and improving early detection of the deteriorating patient.
- Strengthening the processes around the development of improvement actions from incidents and near misses and embedding change.
- Providing safe staffing levels with the appropriate skill mix to deliver high quality care.
We have made significant progress in all three areas during 2016-17.

The first two points were identified as our quality priorities for the year. Please refer to Part 2.1.2 Looking back – our priorities for improvement for 2016/17.

For Priority area 3 (Patient Safety) we focused on our top four reported incidents:
- avoidable grade 3 or 4 pressure ulcers
- self harm
- falls that lead to moderate and severe harm
- physical assaults
- reduction in the use of restraint

We are particularly pleased with the significant reductions in the number of incidents relating to physical assault during the year – 57% on ‘patient to patient’ and 41% on ‘patient to staff’; as well as the overall reductions in the use of restraint in our mental health wards. We have also made considerable progress on Priority area 4.2, which focuses on learning and embedding change to improve outcomes of care.

We have made progress on the issues around safer staffing as part of our CQC action plan – please refer to Part 2.2.5 (4) Care Quality Commission (CQC) Registration.

We will continue to strengthen our practice and processes around these three areas in 2017-18. In particular, we have continued on the theme of reducing avoidable harm and strengthening our action planning processes as part of our quality priorities in 2017-18.

2.2.9  NHS England Core Quality Indicators

From 2012/13, all Trusts are required to report against a core set of quality indicators as set out by the NHS (quality accounts) amendment regulations 2012 related to the NHS Outcomes Framework domains, using data for the last two reporting periods provided by Digital Health (previously Health and Social Care Information Centre). The indicators that are relevant to CPFT are listed below.

Table 5: Mandatory core quality indicators for 2016-17

<table>
<thead>
<tr>
<th>Quality Indicators</th>
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<tbody>
<tr>
<td>1. The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care.</td>
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<tr>
<td>2. The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper.</td>
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<tr>
<td>3. The percentage of staff employed by, or under contract to, CPFT who would recommend CPFT as a provider of care to their family or friends.</td>
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<tr>
<td>4. CPFT’s “Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker.</td>
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<tr>
<td>5. The number and, where available, rate of patient safety incidents reported within CPFT, and the number and percentage of such patient safety incidents that resulted in severe harm or death.</td>
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</table>
1. **Patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.**

Follow up within 7 days of discharge has been demonstrated as an effective way of reducing the rate of suicide in the UK, and enables us to ensure that our patient’s needs are met and that they remain safe following discharge from hospital to community care.

| Table 6: CPA 7-day follow up 2015-16 & 2016-17 |
|-----------------|-----------------|-----------------|-----------------|-----------------|
|                | 2015-16         | 2016-17         |
|                | Q1   | Q2   | Q3   | Q4   | Q1   | Q2   | Q3   | Q4   |
| CPFT submitted data | 96.8%| 97.6%| 95.5%| 96.1%| 95.5%| 95.0%| 95.4%| 97.7%|
| CPFT (national data) | 96.8%| 96.9%| 95.5%| 96.1%| 95.5%| 95.0%| 95.4%| 97.7%|
| National average | 97.0%| 96.8%| 96.9%| 97.2%| 96.2%| 96.8%| 96.7%| 96.7%|
| Highest nationally | 100%| 100%| 100%| 100%| 100%| 100%| 100%| 99.4%|
| Lowest nationally | 88.9%| 83.4%| 50.0%| 80.0%| 28.6%| 76.9%| 73.3%| 84.6%|
| CPFT annual average | 97%|     |     |     | 96%|     |     |     |
| Target | 95%|     |     |     | 95%|     |     |     |

Our compliance rates over the last two years have consistently exceeded the national average.

**CPFT considers that this data is as described for the following reason:**
The NHS Digital figures correlates with the data submitted by CPFT during the reporting periods.

2. **Admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.**

The Crisis Resolution and Home Treatment (CRHT) teams support patients and carers at home to prevent unnecessary admissions to psychiatric inpatient wards and facilitate early discharge. By assessing the patients before admission, CRHT teams help to ensure that the patient’s best interest is considered and determine whether inpatient care is the best option.

| Table 7: CRHT Gatekeeping 2015-16 & 2016-17 |
|-----------------|-----------------|-----------------|-----------------|-----------------|
|                | 2015-16         | 2016-17         |
|                | Q1   | Q2   | Q3   | Q4   | Q1   | Q2   | Q3   | Q4   |
| CPFT submitted data | 95.4%| 97.2%| 99.2%| 99.3%| 100%| 98.4%| 99.6%| 99.6%|
| CPFT (national data) | 95.3%| 97.2%| 99.2%| 99.3%| 100%| 98.4%| 99.6%| 99.6%|
| National average | 96.3%| 97.0%| 97.4%| 98.2%| 98.1%| 98.4%| 98.7%| 98.8%|
| Highest nationally | 100%| 100%| 100%| 100%| 100%| 100%| 100%| 100%|
| Lowest nationally | 88.0%| 48.5%| 61.9%| 84.3%| 78.9%| 76.0%| 88.3%| 90.0%|
| CPFT annual average | 98%|     |     |     | 99%|     |     |     |
| Target | 95%|     |     |     | 95%|     |     |     |
We have improved upon our performance during the year, and our compliance rates remains higher than the national average at 99%.

CPFT considers that this data is as described for the following reason:
The NHS Digital figures correlates with the data submitted by CPFT during the reporting periods.

CPFT intends to take the following actions to improve the quality of its services by

1. continuing with the following actions:
   - regular monitoring of key performance indicators, holding Clinical Directorates to account and supporting them to achieve their targets and objectives
   - close collaboration between the Clinical Directorates and the Business Information and Performance team on the production of monthly figures to improve data quality and timely reporting
   - working with our commissioners to provide safe staffing levels

Note: These actions relate to both CPA 7-day follow-up and CRHT gatekeeping indicators.

3. **Staff employed by, or under contract to, CPFT during the reporting period who would recommend CPFT as a provider of care to their family or friends.**

This is taken from the National NHS Staff Survey which is intended to help NHS organisations review and improve staff experience so that they can provide better patient care. The results from the survey are also used by the Care Quality Commission (CQC) to monitor ongoing compliance with quality and safety standards.

*From 2015, CPFT data is presented in the group of Mental Health / Learning Disability and Community Trusts. In previous years, CPFT was in the Mental Health & Learning Disability Trusts group.*
Our staff survey scores have steadily improved from 39% in 2012 to 64% in 2016 and is rated as average when compared to other similar Trusts.

All 32 key findings either improved or stayed the same from the previous year which is a good achievement considering the climate in the NHS and changes that have directly impacted staff.

Two areas that improved the most were ‘Staff satisfaction with resourcing and support’ and ‘Staff satisfaction with the quality of work and care they are able to deliver’, shown below.

Not only have these improved from 2015, but it has also brought CPFT in line with other similar Trusts. This is a great improvement when we consider that they were two of our worst performing areas in 2015, something which the reduction in vacancy rates and sickness from the same period in 2015 may be linked to.

Several actions were put in place following the 2015 survey which were grouped under four key aims:

- For staff at all levels to feel able to contribute to improvements
- To keep staff well and at work
- To ensure staff are safe, feel safe and are not discriminated against
- For staff to feel more valued and supported
Specific actions to support these included:

- the launch of the Health and Wellbeing Strategy
- the launch of the New Managers Induction – First 100 days programmes
- tying in the Trust Values to the new Appraisal process
- promoting the whistleblowing process
- developing a guide of support available for staff
- focusing on recruitment through the Recruitment and Retention Strategy.

In terms of whether the actions put in place to improve performance have been successful, it is worth looking at our performance against other similar Trusts.

**5 top ranking scores**

- **KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**
  - (the lower the score the better)
  - Trust score 2016: 23%
  - National 2016 average for combined MH/ID and community trusts: 28%

- **KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidences in last month**
  - (the lower the score the better)
  - Trust score 2016: 20%
  - National 2016 average for combined MH/ID and community trusts: 24%

- **KF31. Staff confidence and security in reporting unsafe clinical practice**
  - (the higher the score the better)
  - Trust score 2016: 3.79
  - National 2016 average for combined MH/ID and community trusts: 3.71

- **KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months**
  - (the lower the score the better)
  - Trust score 2016: 14%
  - National 2016 average for combined MH/ID and community trusts: 15%

- **KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves**
  - (the lower the score the better)
  - Trust score 2016: 52%
  - National 2016 average for combined MH/ID and community trusts: 55%
Whilst we continue to see improvements and a positive trajectory, there are still challenges, including an increasing demand for our services. When compared to other similar Trusts we still have far to go in some areas to make CPFT one of the best places to work. This remains a priority for the Trust for 2017-18.
Whilst the Trust total was 87% for KF21, for BME staff this was lower at 78%, an improvement from 66% in 2015. This is still around 10% lower than white staff (89%) and means this requires some further attention as do some other inequalities highlighted in the WRES (Workforce Race Equality Standards) section of the Staff Survey. This information will be shared with the Trust’s Diversity Network to focus on actions around improving this.

The Staff Survey feedback is being used alongside the recent internal ‘Stay Survey’ and qualitative Collective and Collaborative Feedback collated over the last 6 months to support the organisation in making changes which will improve the Culture of CPFT and the experience for staff working here. Action planning will take place in a collaborative way, including focus groups and drop in sessions for staff to develop specific key priorities of how we can improve CPFT score in this area. This will directly feed into the development of the current Organisational Development Strategy and very much put staff in the driving seat of change.

Each Directorate is engaging with their teams about specific concerns and what actions could be taken to improve things.

4. **Patient experience of community mental health services** indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.

Between 2011 and 2013, this indicator used the weighted average for the following questions in the CQC survey of community mental health services:

- *Thinking about the last time you saw this NHS health worker or social care worker for your mental health condition…*
  - …*did the person listen carefully to you?*
  - …*did this person take your views into account?*
  - …*did you have trust and confidence in this person?*
  - …*did this person treat you with respect and dignity?*
National comparative data is presented below which shows CPFT scores being in line with the national average from 2011 to 2013.

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>CPFT</th>
<th>England average</th>
<th>Highest</th>
<th>Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>84%</td>
<td>86%</td>
<td>92%</td>
<td>81%</td>
</tr>
<tr>
<td>2012</td>
<td>89%</td>
<td>87%</td>
<td>92%</td>
<td>83%</td>
</tr>
<tr>
<td>2011</td>
<td>87%</td>
<td>87%</td>
<td>91%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Due to the change in survey questions from the 2014 Community Mental Health Survey, we can no longer use the questions used in previous years to calculate an overall measure of mental health patient experience.

From 2014, we have presented two sets of data from the survey, taken from the national report produced by Quality Health Ltd., for the questions that are similar to those used in the previous years. These are the

- raw, unweighted scores which is designed to provide CPFT with an unadjusted view of how our service users have responded to the questions; and
- standardised, weighted scores that are used for comparative benchmarking designed to provide CPFT with an indication of how our scores rank when directly compared with the average scores

**Raw unweighted scores**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4     Definitely or to some extent felt</td>
<td>93%</td>
<td>93%</td>
<td>94%</td>
<td>93%</td>
<td>95%</td>
<td>94%</td>
</tr>
<tr>
<td>that they were listened to carefully</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q12    Definitely or to some extent felt</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>73%</td>
<td>95%</td>
<td>94%</td>
</tr>
<tr>
<td>involved as much as wanted to be in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>agreeing what care will be received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q41    Always or sometimes treated with</td>
<td>94%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
<td>94%</td>
</tr>
<tr>
<td>dignity and respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Whilst the scores for Q4 and Q12 show a slight drop from the 2015 survey scores, these are higher or equal to the national average scores.

**Standardised, weighted scores**

<table>
<thead>
<tr>
<th>Questions</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4     Definitely or to some extent felt</td>
<td>84%</td>
<td>84%</td>
<td>81%</td>
</tr>
<tr>
<td>that they were listened to carefully</td>
<td>79%</td>
<td>81%</td>
<td>76%</td>
</tr>
<tr>
<td>Q12    Definitely or to some extent felt</td>
<td>73%</td>
<td>73%</td>
<td>78%</td>
</tr>
<tr>
<td>involved as much as wanted to be in</td>
<td>72%</td>
<td>67%</td>
<td>72%</td>
</tr>
<tr>
<td>agreeing what care will be received</td>
<td>82%</td>
<td>82%</td>
<td>78%</td>
</tr>
<tr>
<td>Q41    Always or sometimes treated with</td>
<td>86%</td>
<td>82%</td>
<td>88%</td>
</tr>
<tr>
<td>dignity and respect</td>
<td>81%</td>
<td>81%</td>
<td>81%</td>
</tr>
</tbody>
</table>

The standardised weighted scores in Table 11 show 4% increases from 2015 for Q4 and Q41, which is very positive, while there is a decrease of less than 1% in the score for Q12.
CPFT is currently developing improvement actions to address the areas with low and/or declining scores.

**CPFT intends to take the following actions to improve the quality of its services:**

- We will continue to work with our Clinical Directorates to develop actions for improvement, to focus on the following areas:
  - Involved as much as wanted to be in discussions about how care is working
  - Enough information given about new medications in an understandable way.

Refer to Part 3.1.3 for more details about the results of the 2016 National Community Mental Health Survey.

5. **The number, and where available, rate of patient safety incidents reported within CPFT during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.**

The data reported in the NHS Digital (previously Health and Social Care Information Centre) indicator portal, which is derived from the NRLS (National Reporting and Learning System), are presented in six month periods up to September 2016. The national data for October 2016 – March 2017 is not yet available.

For the purpose of this report,

- we have only taken figures reported by mental health (MH) providers that have submitted six months’ worth of data per 1000 bed days in the relevant reporting periods for purposes of consistency.
- Calculations of national averages are based on a simple average method,
- Organisational data presented for the highest and lowest scores are based on the total number of Patient Safety Incidents (PSIs) that resulted in severe harm or death.

**CPFT considers that the data presented in this section is as described for the following reasons:**

- The data is taken from NRLS and has been verified by them up to period September 2016.
- Agreement of the figures for severe harm and death reported by NRLS against CPFT figures submitted into the NRLS system via Datix, our electronic incident reporting system.

**CPFT has taken the following actions to improve this 0.50% (rate of patient safety incidents that resulted in severe harm or death in April – September 2016), and so the quality of its services, by:**

- Undertaking a process mapping exercise of the SI process to identify areas for improvement and in particular, the quality of investigations, identification of learning and development of improvement actions
- Continuing to work with our local partners in suicide prevention to ensure actions are aimed towards a common goal and obtain maximum impact in our local health economy
- Signing up to the national Zero Suicide Ambition initiative

As part of the new reporting requirements on mortality data, we have increased the resources of the Patient Safety team thereby strengthening its ability to support our clinical teams to learn from incidents and improve practice and outcomes of care.

See Part 3.2.2 for more details on our work around suicide and self harm prevention.
**a. Number and rate of patient safety incidents (PSIs)**

**Table 12: Number and rate of PSIs, NHS Digital (previously HSCIC up to 2015) data**

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Number of PSIs</th>
<th>Rate of PSIs per 1000 bed days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr16-Sep16*</td>
<td>3380</td>
<td>2963</td>
</tr>
<tr>
<td>Oct15-Mar16*</td>
<td>3113</td>
<td>2676</td>
</tr>
<tr>
<td>Apr15-Sep15</td>
<td>3837</td>
<td>2563</td>
</tr>
<tr>
<td>Oct14-Mar15</td>
<td>3266</td>
<td>2894</td>
</tr>
<tr>
<td>Apr14-Mar14</td>
<td>3058</td>
<td>2544</td>
</tr>
<tr>
<td>Oct13-Mar14</td>
<td>2723</td>
<td>2344</td>
</tr>
<tr>
<td>Apr13-Sep13</td>
<td>2396</td>
<td>2306</td>
</tr>
</tbody>
</table>

* Data published in 2016-17 by NHS Improvement

**Figures 7 and 8 above show a reduction in CPFT figures in the period Oct15 – Mar16, followed by a slight increase in the period Apr16 – Sep16, while the national average figures have increased in the same two reporting periods.**

22% and 14.6% of total incidents in both 6-month periods, respectively, involve ‘self harming behaviour’* and ‘disruptive, aggressive behaviour’, followed by ‘patient accident’* at 14.5% (Oct15 – Mar16) and 12.5% (Apr16 – Sep16). The fourth highest type of incidents is grouped under the ‘Implementation of care and ongoing monitoring/review’* heading, most likely involving pressure ulcers, at 11.9% (Oct15 – Mar16) and 14.6% (Apr16 – Sep16). *Headings used by NRLS reporting system

The significant increase in the number of incidents reported in CPFT in the period April to September 2015 is due to the additional incidents reported by the older people and adults community services that transferred to CPFT on 1 April 2015.

During the three six-month periods between April 2015 and September 2016, around two thirds of total incidents are reported by our mental health services and a third by our community nursing services, including community hospitals.

It is worth noting that CPFT data continues to be reported under the ‘Mental Health’ grouping nationally, despite becoming an integrated mental health, learning disability and community services from April 2015. This means that the benchmarking figures may not be accurate in terms of comparability.
From the latest report published by NRLS for the period April to September 2016, CPFT remains in the highest quartile of reporting mental health organisations in the country (see Figure 9 below). NRLS considers this as being reflective of a mature patient safety culture in CPFT where staff are encouraged to report incidents in order to learn from them.

**Figure 9: Comparative reporting rate, per 1,000 bed days, for 55 Mental health organisations (NRLS)**

An analysis of our reported incidents in the same period shows that a significant proportion of our reported incidents consist of:

- ‘no harm’ (63.8%, n=2157) which is slightly lower than the average for all mental health organisations,
- ‘low harm’ (28.4%, n=959) incidents which is similar to the average, and
- ‘moderate’ (7.3%, n=247) which is slightly higher than the average.

This is consistent with previous years’ reports.
b. Number and percentage of PSIs that resulted in severe harm or death

Table 13 below shows that the number and rate of PSIs resulting in severe harm or death increased in the period Oct15 – Mar16 and then went down in the following period. It is worth noting however that these have consistently been more or less half of the average of similar organisations nationally, with the exception of the period Apr14 – Sep14.

Table 13: Patient Safety Incidents (PSIs) that resulted in severe harm or death per 1000 bed days (NRLS/HSCIC/NHSI figures)

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>CPFT</th>
<th>National</th>
<th>Highest</th>
<th>Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Severe</td>
<td>Death</td>
<td>Total (SH and D)</td>
<td>% rate (SH and D)</td>
</tr>
<tr>
<td>Apr16-Sep16* (NHSI)</td>
<td>12</td>
<td>5</td>
<td>17</td>
<td>0.50%</td>
</tr>
<tr>
<td>Oct15-Mar16* (NHSI)</td>
<td>15</td>
<td>7</td>
<td>22</td>
<td>0.70%</td>
</tr>
<tr>
<td>Apr15-Sep15 (HSCIC)</td>
<td>14</td>
<td>1</td>
<td>15</td>
<td>0.40%</td>
</tr>
<tr>
<td>Oct14-Mar15 (HSCIC)</td>
<td>10</td>
<td>3</td>
<td>13</td>
<td>0.40%</td>
</tr>
<tr>
<td>Apr14-Sep14 (HSCIC)</td>
<td>20</td>
<td>4</td>
<td>24</td>
<td>0.80%</td>
</tr>
<tr>
<td>Oct13-Mar14 (HSCIC)</td>
<td>9</td>
<td>12</td>
<td>21</td>
<td>0.78%</td>
</tr>
<tr>
<td>Apr13-Sep13 (HSCIC)</td>
<td>13</td>
<td>15</td>
<td>28</td>
<td>1.20%</td>
</tr>
</tbody>
</table>

* Data published in 2016-17 by NHS Improvement

The data in Table 13 above are represented in Figures 11 and 12 below.

Figures 11 and 12 PSIs resulting in severe harm or death

Learning from Serious Incidents (SIs)

We are committed to continually improving the safety of the services we provide and we recognise that one way of doing that is to ensure that SIs are identified correctly, investigated thoroughly and most importantly, trigger actions that will prevent them from happening again. Key learning from SI investigations during the year include ensuring:

- effective partnership working between all services and organisations involved in providing care
- risk assessments are completed accurately and in a timely manner, highlighting any previous known and current risks
- patient records systems are updated in a timely manner when assessments have been completed
- families and carers are involved/engaged or supported to contribute in the care
- effective discharge planning
PART 3
Other Quality Performance Indicators

In this section, we present our performance on key areas that provides an indication of the quality of our services. These form part of our quality and safety dashboard, reported and monitored monthly at Directorate and Board level, and serves as an early warning system to enable us to act in a timely manner to ensure we continually safeguard the safety and wellbeing of the people who use our services.

The Detailed requirements for quality reports for foundation trusts 2016-17 published by NHS Improvement (previously Monitor) in February 2017 sets out additional reporting requirements for performance against relevant indicators and performance thresholds which have been reported as part of NHS Improvement’s oversight for the whole year, as listed in the Risk Assessment Framework and the Single Oversight Framework. The additional indicators that are applicable to CPFT are listed below.

Table 14: Additional performance indicators for 2016-17 (NHS Improvement oversight framework)

<table>
<thead>
<tr>
<th>Quality Indicators</th>
<th>Reported in</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Care programme approach (CPA) patients, comprising:</td>
<td></td>
</tr>
<tr>
<td>a. receiving follow-up contact within seven days of discharge</td>
<td>Part 2</td>
</tr>
<tr>
<td>b. having formal review within 12 months</td>
<td>Part 3</td>
</tr>
<tr>
<td>2. Admissions to inpatient services had access to crisis resolution/home treatment teams</td>
<td>Part 2</td>
</tr>
<tr>
<td>3. Meeting commitment to serve new psychosis cases by early intervention teams</td>
<td>Part 3</td>
</tr>
<tr>
<td>4. Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral</td>
<td>Part 3</td>
</tr>
<tr>
<td>5. Improving access to psychological therapies (IAPT):</td>
<td></td>
</tr>
<tr>
<td>a. people with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral</td>
<td>Part 3</td>
</tr>
<tr>
<td>b. people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral</td>
<td></td>
</tr>
</tbody>
</table>

Patient activity
A summary of our patient activity in 2015-16 and 2016-17 is presented below to provide additional context to our performance against the indicators presented in this section.

<table>
<thead>
<tr>
<th>Directorates</th>
<th>2016-17</th>
<th>2015-16</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total contacts</td>
<td>No. of patients</td>
<td>Total contacts</td>
</tr>
<tr>
<td></td>
<td>inpatient spells</td>
<td></td>
<td>inpatient spells</td>
</tr>
<tr>
<td>CYP&amp;F Directorate</td>
<td>108,181</td>
<td>144</td>
<td>26,236</td>
</tr>
<tr>
<td>A&amp;S Directorate</td>
<td>117,945</td>
<td>2079</td>
<td>15,453</td>
</tr>
<tr>
<td>OPAC Directorate</td>
<td>84,8715</td>
<td>1677</td>
<td>9,3814</td>
</tr>
<tr>
<td>Sub-total</td>
<td>107,481</td>
<td>3900</td>
<td></td>
</tr>
<tr>
<td>Total Trust Excluding PWS</td>
<td>107,8741</td>
<td>13,503</td>
<td>11,00833</td>
</tr>
<tr>
<td>PWS (IAPT)</td>
<td>65492</td>
<td>1,6839</td>
<td></td>
</tr>
</tbody>
</table>

* reported figures were rounded off in 2015-16

We believe these figures are understated, most likely within the OPAC Directorate, and in particular the District Nursing services due to system and capacity issues relating to documentation following the move from paper records to agile (electronic) recording during the year. There have also been changes in commissioning arrangements – for example, an increase in JET activity as the service expanded and a decrease in Dietetics activity as some pathways were transferred to other providers.
3.1 Patient Experience

3.1.1 PALS (Patients Advice and Liaison Service)
PALS provide impartial and confidential advice, support and information on health-related matters and provide a point of contact for patients, their families and their carers. PALS will also receive feedback about CPFT and help to resolve concerns locally where this is possible. If necessary, concerns that cannot be resolved quickly and informally will be escalated to the complaints team.

PALS provide us with the opportunity to use the information gained from comments and feedback from our patients and their carers to make improvements to our service.

The number of PALS contacts has continued to increase over the last 3 years, which is a positive reflection on the accessibility of the service. Overall there has been a 17% (n=100) increase in 2016-17 compared to the previous year. Of the total contacts received in the year, 40% come from OPAC services, 29% from A&S services, 26% from Corporate services and 5% from CYP&F services.

![Figure 13 PALS 2016-17 comparative data](image)

It is worth noting that the Directorate restructure does not appear to have impacted on the breakdown of the contacts between the services during the year, with only 5 contacts from the Specialist services during Q1 and 2 and no significant increase in the contacts from CYP&F services during Q3 and 4.

Some of the improvements we have made from PALS contacts are shown below.

- A non-emergency patient transport contractor advertised an 0845 number which is a premium rate telephone number. PALS liaised with the CCG patient experience team which resulted in the number being changed to an 0345 number which is charged at local rate.
- Similarly, contacts received from patients and families highlighted that the Integrated Response Point (IRP) for physical health and NRS (equipment store) were still using costly 0844/5 numbers. NRS have changed their number to an 0345 one after this was raised by PALS. IRP have yet to change their number.
- Liaising with an OPAC community team to include local contact numbers in their new service information leaflet following requests receive from patients and families for this information.

3.1.2 Compliments and Positive Feedback
We value positive feedback from the people who use our services as this helps us to see our services through their eyes and in doing so validates everything that we do to improve the lives of our patients and their carers and tells us what we are doing right.
From October 2015, compliments and positive feedback received through the patient experience surveys for the question “What has been good about the service you have received?” have been routinely included in our compliments data to provide a more accurate picture of positive feedback. Prior to this, only compliments reported to and recorded by the PALS team were included.

During 2016/17, a total of 7194 compliments and positive feedback were recorded compared with 2565 in the previous year – a 180% increase from the previous year.

Figure 14 shows the impact of this change in collecting this data, with a significant increase in the number of compliments recorded from October 2015. A patient survey questionnaire was also developed for the OPAC services from January 2016 which explains the further increase from that period.

This increasing trend has continued into 2016-17.

Figure 15 shows that around a third of compliments recorded during the year were received from the OPAC services at 60%, followed by the A&S services at 21% and then the CYP&F services at 19%.

### 3.1.3 Mental Health Community Survey (national)

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used their local health services for feedback about their experiences.

The comparative data for the 2016 Mental Health Community Survey presented in this report is from 49 Mental Health Trusts (MHTs) and Community Interest Companies with mental health functions surveyed by Quality Health, which comprises 85% of the total number of survey organisations. CPFT had a response rate of 27%, compared with the overall average response rate of 28% (range: 22% - 35%).
Highlights from the 2016 Mental Health Community Survey

✓ **Most scores** have **improved** since the 2015 survey, by very significant margins.
✓ **Only two** areas are in the **lower 20%** of all 49 Trusts
✓ CPFT was rated in the **top 20%** for 8 questions of all 49 Trusts

“This is a really encouraging set of results and the Trust should be commended for making improvements across the Board to its mental health services.” (Charlie Bosher, Business Development Consultant at Quality Health, who undertook the survey on behalf of the Care Quality Commission, February 2017)

Key Trust Scores in 2016: (within the **top 20%** of Mental Health Trusts)
✓ The person they saw listened carefully to them
✓ Know how to contact the person in charge of care if concerned
✓ Formal meeting to discuss how their care was working
✓ Impact of change on the care received
✓ Someone checked on medications in last 12 months
✓ Help or advice with finding/keeping work
✓ Support with taking part in local activities
✓ Treated with respect and dignity

Key Trust Scores in 2016: (within the **lowest** scoring 20% of Mental Health Trusts)
✗ Enough involvement in discussing how care was working
✗ Involvement in decisions about which medicines are received

The two key areas that we need to improve upon are set out below, and we have taken/will take the following actions:

- **Involved as much as wanted to be in discussion on how care is working**
  - Care review templates to be sent out to service users ahead of formal reviews to help them prepare in advance of review meeting
  - Information to be added to care review documentation to remind service users they can invite a friend, family member or advocate to attend the review meetings should they wish to.

- **Enough information given about new medications in an understandable way**
  - Better promotion and signposting at outpatients departments
  - Checking with service users’ understanding of their medication at every contact point and appointment
  - Identify potential barriers to prescribers giving medication information
  - Pharmacy staff to provide training sessions with teams on basic understanding of medication, at least annually
  - Sessions already offered to service users established at the Recovery College on medication/self management, to staff.
There were approximately 200 comments provided by survey respondents, who were asked:

1. Is there anything particularly good about your care?
2. Is there anything that could be improved?
3. Any other comments?

Figure 16 below provides an analysis of comments, showing positive and negative feedback.

Figure 16: 2016 Mental Health Community Survey – analysis of comments

Key themes based on these comments suggest:
- ✓ most positive comments relate to satisfaction with the quality of care
- ✗ accessing services by service users is viewed as an issue by a number of service users

A word cloud based on all comments received from the 2016 survey shows that the four words mentioned the most were – health, care, support and time – which corresponds with the areas for improvement that we have identified in the previous page.

The next few most used words are – Yes, good, like and feel – which express positive emotions.
3.1.4 Meridian Patient Experience Survey (CPFT)
We conduct our own internal monthly patient experience survey (Meridian). In addition to having core questions across CPFT, building on the principles of the national patient surveys is also reflects the specific characteristics of our different service types to give our services the opportunity to ask questions in the areas that are important to them. This provides us with important feedback to help us identify the areas where we can improve our services.

The highest and lowest ranking questions for the patient surveys are shown below. It should be noted that there are some variations in the question wording within each Directorate and not all questions featured may be asked across all Directorates.

The 2017 results include OPAC Directorate data, following the full survey alignment in January 2016. Therefore any full year data for 2016-17 is not comparable with 2015-16 figures published in the 2016 Quality Report.

We are pleased to have maintained our high scores in the first three questions in both the inpatient and community settings. These show that our patients feel that our staff are polite, friendly and welcoming, and that they are treated with dignity and respect. We would like to thank and commend our staff for these outstanding results. Within the inpatient setting, we would like to note the improvement in the scores around activities during the weekday which is a reflection of the commitment and dedication of our staff.

On the other hand, there are clearly areas that we need to focus upon in order to improve the experience of our patients, and we will continue to work on these in 2017-18. In particular, we have identified ‘week end and evening activities’ and ‘information about medication side effects’ as our quality priorities for 2017-18.

a. Inpatient survey

Table: 16 Highest scoring questions 2016-17 (Meridian patient survey)

<table>
<thead>
<tr>
<th>Question</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total 2016-17</th>
<th>Total 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are staff polite and friendly?</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Do you feel you are treated with respect and dignity by our staff?</td>
<td>96%</td>
<td>97%</td>
<td>97%</td>
<td>96%</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>When you arrived on the ward, did staff make you feel welcome?</td>
<td>95%</td>
<td>96%</td>
<td>97%</td>
<td>97%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Are there activities, groups or things to do during the weekday?</td>
<td>90%</td>
<td>94%</td>
<td>93%</td>
<td>89%</td>
<td>92%</td>
<td>-</td>
</tr>
<tr>
<td>Do you know what your medication and or treatment, prescribed by this ward is for?</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>93%</td>
</tr>
</tbody>
</table>

Table: 17 Lowest scoring questions 2016-17 (Meridian patient survey)

<table>
<thead>
<tr>
<th>Question</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total 2016-17</th>
<th>Total 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate the food on the ward?</td>
<td>67%</td>
<td>74%</td>
<td>70%</td>
<td>69%</td>
<td>70%</td>
<td>67%</td>
</tr>
<tr>
<td>Were you told about possible side effects of medication prescribed by this ward?</td>
<td>66%</td>
<td>63%</td>
<td>72%</td>
<td>61%</td>
<td>66%</td>
<td>71%</td>
</tr>
<tr>
<td>Are there activities, groups or things to do during the evening and weekend?</td>
<td>65%</td>
<td>76%</td>
<td>72%</td>
<td>73%</td>
<td>71%</td>
<td>72%</td>
</tr>
<tr>
<td>If you required support, have you been informed of vocational opportunities?</td>
<td>66%</td>
<td>67%</td>
<td>70%</td>
<td>56%</td>
<td>66%</td>
<td>-</td>
</tr>
<tr>
<td>Has a member of staff talked to you about keeping healthy (diet, exercise, drinking, smoking, taking drugs?)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>76%</td>
</tr>
</tbody>
</table>
b. Community survey

Table 18: Highest scoring questions 2016-17

<table>
<thead>
<tr>
<th>Question</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total 2016-17</th>
<th>Total 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are staff are polite and friendly?</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Do you feel you are treated with respect and dignity by our staff?</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Rate care received?</td>
<td>96%</td>
<td>96%</td>
<td>98%</td>
<td>98%</td>
<td>97%</td>
<td>95%</td>
</tr>
<tr>
<td>Do you know what your medication and or treatment prescribed by this team is for?</td>
<td>96%</td>
<td>95%</td>
<td>98%</td>
<td>98%</td>
<td>97%</td>
<td>-</td>
</tr>
<tr>
<td>Are you helped to make choices about your care/treatment/therapy?</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>96%</td>
</tr>
</tbody>
</table>

Table 19: Lowest scoring questions 2016-17

<table>
<thead>
<tr>
<th>Question</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total 2016-17</th>
<th>Total 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had a meeting to review your care/treatment/therapy?</td>
<td>89%</td>
<td>90%</td>
<td>91%</td>
<td>89%</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>Have you been provided with an out of hours contact number/know who to contact?</td>
<td>88%</td>
<td>87%</td>
<td>90%</td>
<td>91%</td>
<td>89%</td>
<td>86%</td>
</tr>
<tr>
<td>Do you have a plan of care/treatment/therapy?</td>
<td>89%</td>
<td>73%</td>
<td>75%</td>
<td>69%</td>
<td>73%</td>
<td>81%</td>
</tr>
<tr>
<td>Do you know who your care coordinator/therapist/keyworker/or lead professional is?</td>
<td>88%</td>
<td>89%</td>
<td>92%</td>
<td>94%</td>
<td>91%</td>
<td>-</td>
</tr>
<tr>
<td>Were you told about the possible side effects of medication prescribed by this team?</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>85%</td>
</tr>
</tbody>
</table>

Examples of actions our teams have taken in response to feedback from our patients are shown below.

**Information**

- Individualised posters providing information on the patients’ Care Coordinator, Primary Nurse and Consultant have been developed and displayed in rooms on Mulberry 3 ward.
- Initial letters to patients include named people involved in their care including doctors, clinicians, practitioners and care coordinators.
- Medicines leaflet folders are displayed in wards to advise how patients can get information on medication.
- Crisis cards have been updated to include the introduction of the First Response Service.
- TV screens in the communal area of the Adult Locality Team now include information about community resources.
- A stereo and an increased range of resources such as CD’s, games and books have been made available at the Leisure Centre.
- Information relating to Health Visiting service has been updated on the website including a list of the child health clinics.
- Information displayed on the TV slideshow in the waiting area of the Fenland Psychological service have been improved and updated.
### Services
- Feedback from carers on Mulberry 3 were used to improve the carers’ evening, including setting up a carers’ distribution list and coffee mornings on the ward.
- A volunteering scheme was established for patients on Springbank ward to undertake volunteering roles on Willow ward and community schemes.
- In response to requests for more group activities for Springbank ward, additional groups including community events have been set up as part of the ward group programme.
- Two peer support workers have been recruited to improve the group activity programme on Mulberry 3.
- George McKenzie House has devised a gym and sports plan for patients to run in addition to the meaningful day activities.
- An extended 10 week Care Pathway in the Recovery Coaches Team is being piloted in response to feedback from some patients that the current pathway is too short to achieve a successful transition from secondary mental health services back to the community.
- In response to feedback about the length of waiting time for Paediatric Speech and Language Therapy, referrals are now triaged and allocated to the appropriate workshop straight away so parents can receive advice sooner and parents can attend as an assessment and therapy after this if needed.
- Setting up weekly breast feeding clinics to run from local children’s centres in Wittering.

### Facilities and environment
- In response to feedback from patients from George McKenzie House, the amount of laundry facilities on the ward have doubled.
- Feedback from a patient at the Chitra Sethia Autism Centre about the physical barriers accessing to the unit has led to environmental improvements such as road leading to the unit being repaired and speed bump created to slow down traffic. A new path and two blue badge parking bays are due to be constructed outside the centre for those with restricted mobility.
- The waiting room area in Fenland Psychological Well-being service has been improved and brightened to make it more welcoming to patients.

### 3.1.5 Carer Experience
CPFT signed up to the *Triangle of Care* accreditation scheme in 2015-16, and was launched in the Trust with a series of workshops in October 2015. There were six project work streams which were aligned to the principles of the Triangle of Care.

Achievements have included
- establishment of a Carers’ Programme Board, co-chaired by a carer
- undertaking self assessments and action plans to address identified gaps
- development of a Carers' Survey, launched in September 2015
- development of a Carers’ Charter, launched in November 2015
- Co-production of an e-learning package, launched in ask Elaine
- development of a Carers Policy, ratified by the Board in February 2016

The final submission for the accreditation was made in May 2016. CPFT was awarded two **gold stars**, and was recognised as one of the **top 10** community NHS Trusts in England for supporting carers.
This work supports our compliance with the Care Act 2014 which requires improved documentation, among other things.

During 2016-17
- Phase 3 of the Triangle of Care commenced within the OPAC Directorate
- A ‘Carer Record’ data collection form and ‘Carer Progress Notes’ were developed in RiO, the electronic patient records system used by our mental health services,
- Carers Leads have been identified in each of the clinical teams.

The development of a Carers Handbook is nearing completion, and has been co-produced throughout with carers input.

**Carers’ survey**
The questions for the survey were co-produced with carers through the Trust Carers Board to provide key indicators of the of carers’ experience of the Trust’s services. The survey is a vital source of information and helps us to ascertain key areas of development that are important to our carers.

Table 20 shows improvements in the scores in all the questions which is a very positive message for the Trust. The completion rates across the three clinical Directorates have steadily increased during the year, from 36 in April 2016 to 118 in March 2017.

<table>
<thead>
<tr>
<th>Question</th>
<th>Total 2016-17</th>
<th>Total Sep2015-Mar16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you felt able to raise concerns about the care received for the</td>
<td>91%</td>
<td>89%</td>
</tr>
<tr>
<td>person you care for?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt valued and listened to about the support the person you</td>
<td>91%</td>
<td>87%</td>
</tr>
<tr>
<td>care for has received?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How would you rate the overall service received for the person you</td>
<td>88%</td>
<td>84%</td>
</tr>
<tr>
<td>care for?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt included and involved in all stages of the journey for</td>
<td>88%</td>
<td>80%</td>
</tr>
<tr>
<td>the person you care for?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How would you rate the support you receive as a carer?</td>
<td>83%</td>
<td>76%</td>
</tr>
</tbody>
</table>

### 3.1.6 Mental Health Act (MHA) Reading of Rights

All patients, irrespective of their status must be informed of their rights. The information should be given in a language and manner that best enables the patient to understand it.

Detained patients in particular have a legal right under the MHA 1983 to be informed of their legal situation and rights. There is also a legal duty under Article 5(2) of the Human Rights Act 1988 to inform a patient of the reasons for their detention.

Our performance in 2016-17 has decreased slightly to 97% from 99% in the previous 2 years. We will work with our mental health wards to improve on this performance in the coming year.
3.1.7 Advocacy
People who are treated under the Mental Health Act have the right to independent mental health advocacy (IMHA). An IMHA is independent, they are not a member of the health or social care team, and plays no part in a patient’s treatment and care.

In October 2016 a new advocacy service was commissioned by Cambridgeshire County Council and Peterborough City Council to provide all statutory and non-statutory advocacy service for adults, carers, children and young people, including the Independent Mental Health Advocacy (IMHA) service. CPFT is working closely with the commissioners and the providers of the new service (TotalVoice) to ensure the smooth transfer of duties and participate in the joint monitoring arrangements.

In the 6 month period from 10th of October 2017 until the end of March 2017, 112 new eligible patients were referred, or self referred to the IMHA services, compared with 407 eligible patients who were referred, or self referred to the previous IMHA services provider (CIAS) in 2015-16.

Between October 2016 and March 2017 TotalVoice also accepted:
- 68 Independent Health Complaints Advocacy referrals
- 107 Independent Mental Capacity Advocacy referrals
- 112 Care Act Advocacy referrals
- 166 Community Mental Health Advocacy
- 37 Advocacy for older people
- 5 Advocacy for carers
- 33 Relevant Person’s Representative
- 86 Learning and Physical Disabilities Advocacy

3.2 Patient Safety
Two of the patient safety indicators reported in this section in the previous year were identified as our quality priority for 2016-17 and are reported under Part 2 of this report. These are: Physical assaults and Pressure ulcers.

For this year’s report, we have added another indicator - Patient Absconding - to replace the two indicators above.

3.2.1 Complaints
‘A health service that does not listen to complaints is unlikely to reflect its patients’ needs. One that does will be more likely to detect the early warning signs that something requires correction, to address such issues and to protect others from harmful treatment.’ Francis report, 2013

We are committed to ensuring that formal complaints are used as an opportunity to learn and improve the services provided to patients, relatives and carers.

The significant increase in the number of complaints in 2015-16 is due to the transfer of new services (Older People & Adults Community Services) to CPFT in April 2015.

The number of complaints received in 2016-17 has decreased by 6% (n=11) as compared to the previous year. This is largely due to the reduction in complaints received from the A&S and Corporate Directorates despite the increases in the CYP&F and OPAC Directorates, as seen in Figure 19.
We have also seen a slight reduction in the average response times during the year from 45 days in 2015-16 to 41 days in 2016-17, against a target of 30 working days.

**Figure 19 Complaints by Directorate 3 year comparative data**

The reduction in complaints figures may be attributed to the continued close working relationship between the PALS and the Complaints teams to ensure that where possible complaints and concerns are resolved quickly and to the complainant’s satisfaction. During 2016/17 the Complaints Department have worked and liaised with PALS to resolve over 70 concerns and informal complaints.

We have noted that the number of PALS contacts increase when there is a low number of complaints registered in the month. This is shown in Figure 20 below.

**Figure 20 Complaints & PALS Data 2016-17**

**Complaint outcomes**

Figures 21 and 22 below show that the outcome of complaints have been more or less consistent over the last couple of years, with 39% not upheld and 14% and 13% withdrawn in 2016-17 and 2015-16, respectively. In 2014-15, 36% were not upheld and 9% were withdrawn.

**Figure 21 Complaints outcomes 2016-17**

**Figure 22 Complaints outcomes 2015-16**
Improvements and priorities in 2016-17
A number of improvements implemented during the year, include:

- Development of the [Internal webpage for] staff, launched on 28 June 2016, that provides staff access to information and guidance regarding internal and external complaints management, investigation processes, and best practice guidance.
- Launch of [Investigating Managers training] in January 2017, with six training sessions held as of March 2017. Two training sessions will be held each month across the localities from May 2017. Improvements to the quality of the investigation packs were noted following the training sessions. However, SMART action planning continues to be an area that requires improvement, and we have identified this as a quality priority for 2017-18.
- Improvements made to the complaints process following a Serious Incident investigation to ensure any immediate clinical actions are made in a timely manner, reflected in the revised [Complaints Policy] approved in December 2016.

The top five subjects of complaints remain the same from the previous year - quality of care, access to services, issues specific to mental health services, communication and staff attitude.

3.2.2 Suicide Prevention
Suicide is preventable and we believe that good care can make a vital difference in the outcome for people with suicidal intent.

The number of suicide and possible suicide incidents in CPFT decreased by 37% in 2016-17, with 38 compared to 60 in the previous year.

There was no specific cause identified for the spike in the suicide/possible suicide numbers in 2015-16.

It is worth noting that the proportion of confirmed and possible suicides will change on a yearly basis as we receive confirmation from the Coroner.

A breakdown of the data by gender shows that, the majority of CPFT suicide/probable suicides are male in line with national trends with the exception of 2014/15.

Annualised data is shown below to enable comparison with the national (England) data, as published by the [National Confidential Inquiry into Suicide and Homicide annual report 2016].
CPFT data relating to gender distribution of suicide and probable suicides started to deviate from national trend after 2010, with the proportion of female suicides increasing year on year overtaking the male suicides in 2014 (54% females against 46% males). From 2015 the proportion of female suicides has gone down to a third of the overall figures bringing our data closer to the national trends. These figures indicate that we have got better at preventing suicides in our female patients in the last two years.

Table 21: Number of suicide in CPFT by gender (calendar year)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>18 (72%)</td>
<td>18 (69%)</td>
<td>20 (63%)</td>
<td>18 (58%)</td>
<td>18 (46%)</td>
<td>39 (68%)</td>
<td>27 (66%)</td>
</tr>
<tr>
<td>Female</td>
<td>7 (28%)</td>
<td>8 (31%)</td>
<td>12 (38%)</td>
<td>13 (42%)</td>
<td>21 (54%)</td>
<td>18 (32%)</td>
<td>14 (34%)</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>26</td>
<td>32</td>
<td>31</td>
<td>39</td>
<td>57</td>
<td>41</td>
</tr>
</tbody>
</table>

Table 22: Number of suicide in the general population (England) by gender, NCISH annual report 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3428 (73%)</td>
<td>3312 (74%)</td>
<td>3202 (76%)</td>
<td>3233 (76%)</td>
<td>3474 (75%)</td>
<td>3304 (75%)</td>
<td>3295 (75%)</td>
<td>3448 (75%)</td>
<td>3766 (78%)</td>
<td>3623 (77%)</td>
<td>3457 (76%)</td>
</tr>
<tr>
<td>Female</td>
<td>1242 (27%)</td>
<td>1151 (26%)</td>
<td>1025 (24%)</td>
<td>1017 (24%)</td>
<td>1148 (25%)</td>
<td>1044 (24%)</td>
<td>1097 (25%)</td>
<td>1034 (23%)</td>
<td>1085 (22%)</td>
<td>1091 (23%)</td>
<td>1098 (24%)</td>
</tr>
<tr>
<td>Total</td>
<td>4670</td>
<td>4463</td>
<td>4227</td>
<td>4250</td>
<td>4622</td>
<td>4348</td>
<td>4392</td>
<td>4482</td>
<td>4851</td>
<td>4714</td>
<td>4555</td>
</tr>
</tbody>
</table>

Data from our annual Suicide Prevention audit shows that CPFT’s suicide figures are in line with national trends, including demographic and clinical characteristics such as age group, social and economic characteristics, method of suicide and diagnosis.

As part of our commitment to improve the quality and safety of our services, we developed a Trust Suicide Prevention Strategy, and worked in partnership with a number of agencies to implement a joint Cambridgeshire and Peterborough Suicide Prevention Strategy in 2013. We also undertake an annual Suicide Prevention audit in line with the recommendations of the National Suicide Prevention Strategy.

It is difficult to pinpoint exactly the reasons behind the significant reduction in the number of suicide/probable suicides in the year. Some of the actions we have done in 2016-17 include:

- establishing a Suicide & Self Harm Prevention Group in May 2016, tasked with the responsibility for the review of the Suicide Prevention Strategy and implementation of the action plan; and overseeing the outcome and improvement actions from the annual suicide prevention audit, among others. This has membership from carer and service user representatives.
- reviewing and strengthening our risk assessment training package. In addition to the mandatory training programme, we have also delivered bespoke training to teams, when requested, during the year.
- developing a rating scale for self-injurious behaviour which provides staff with additional guidance around risks and suggested interventions, approved in August 2016.

Our Liaison services continue to work closely with the emergency departments in the acute hospitals in our area to strengthen the assessment, treatment and/or appropriate forward referral/ signposting of people with identified suicide risk.

The development of the First Response Service (FRS) has further strengthened the assessment of risks and more timely provision of interventions to prevent self harm. Service data as of February 2017 shows a 16% reduction in the number of overdoses reported by Emergency Department services.
In April 2017, the Trust’s executive team agreed a proposal from our Medical Director to sign up to the national Zero Suicide Ambition initiative. This will link with the work we are currently doing on avoidable deaths. A small group will be formed to develop a delivery plan for the implementation of the initiative in the Trust.

**Learning from Deaths**

The Government’s commitment to transform the NHS into the ‘world’s largest learning organisation’, as set out in the paper *Next Steps on the NHS Five Year Forward View, March 2017*, aims to embed a culture that uses all sources of insight to improve services and quality of care. This came out of the CQC report *Learning, Candour and Accountability* published in December 2016 which found that learning from deaths was not being given sufficient priority in some organisations and opportunities for improvements were being missed. It also recognised that more could be done to engage families and carers and to use their insights as a source of learning.

From 1 April 2017, organisations are required to establish new governance processes around patient deaths, implement a new system of case record reviews, and establish new reporting requirements around specific information about deaths in care to be included in the Quality Account reports in 2018. This ties in with our quality priority on improving the processes around learning and improvement actions.

### 3.2.3 Patient Absconding, including MHA AWOL (Absent Without Leave)

Patient absconding or ‘unauthorised absence’ from a mental health hospital has potentially serious negative consequences, with the patient being at greater risk of suicide. While there was an overall fall in the number of suicides after absconding, a fifth of all inpatient suicides occur among patients who have absconded from hospital (*National Confidential Enquiry into Suicide and Homicide, 2016 pg 28*).

We have done a lot of work in this area over the last two years, which includes:

- strengthening the risk assessment framework around patient leave.
- improving controlled access arrangements in our inpatient units, including replacing the windows in high risk wards.
- strengthening arrangements around enhanced observations, with the revised Enhanced Observation and Engagement Policy ratified in March 2016.

Comparative data over 2015-16 and 2016-17 on the right shows that the number of reported incidents relating to patient absconding has reduced by 23% in 2016-17, with 177 in 2016-17 compared with 229 in 2015-16.

This is a considerable reduction and a significant achievement by our staff.

### 3.2.4 Physical Health Assessments

Research shows that people with mental health conditions suffer from high rates of physical illness, much of which often goes undetected. There are a number of lifestyle factors which make patients with mental health conditions more vulnerable to poor physical health – they tend to have poorer diets, smoke more and take less exercise.
Moreover, certain antipsychotic medication can cause weight gain, which may result in type 2 diabetes. As such, morbidity among people with mental health problems is high.

The importance of good quality and timely physical health assessments in people with mental health conditions cannot therefore be overstated. It supports the prevention, detection and treatment of physical health problems in people with mental health conditions, and ensures the provision of safe, effective care. In CPFT, we set a target of 95% for the completion of physical health examination within 24 hours of admission into an inpatient unit.

From a baseline of 86% in March 2015, compliance has steadily increased, reaching 99.4% as of the end of March 2016.

In 2016-17, we have continued to exceed the target throughout the year.

This is testimony to the hard work and dedication of our staff in improving the quality of care to our patients.

### 3.2.5 Reducing Healthcare Associated Infections (HCAI)

Infection Prevention and Control (IPaC) remains a priority for CPFT and we have robust systems in place to ensure that our patients are cared for with compassion and dignity in clean, safe environments.

The IPaC nursing team of three provide proactive and reactive support/advice to all staff to ensure compliance with infection control standards and to allow staff to provide the safest most appropriate level of care in relation to infection prevention and control.

**HCAI incidents in a snapshot**

- 0 cases of Trust acquired *C. Difficile* in 2016-17, 1 in 2015-16, 0 in 2014-15 and 2013-14.
- 0 cases of MRSA Bacteraemia in the last 5 years.
- No ward closures during the year due to **diarrhoea and/or vomiting**. Individual rooms were closed with the largest amount of people affected on a single ward being 23 patients and 22 staff on the Intermediate Care Unit in Peterborough. One patient had confirmed Norovirus.

The IPaC Team provide both face-to-face training and e-learning programmes, and compliance with IPaC training has steadily improved over the years as shown in Figure 27, at 93% in 2016-17. We recognise that this is below the level from TNA (Training Needs Analysis) and this is being managed as part of the Mandatory Training programme.
In addition to continuing to embed standards on IPaC in all areas of CPFT, key measures we have in place include:

- Environmental audits of all in-patient areas, producing local improvement plans
- All inpatient areas undertaking the monthly Essential Steps audit, which looks at compliance with standards around hand hygiene, personal protective equipment, aseptic techniques and sharps
- MRSA screening of all in-patients with swabbing taking place where indicated in accordance with Trust policy
- Monitoring of MRSA positive patients, ensuring appropriate decolonisation and care using a care bundle approach
- Contacting all in-patient areas either through a visit or phone call on a minimum of a weekly basis to remain informed of any issues/concerns
- Maintenance of an IPaC database of telephone/visit information about areas and patients
- Updating e-learning modules during the year for induction and provision of ongoing training and face-to-face training on request or where concerns are noted
- Introduction of safety needles for all hypodermic needles where a safety device is available including blunt needles for drawing up
- Identifying an IPaC link worker in all areas, and running successful, informative training days as part of the link worker’s programme. The link workers are a valuable resource aiding communication to and from the IPaC Team
- Participation in PLACE (Patient Lead Assessments of the Care Environment)
- Working closely with the Estates Department in relation to water safety, especially in relation to legionella monitoring

Priorities for improvement for 2017-18:

- To continue to embed infection prevention and control throughout CPFT
- Continue the provision of a high visibility and accessibility of Infection Prevention and Control team.
- To increase the number of staff vaccinated against seasonal Flu to meet the Government target of 75%.
- Continue to monitor ‘alert organisms’ and advise clinical areas accordingly
- To support CPFT in ensuring all staff are appropriately trained to use safety devices to reduce the risk from contaminated sharps.
- To roll out the hand hygiene audit programme to augment the Essential steps audit process, this will ensure all staff working in clinical areas have a practical yearly assessment of their hand hygiene technique and to ensure they conform with ‘bare below the elbows’.

3.2.6 Flu Campaign

CPFT is required to vaccinate front line staff to protect them and our service users from influenza.

This year our overall vaccination rate was reduced from last year at 53.7% compared with 61.9% in 2015-16 and 51% in 2014-15. The reasons for the decrease in uptake is multifactorial, including a reduction in severe flu country-wide leading to reduced perception of need by staff, late arrival of flu vaccines. The National CQINN for staff flu vaccinations also appeared to have had a negative impact on staff perception, with some noting that this affected their decision to be vaccinated.

The Trust did not achieve the CQUIN target of 75% of staff to be vaccinated by the beginning of January 2017. See Part 2.1.2B for information about CQUIN.
3.2.7 MRSA Screening
MRSA (methicillin-resistant staphylococcus aureus), sometimes referred to as a ‘super bug’, is a type of bacterial infection that is resistant to a number of widely used antibiotics. MRSA infections are more common in people who are in hospital or nursing homes where many patients are older and weaker, which makes them more vulnerable to infection; and they are surrounded by a large number of people, which means bacteria can easily spread through direct contact with other patients or staff or contaminated surfaces.

In recent years, rates of MRSA have fallen because of increased awareness of the infection and most NHS patients who are admitted to hospital are screened for MRSA. This helps reduce the chance of patients developing an MRSA infection or passing an infection on to other patients.

As of 2016-17, we have continued to achieve 100% returns from our inpatient units for MRSA screening of patients in the last 3 years (as defined in the MRSA screening policy), resulting in 0 cases of MRSA Bacteraemia during the same period.

This has been a significant improvement from compliance rates in 2011-12 and 2012-13 which we have maintained.

3.3 Clinical Effectiveness

3.3.1 Care planning
A care plan is a written document that describes the treatment and support being provided, and should be developed jointly between the healthcare provider and the person receiving that care.

Within CPFT, care planning is monitored monthly through an in-house patient experience survey (Meridian). Figures 29 and 30 below show that our scores, from the perspective of our patients, have gone down in both inpatients and community services during the year. This is reflected in the results of the national Mental Health Community Patient Survey 2016.
Planning Care

60.7% (58.5% in 2015) of service users say they have agreed with someone from NHS mental health services about what care they will receive. 72.7% (73.3% in 2015) of service users report being involved as much as they wanted in agreeing with someone their care. 74.5% (76.1% in 2015) of service users say that their care takes their personal circumstances into account.

While we remain within the intermediate 60% range when directly compared with the average national scores, our scores for questions 12 and 13 have gone down slightly when compared with the previous year.

Reviewing Care

77.7% (60% in 2015) of service users say they have had a formal meeting with someone from NHS mental health services to discuss how their care is working. 73.3% (78.9% in 2015) of service users felt they were involved enough in discussing how their care was working. This is in the lower 20% of Trusts. 73.7% (79% in 2015) felt that decision making was done jointly with them. This is in the intermediate 60% range.

Our score for Q14 has improved in 2016, moving up to the top 20% of Trusts from being in the lower 20% in the previous year. However, our scores for Q15 and 16 have gone down from the previous year.

Good care planning is the foundation of safe, clinically effective care, and is an essential element of the CQC standards. We recognise that we need to do better in this area. Actions being taken to improve our performance in care planning in 2017-18, as part of our over-arching work on strengthening our CQC Compliance Assessment Framework:

- We have reviewed our iPad-based Integrated Compliance Assessment (InCA) tool. We will make the care records element shorter, more user friendly and focus on the key aspects of care, to enable the assessors to review more case notes.
- The Directorate Heads of Nursing will take a more active role in reviewing the quality of care records documentation, embedding this into the regular supervision process.
- We will review our electronic care records systems to ensure that this supports clinicians and facilitates good care.
3.3.2 Effectiveness of Psychological Therapy

Improving Access to Psychological Therapies (IAPT) is an NHS initiative designed to make psychological or talking therapies more accessible to people experiencing common mental health problems. It offers psychological therapy treatments approved by the National Institute for Health and Care Excellence (NICE).

In CPFT, IAPT services is delivered by the Psychological Wellbeing Service (PWS), commissioned by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), and covers the entire Cambridgeshire and Peterborough region. It provides services for people aged 17 and over with no upper age limit. PWS offers short-term talking therapies that are proven to be effective treatments, focusing on mild to moderate difficulties such as mood problems.

2016-17 activity

PWS has seen continued growth in referral numbers, receiving 14,962 referrals in 2016-17 compared to 13,243 in 2015-16 – showing a 13% increase.

These referral numbers demonstrates the impact of the online self referral portal which was the referral route for 90% of referrals in March 2017. This portal is integrated with our patient record database, allowing access to the service 24/7, 365 days a year.

PWS anticipate the referral numbers to reach new heights in 2017-18 following a successful bid to increase the service provision to those with Long Term Conditions including diabetes, coronary heart disease and Chronic Obstructive Pulmonary Disorder.

A more detailed breakdown of PWS referral activity for 2016-17 is shown on Figure 32 below. There were 65.69% self referrals compared to only 39% in 2015-16.

Figure 31 PWS referrals 2-yr comparative data

Figure 32 PWS activity data 2016-17
**Satisfaction with therapy**
The increase in referrals has not seen the quality of the service deteriorate as demonstrated in Figures 33 and 34.

Of the Patient Experience Questionnaires received in 2016-17, over 99% of respondents stated they were either satisfied or very satisfied with the treatment provided, and over 85% of respondents were Very Satisfied with their treatment.

This represents an increase in performance on 2015-16 as shown in Figure 34 below.

![Figure 33 Satisfaction with therapy](image)

![Figure 34 Satisfaction over time](image)

For the period 2016-17 PWS achieved
- 12,404 cases entering treatment against the revised trajectory target of 12,210, an overachievement of 194 cases
- 8216 cases completing treatment (there is no trajectory target for this)

While the numbers have dropped slightly in 2016-17, it is worth noting that we have over achieved our trajectory target for entering treatment.
Additional information requested by NHS England for the Workforce Race Equality Standard (new for 2016-17 reporting requirements)

**Improving access to psychological therapies (IAPT)**

Internal CPFT data for those ‘entering treatment’ is shown in Table 23 below. In both cases, CPFT has exceeded the targets. These waiting time standards came into effect in April 16 so we have not provided comparative data for the previous year.

<table>
<thead>
<tr>
<th>Waiting time standard</th>
<th>Target</th>
<th>Performance 2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral</td>
<td>75%</td>
<td>88.86%</td>
</tr>
<tr>
<td>b. People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral</td>
<td>95%</td>
<td>98.74%</td>
</tr>
</tbody>
</table>

National data from NHS Digital for ‘finished course’ of treatment is shown in Table 24 below. In both cases, CPFT’s rate is consistently higher than the England average.

<table>
<thead>
<tr>
<th>First treatment (Finished Course)</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CPFT</td>
<td>England</td>
<td>CPFT</td>
<td>England</td>
</tr>
<tr>
<td>a. 6 weeks</td>
<td>97.1%</td>
<td>84.6%</td>
<td>93%</td>
<td>86.7%</td>
</tr>
<tr>
<td>b. 18 weeks</td>
<td>99.5%</td>
<td>97.3%</td>
<td>99%</td>
<td>98%</td>
</tr>
</tbody>
</table>

### 3.3.3 HoNOS (Health of the Nation Outcome Scales)

HoNOS was developed to measure the health and functioning of people with severe mental illness to provide a means of recording progress towards the Health of the Nation target ‘to improve significantly the health and social functioning of mentally ill people’. It is the most widely used routine clinical outcome measure used by English mental health services.

It consists of 12 items measuring behaviour, impairment, symptoms and social functioning, and completed as part of routine clinical assessments. The use of HoNOS is recommended by the English National Service Framework for Mental Health and by the working group to the Department of Health on outcome indicators for severe mental illness.

During 2016-17, we have continued to meet our target with an overall compliance of 95.4% for the year compared with 95.3% in 2015-16.

This is a priority for CPFT and is monitored in our monthly quality and safety dashboard.
3.3.4 Breastfeeding

NICE guidelines on Maternal and Child Nutrition (March 2008) promotes breast milk as the best form of nutrition for infants and recommends exclusive breastfeeding for the first six months (26 weeks) of an infant’s life. Thereafter, breastfeeding should continue for as long as the mother and baby wish, while gradually introducing the baby to a more varied diet.

There is currently no set national target for prevalence of breastfeeding at 6-8 weeks from birth. The local targets have been set by our commissioners.

Table 25: Breastfeeding 5 year comparative data

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of breastfeeding (totally plus partially) at 6-8 weeks from birth (%)</td>
<td>48%</td>
<td>48%</td>
<td>48%</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Local target</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Percentage of infants for whom breastfeeding status is recorded at 6-8 weeks from birth (%)</td>
<td>93%</td>
<td>89%</td>
<td>98.0%</td>
<td>99%</td>
<td>98.5%</td>
</tr>
</tbody>
</table>

Table 26: Breastfeeding 2016-17 (YTD)

<table>
<thead>
<tr>
<th>Target</th>
<th>2015-16</th>
<th>Apr16</th>
<th>May16</th>
<th>Jun16</th>
<th>Jul16</th>
<th>Aug16</th>
<th>Sep16</th>
<th>Oct16</th>
<th>Nov16</th>
<th>Dec16</th>
<th>Jan17</th>
<th>Feb17</th>
<th>Mar17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of breastfeeding (totally plus partially) at 6-8 weeks from birth (%)</td>
<td>None</td>
<td>41.5%</td>
<td>43.6%</td>
<td>42.3%</td>
<td>41.9%</td>
<td>43.4%</td>
<td>42.9%</td>
<td>42.8%</td>
<td>42.6%</td>
<td>43.0%</td>
<td>42.9%</td>
<td>42.5%</td>
<td>42.6%</td>
</tr>
<tr>
<td>Percentage of infants for whom breastfeeding status is recorded at 6-8 weeks from birth (%)</td>
<td>95%</td>
<td>99%</td>
<td>98.1%</td>
<td>98.7%</td>
<td>98.2%</td>
<td>98.9%</td>
<td>98.9%</td>
<td>98.9%</td>
<td>98.5%</td>
<td>98.3%</td>
<td>98.4%</td>
<td>98.4%</td>
<td>98.3%</td>
</tr>
</tbody>
</table>

Table 27: Breastfeeding (PHE data) 2016-17

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPFT</td>
<td>EoE</td>
<td>England</td>
<td>CPFT</td>
<td>EoE</td>
</tr>
<tr>
<td>Total infants totally or partially breastfed</td>
<td>42.7%</td>
<td>49.3%</td>
<td>44.3%</td>
<td>49.4%</td>
</tr>
<tr>
<td>Infants totally breastfed</td>
<td>32.6%</td>
<td>35.1%</td>
<td>29.8%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Infants partially breastfed</td>
<td>10.1%</td>
<td>14.2%</td>
<td>14.5%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

Data published by Public Health England (PHE) on breastfeeding at 6-8 weeks shows that CPFT’s performance has improved during the year, exceeding the national average and is in line with the average for East of England.

The improvement is due to the following:
- A new Infant Feeding Lead (IFL) appointed during the year
- Collaboration with the National Childbirth trust (NCT) to deliver UNICEF annual update to all staff. This has also become a mandatory service specific training requirement.

The Peterborough Health Visiting service is currently accredited (SUSTAIN) at Level 3 by UNICEF UK. The service is due to be assessed by UNICEF for re accreditation of level 3 in March 2018.
3.3.5 Participation in National Quality Improvement Programmes

The College Centre for Quality Improvement (CCQI), regulated by the Royal College of Psychiatry (RCPsych), aims to raise standards of care by providing a framework that enables providers and commissioners of services to assess the quality of its services against nationally recognised standards, and benchmarking performance with other similar organisations across the country. There are other accreditation schemes for specific services, such as UNICEF for children's services.

CPFT takes part in these national quality accreditation schemes as it provides us with assurance that our services are meeting the highest standards set by the professional bodies, and also informs our quality improvement programme.

During 2015-16
- Our health visiting service was accredited for level 3 for the second time, which is the highest level of accreditation
- Mulberry 1 and 2, our adult acute wards, maintained its accreditation for AIMS (Accreditation for Inpatient Mental Health Services).
- Oak 1 and Oak 2, our adult acute wards, maintained their accreditation for AIMS. In particular, Oak 2 was accredited as "excellent"
- Mulberry 3, our adult inpatient recovery unit, also achieved its Accreditation for Inpatient Mental Health Services (AIMS) award
- Our Liaison Psychiatry Service, based at Addenbrooke's Hospital, Cambridge, was accredited as excellent
- Our ECT (Electro-Convulsive Therapy) Team at the Cavell Centre, Peterborough, was also accredited as excellent

In 2016-17
- Poplar ward, our six-bed unit for male patients at the Cavell Centre, Peterborough was awarded the Accreditation for Psychiatric Intensive Care Units by the Royal College of Psychiatrists (RCPsych)
- The Darwin Centre for Young People, our specialist adolescent inpatient unit, was awarded the Quality Network for Inpatient CAMHS (QNIC) Type 1 standard accreditation

Table 28: Accreditation schemes 2016-17

<table>
<thead>
<tr>
<th>Accreditation Scheme</th>
<th>Services</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECTAS (ECT Accreditation Service)</td>
<td>Addenbrookes ECT Clinic, Cambridge</td>
<td>Accredited Cycle 4</td>
</tr>
<tr>
<td></td>
<td>Cavell Centre, Peterborough</td>
<td>Accredited as excellent</td>
</tr>
<tr>
<td>QED (Quality Network for Eating Disorder Services)</td>
<td>S3 Adults Eating Disorder unit, Addenbrookes</td>
<td>Accredited</td>
</tr>
<tr>
<td>QN LD (Quality Network for Learning Disability Wards)</td>
<td>The Hollies, Cavell Centre, Peterborough (Learning Disability unit)</td>
<td>Accredited as excellent</td>
</tr>
</tbody>
</table>
### AIMS (Accreditation for Inpatient Mental Health Services)
- **Oak 1 Ward, Cavell Centre, Peterborough (Adults unit)**: Accredited Cycle 2
- **Oak 2 Ward, Cavell Centre, Peterborough (Adults unit)**: Accredited as excellent
- **Oak 3 Ward, Cavell Centre, Peterborough (Adults unit)**: Accredited as excellent
- **Poplar (Psychiatric Intensive Care Unit)**: Accredited
- **Mulberry 1 Ward, Fulbourn (Adults unit)**: Accredited in May 2015
- **Mulberry 2 Ward, Fulbourn (Adults unit)**: Accredited in May 2015
- **Mulberry 3 Ward, Fulbourn (Adults unit)**: Accredited in Dec 2015

### Forensic CCQI
- **George MacKenzie House, Fulbourn Hospital**: Accredited

### HTAS (Home Treatment Accreditation Schemes)
- **CRHTT North (Huntingdon and Peterborough)**: Accredited as excellent
- **CRHTT South (Mulberry 1, Fulbourn)**: Accredited

### QNIC (Quality Network for Inpatient CAMH)
- **Darwin Centre, Ida Darwin, Cambridge (Children's unit)**: Accredited cycle 11

### PLAN (Psychiatric Liaison Accreditation Network)
- **Addenbrookes, Cambridge**: Accredited as excellent for the second time

### SUSTAIN (Health visiting accreditation (UNICEF))
- **Peterborough universal child health services**: Accredited Level 3 for the second time

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**QNIC (Quality Network for Inpatient CAMH)**
Our other inpatient wards (The Croft and Phoenix Centre) are participating in this accreditation scheme but are not yet undergoing accreditations.

**QNCC Quality Network for Community CAMHS (Child and Adolescent Community Mental Health Services)**
Our three community CAMH services (Central, North and South) are participating in this accreditation scheme but are not yet undergoing accreditations.

**Other quality accreditation schemes received in the year**

**Ofsted (Office for Standards in Education, Children's Services and Skills)**
Our Pilgrim PRU, which provides education to young people whilst an inpatient in our young people's unit - the Croft, the Darwin and the Phoenix - was declared 'outstanding' by Ofsted.

**Investors In People Award**
The Trust retained its bronze Investors In People Award, passing every core standard along with 34 additional requirements involving learning and development, performance appraisal, supervision, and recognition and rewards.
3.4 Performance against key national priorities

CPFT is required to achieve a number of key national priorities as outlined within the Department of Health NHS Outcomes Framework.

CPFT continues to perform well against the national targets as shown in Table 29 below.

Table 29: Key national priorities – 3 year comparative figures

<table>
<thead>
<tr>
<th>Target (%)</th>
<th>Target 2015-16</th>
<th>Target 2016-17</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPA 7-day follow up after discharge</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>96.2%</td>
<td>96.01%</td>
</tr>
<tr>
<td>CPA patients having formal review within 12 months*</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>96.1%</td>
<td>96.05%</td>
</tr>
<tr>
<td>Minimising delayed transfers of care</td>
<td>&lt;= 7.5%</td>
<td>&lt;= 7.5%</td>
<td>4.92%</td>
<td>2.6%</td>
<td>2.91%</td>
</tr>
<tr>
<td>Admissions gate kept by CRHT</td>
<td>95%</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
<td>Met</td>
</tr>
<tr>
<td>Minimising delayed transfers of care</td>
<td>95%</td>
<td>95%</td>
<td>96.25%</td>
<td>97.85%</td>
<td>99.39%</td>
</tr>
<tr>
<td>Data completeness: identifiers</td>
<td>97%</td>
<td>97%</td>
<td>98.70%</td>
<td>99.2%</td>
<td>99.21%</td>
</tr>
<tr>
<td>Data completeness: outcomes</td>
<td>50%</td>
<td>50%</td>
<td>84.50%</td>
<td>87.7%</td>
<td>92.50%</td>
</tr>
<tr>
<td>Data completeness: Community services referral to treatment information</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>• Referral information</td>
<td>50%</td>
<td>50%</td>
<td>99.35%</td>
<td>98.33%</td>
<td>98.46%</td>
</tr>
<tr>
<td>• Treatment activity information</td>
<td>50%</td>
<td>50%</td>
<td>99.83%</td>
<td>99.8%</td>
<td>99.73%</td>
</tr>
<tr>
<td>• Patient identifier information</td>
<td>50%</td>
<td>50%</td>
<td>97.65%</td>
<td>97.95%</td>
<td>98.17%</td>
</tr>
<tr>
<td>Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability</td>
<td>No threshold set</td>
<td>No threshold set</td>
<td>Met</td>
<td>Met</td>
<td>Met</td>
</tr>
</tbody>
</table>

*This is included in the additional reporting requirements from NHS Improvement from the Risk Assessment Framework and the Single Oversight Framework*

Notes:
1. Data presented in this section consists of annualised end of year figures.
2. The figures have not been rounded off to show the actual performance in the year. Where similar data is presented elsewhere in this report, these have been rounded off for presentation purposes.
3. Data for the following indicators are also presented in Part 2.2.9 under the NHS England Core Quality Indicators for 2016-17:
   - Patients on Care Programme Approach who were followed up within seven days following discharge from psychiatric inpatient care during the reporting period (Part 2.2.9, no. 1).
   - Admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period (Part 2.2.7, no. 2).
4. Satisfaction with IAPT treatment is also presented in Part 3.3.2.

Definitions for key core indicators are set out in Annex 1.
3.5 Additional Performance Indicators (NHS Improvement)

3.5.1 Early Intervention in Psychosis (EIP)

Early Intervention in Psychosis teams, were set up under the National Service Framework for Mental Health in 1999 based on evidence that reaching out to young people experiencing psychosis for the first time benefit their health and also increases their chances of getting into employment and building the lives they want for themselves.

One of the key themes of the government’s mental health strategy, No Health Without Mental Health published in February 2011, focuses on early intervention. The government renewed this commitment in the recent paper The Government’s mandate to NHS England for 2017-18, published in March 2017. In particular, objective 6 requires system-wide transformation in children and young people’s mental health with greater focus on prevention and early intervention. Deliverables for 2017-18 include embedding access and waiting time standards for mental health services for Early Intervention in Psychosis, Improving Access to Psychological Therapy and eating disorders.

The new reporting requirements for EIP services for the period 2016-17 are:

a. Meeting commitment to serve new psychosis cases by early intervention teams

b. People experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral

Within CPFT, we have two EIP teams – Cameo North and Cameo South – that provide interventions based on NICE guidelines for psychosis. The teams’ performance in 2016-17 is shown below. This was a new target for 2016-17 so we have not provided comparative data for 2015-16.

During the year, Cameo North and South saw 160 patients in total.

Table 30 and Figure 36 show improvement from a baseline of 50% in April 2016, with an average of 74% of patients seen within 2 weeks of referral against the target of 50%.

It is worth noting that this measure refers to referral to first contact by the Cameo team.
3.6 Workforce

3.6.1 Workforce factors
During 2015-16, we reviewed our workforce strategy in line with the implementation of CPFT action plan from the outcome of the staff surveys, both national and in-house. The CPFT Workforce Strategy 2016-2021 was developed following consultation with staff, our governors and staff side. The strategy identifies six key priorities which are shown below.

The overarching aim of the workforce strategy is to ensure we have a workforce which is highly skilled and engaged to enable them to support the delivery of Trust’s Business Plans, Strategic Objectives and Trust Vision whilst maintaining financial stability. It brings together all workforce related strategies, identifying key priorities and actions for the next five years. Key priorities are:

<table>
<thead>
<tr>
<th>Integration</th>
<th>Resourcing and recruitment</th>
<th>Organisational development</th>
<th>Workforce planning, education, training and development</th>
<th>Supporting staff</th>
<th>Quality and safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop the workforce to be fully integrated to support future Trust strategies and enhance the skills knowledge and experience across all staff groups and disciplines, developing new integrated roles.</td>
<td>To attract, recruit and retain high calibre, appropriately skilled and experienced staff who share our values and demonstrate supporting behaviours to ensure the provision of safe integrated care of high quality.</td>
<td>To strengthen the leadership and management development ensuring values are role modelled for all staff and appropriate plans are in place to support talent management and succession planning</td>
<td>To develop a robust workforce plan to support CPFT strategy. To support CPFT through the learning and development process, in achieving a competent and confident workforce able to deliver a responsive, equitable, safe and compassionate service that meets all required standards.</td>
<td>To strengthen staff engagement, reward and recognising achievements, and maximising the value of our workforce whilst supporting and improving our staff well-being</td>
<td>To improve patient experience by ensuring staff are appropriately trained, equipped, supported and can perform at their optimum level improving efficiency and productivity.</td>
</tr>
</tbody>
</table>
CPFT measures a range of key workforce performance indicators that are detailed in a monthly workforce dashboard. The Board receives quarterly workforce reports which include progress against the Workforce Strategy. These are some highlights of the actions taking place in each of the sections during 2016-17:

**Organisational Development**
- Launch of the ‘New Managers Induction ‘First 100 days’
- Launch of the CPFT Leadership Alumni, to support ongoing leadership development
- Ongoing delivery of the Leadership Development Programme and Management Development Programme
- Away Day Ideas library and training made available
- Collective and Collaborative Project launched in Summer 2016 and feedback received in March 2017
- Management Skills Toolkit made available for all managers.
- Further development of the Wider Leadership Team meeting to be more inclusive.

**Integration**
- Older People & Adult Community Directorate (OPAC) fully integrated
- Learning & Development service improved to meet the requirements of an integrated workforce
- Adult Mental Health Services and Specialist Services brought together to form the new Adult & Specialist Mental Health (A&S) Directorate
- Streamlining of Human Resources (HR) functions across the region around Learning Development, Recruitment and Occupational Health to improve efficiency
- System Transformation Plan developed with more emphasis on integration of health and social care.

**Resourcing and Recruitment**
- Increased training and support through CPFT Recruitment coordinators
- Launch of NHS Jobs 2
- Increased exposure to jobs market through national and local events, colleges and universities
- Recruitment premia package launched and analysed
- Stay Survey and Attraction Survey used to support how resource is spent
- Improved Exit Interviews and process to capture more data
- External jobs website being developed to link with Trust website and promote career options and on board those just recruited.
- Meeting apprenticeship targets.

**Workforce Planning, Education, Training and Development**
- Workforce plan developed
- Age profiling completed to support succession planning
- 369 staff sponsored organisationally to attend CPD events, including external workshops and conferences
- Proudly becoming a Nurse Associate Pilot site
- Ongoing negotiations with training providers around the best use of the Apprenticeship levy.
Supporting Staff

- Launch of the Health & Wellbeing Strategy
- Inclusion of health and wellbeing in the New Managers Induction and Staff Appraisal
- Development of Stay Well at Work plans
- Buddy System
- Training 4 CPFT staff up as Mindfulness Practitioners and launch of workshops and courses
- Currently working on a business case for fast track physio and occupational therapy support for staff
- CPFT’s first Health and Wellbeing Week, including a staff conference
- Free gym access for a 6 week programme
- Launched a health and wellbeing newsletter
- New monthly PRIDE Awards to support the Annual Awards for those living the CPFT values
- Re-launch of the Diversity Network.

Quality and Safety

- Robust Workforce and Recruitment policies in place
- 11,126 face to face training places provided for staff
- The Care Certificate becoming part of the Mandatory Training for role for Bands 1 – 4 clinical staff
- 27,338 e-learning modules completed.

The Workforce Executive, which includes executive directors and directorate managers, continues to be held to account for the governance of all workforce factors.

A quarterly workforce report is part of the agenda for the Quality, Safety and Governance Committee. Each month workforce Key Performance Indicators (KPIs) are reviewed at high level performance meetings for each directorate, alongside patient safety and experience KPIs, to enable triangulation and highlight areas of concern for action.
ANNEX 1
DEFINITIONS OF KEY NATIONAL QUALITY INDICATORS

1. The proportion of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days.

Data definition
‘Patients discharged’ includes all patients discharged to their place of residence, care home, residential accommodation, or to non psychiatric care or to prison. All avenues need to be exploited to ensure patients are followed up within 7 days of discharge. Where a patient has been discharged to prison, contact should be made via the prison in-reach team.

CPFT adapted definition
The indicator excludes patients who
- die within seven days of discharge
- patients removed from the country as a result of legal precedence
- transferred to other wards (patients transferred to NHS psychiatric inpatient ward when discharged from inpatient care)
- CAMHS (children and adolescent mental health services), i.e. patients aged under 18
- readmitted within seven days
- discharged to other hospitals
- discharged to Alcohol Service/Bridge Alcohol Team/Drink Sense
- discharged to out of area
- discharged to Community Alcohol Team CAT/Community Drug Team/Add Action
- are of no fixed abode
- discharged to the prison service
- discharged having been admitted under the Ministry of Defense (MoD) contract or as a planned admission to a detox bed

Those that are recorded as followed up receive face to face contact or a telephone conversation (not text or phone messages). The 7-day period is measured in days not hours and starts on the day after discharge

Accountability
Achieving at least 95% rate of patients followed up after discharge each quarter

2. The proportion of inpatient admissions gate kept by the crisis resolution home treatment teams.

Data definition
Gatekeeping: In order to prevent hospital admission and give support to informal carers CRHT are required to gate keep all admission to psychiatric inpatient wards and facilitate early discharge of service users. An admission has been gate kept by a crisis resolution team if they have assessed the service user before admission and if the crisis resolution team was involved in the decision making-process, which resulted in an admission.
**CPFT adapted definition**

The indicator is expressed as proportion of inpatient admissions gate kept by the crisis resolution home treatment teams in the year ended 31 March 2016. The indicator is expressed as a percentage of all admissions to psychiatric inpatient wards.

The following patients are excluded from the indicator:
- patients recalled on Community Treatment Order (CTO),
- patients transferred from another NHS hospital for psychiatric treatment,
- Internal transfers of patients between wards in CPFT for psychiatric treatment,
- patients on leave under Section 17, patients who are sections under s.2 or s.3 or patients who are brought in under section 136 (police custody) of the Mental Health Act (MHA)
- planned admission for psychiatric care from specialist units such as eating disorder unit.
- planned admissions to detox beds, and
- Ministry of Defence (MoD) patients,

An admission is reported as gate kept by a crisis resolution team where they have assessed* the service user before admission and if the crisis resolution team were involved** in the decision-making process which resulted in an admission.

**Notes:**
1. An assessment should be recorded if there is direct contact between a member of the team and the referred patient, irrespective of the setting, and an assessment made. The assessment may be made via a phone conversation or by any face-to-face contact with the patient.
2. Involvement is the assessment of all patients thought to be requiring admission other than those detained under the Mental Health Act, although seen out of hours between 10pm -8am
3. Where the admission is from out of CPFT’s area and where the patient was seen by the local crisis team (out of area) and only admitted to this Trust because they had no available beds in the local areas, the admission is recorded as gate kept if the crisis resolution team assure themselves that gatekeeping was carried out.
4. Where an assessment has been carried out by another Trust service (ie, Liaison team or another community team) immediately prior to the referral, the crisis resolution team will review the assessment with the referrer prior to making the decision whether or not to admit the patient into a ward.

3. **The number of delayed transfers of care per number of occupied beds (all adults – aged 18 plus).**

**Data definition**
A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

A patient is ready for transfer when:
- a clinical decision has been made that the patient is ready for transfer AND
- a multi-disciplinary team decision has been made that the patient is ready for transfer AND
- the patient is safe to discharge/transfer.
To be effective, the measure must apply to acute beds, and to non-acute and mental health beds. If one category of beds is excluded, the risk is that patients will be relocated to one of the ‘excluded’ beds rather than be discharged.

**Indicator construction**
Provider numerator 03: Number of patients (acute and non-acute aged 18 and over) whose transfer of care was delayed, averaged over the quarter. The average of the three monthly sitrep figures is used as the numerator.

Provider denominator 04: Average number of occupied beds.

**Accountability**
The ambition is to maintain the lowest possible rate of delayed transfers of care. Good performance is demonstrated by a consistently low rate over time, and/or by a decreasing rate. Poor performance is characterised by a high rate, and/or by an increase in rate.

4. **Patient safety incidents reported**

**Indicator description**
Patient safety incidents (PSI), reported to the National Reporting and Learning Service (NRLS), is defined as ‘any unintended or unexpected incident(s) that could or did lead to harm for one of more person(s) receiving NHS funded healthcare’.

**CPFT adapted definition**
CPFT also uses the criteria of ‘suffered long term harm’ to classify an incident as severe, as well as ‘permanently harmed’.

**Indicator construction**
The number of incidents as described above.

**Indicator format**
Whole number

5. **Safety incidents involving severe harm or death**

**Indicator description:**
Patient safety incidents reported to the National Reporting and Learning Service (NRLS), where degree of harm is recorded as ‘severe harm’ or ‘death’, as a percentage of all patient safety incidents reported.

**Indicator construction**
**Numerator:** The number of patient safety incidents recorded as causing severe harm /death as described above. The ‘degree of harm’ for PSIs is defined as follows;
‘severe’ – the patient has been permanently harmed as a result of the PSI, and ‘death’ – the PSI has resulted in the death of the patient.

**Denominator:** The number of patient safety incidents reported to the National Reporting and Learning Service (NRLS).

**Indicator format:** Standard percentage.
(Monitor 2013-14 Detailed Guidance for External Assurance for External Reports)
ANNEX 2

GLOSSARY

Adults’ and Older People's (AOP) Community services
These are the services that have transferred to CPFT from Cambridgeshire Community Services NHS Trust (CCS) on 1 April 2015. The breakdown of the specific services are detailed in page 29 of this report.

Appraisal
Performance appraisal is an opportunity for individual employees and those involved with their performance, typically line managers, to engage in a dialogue about their performance and development, as well as agreeing the support required from the manager and CPFT. This will include a review of the past year’s objectives and the employee’s performance against these, setting new objectives for the coming year and reviewing the employee against their competency framework.

ARC (Analysis of Root Cause)
Also known as RCA (Root Cause Analysis) is a well recognised way of offering a framework for reviewing patient safety incidents. This method is recommended by the National Patient Safety Agency (NPSA) to all NHS organisations and staff. This process can identify what, how and why patient safety incidents have happened. Analysis can then be used to identify areas for change, develop recommendations, and look for new solutions. Ultimately they should help prevent incidents from happening again.

Audit Commission
An independent body responsible for ensuring that public money is spent economically, efficiently and effectively, to achieve high quality local and national services for the public.

C Difficile
Clostridium Difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics.

Caldicott Guardian
A senior person responsible for protecting the confidentiality of a patient and service-user information and enabling appropriate information-sharing.

Cardio Metabolic Assessment
An assessment of key cardio metabolic parameters (as per the 'Lester tool'): Smoking status, Lifestyle (including exercise, diet alcohol and drugs), Body Mass Index, Blood pressure, Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate) and Blood lipids.

Care Act 2014
The Care Act was first published as a Bill in the House of Lords on 9 May 2013, following legislative scrutiny. The legislation, which aims to modernise adult social care law, received Royal Assent on the 14 May 2014, becoming the Care Act (the Act).

Care plan
A written document that describes the treatment and support being provided, and should be developed jointly between the healthcare provider and the person receiving that care.
Carer
Paid practitioner carers refers to people employed to support people with mental health problems, often in their own homes, with everyday tasks such as cleaning, shopping, getting dressed and cooking according to an agreed plan of care. This group is also commonly referred to as ‘care workers’ or ‘care assistants’.
Informal carers refers to family or close friends who provide a variety of emotional and practical supports. This caring is generally unpaid and carried out on a voluntary basis. However some carers will receive statutory benefits such as a carer allowance, direct payment or personal budget.

Care Programme Approach (CPA)
Describes the framework that was introduced in 1990 to support and co-ordinate effective mental health care for people using secondary mental health services. Although the policy has been revised over time, the CPA remains the central approach for co-ordinating the care for people in contact with these services who have more complex mental health needs and who need the support of a multidisciplinary team.

Care Quality Commission (CQC)
This is the independent regulator of health and adult social care in England. Its purpose is to make sure hospitals, care homes, dental and GP surgeries, and other care services in England provide people with safe, effective, compassionate and high-quality care, and encourage them to make improvements. Its role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, and to publish findings, including performance ratings to help people choose care.

CCQI
The College Centre for Quality Improvement (CCQI) aims to raise the standard of care that people with mental health needs receive by helping providers, users and commissioners of services assess and increase the quality of care they provide. It does this by collecting information from patients, carers and staff about standards of care using national clinical audits, surveys and peer-review visits.

CEARG
Clinical Effectiveness, Audit and Research Group is a working group in CPFT reporting to the Clinical Governance and Patient Safety Group, and has over-arching responsibility for monitoring of implementation of clinical guidance via regular update reports from identified lead.

CGI
The Clinical Global Impression rating scales are commonly used measures of symptom severity, treatment response and the efficacy of treatments in treatment studies of patients with mental disorders.

CGPSG
Clinical Governance and Patient Safety Group is a working group in CPFT reporting to the Quality, Safety and Governance Committee, and is responsible for providing leadership in all matters relating to risk and patient safety to ensure the provision of safe, effective and high quality clinical services.

CLAHRC
The NIHR CLAHRC EoE (National Institute for Health Research, Collaborations for Leadership in Applied Health Research and Care East of England) is a five year research
programme hosted by CPFT which started on 1st January 2015. The programme is a collaboration between the Universities of Cambridge, East Anglia and Hertfordshire along with health and social care, industry and third sector organisations within the East of England.

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

Commissioner
An NHS commissioner, known as a 'Clinical Commissioning Group' (CCG), is responsible for planning and purchasing healthcare services for its local population.

Competency frameworks
A framework that works as a portfolio of an individual's knowledge, skills and clinical competency, which helps to highlight their strengths and identify areas for improvement.

Complaints
Within the NHS, the term 'concern' or 'complaint' refers to 'any expression of dissatisfaction that requires a response'. A person’s right to complain about the care or treatment they have received is embedded in the NHS Constitution and are subject to strict set of process and procedures.

Community mental health services
Provide care and treatment for people who require care over and above what can be provided in primary care. Services are provided through a wide range of service models, and through a broad range of interventions. People using these services may receive support over a long period of time or for short-term interventions.

Council of governors
The 'voice' of local people and helps set the direction for the future of the hospital and community services, based on Members’ views

CPFT Academy
A Trust wide resource, providing support to current and future employees around leadership, learning and development, training and medical education.

CQUIN
The CQUIN (Commissioning for Quality and Innovation) payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

CRHTT
Crisis Resolution and Home Treatment Teams support patients and carers at home to prevent unnecessary admissions to psychiatric inpatient wards and facilitate early discharge.

Data Quality
A perception or an assessment of data's fitness to serve its purpose in a given context.

Datix
A web-based software that helps organisations manage their risks, incidents, service user experience and CQC Standards compliance.
ECT (Electroconvulsive therapy)
This is a standard psychiatric treatment in which seizures are electrically induced in patients to provide relief from psychiatric illnesses.

E-learning
The use of electronic technology in teaching and learning.

Electronic Staff Records system (ESR)
A Department of Health (England) led initiative, providing an integrated Human Resources and Payroll system across the whole of the NHS in England and Wales

Essential Steps audit
An audit completed monthly for all in-patient units. It looks at key points in the spread of infection such as hand hygiene, aseptic techniques, personal protective equipment and sharps.

Formal patients
Patients detained under the Mental Health Act

Francis report
Following an extensive inquiry into failings at Mid-Staffordshire NHS Foundation Trust, Robert Francis QC published his final report on 6 February 2013. The 1,782 page report had 290 recommendations with major implications for all levels of the health service across England, and called for a whole service, patient centred focus.

Friends and Family Test (FFT)
This is a national feedback tool that asks people if they would recommend the services they have used and offers a range of responses.

Fundamental Standards of Quality and Safety
The fundamental standards were introduced as part of the government’s response to the Francis Inquiry’s recommendations and define the basic standards of safety and quality that should always be met, and introduce criminal penalties for failing to meet some of them. The standards are used as part of the Care Quality Commission’s (CQC’s) regulation and inspection of care providers, and are enshrined in the Health and Social Care Act 2012 (amended 2014).

GP (General Practitioner)
A medical doctor who treats acute and chronic illnesses and provides preventive care and health education to patients.

HCAI (Healthcare Associated Infections)
Infections that are acquired as a result of health care.

Health Visiting service
A workforce of specialist community public health nurses who provide expert advice, support and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family’s future health and wellbeing.

HSCIC (Health and Social Care Information Centre)
The national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.
IG (Information Governance) Toolkit
An online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit assessments.

Informal patients
Voluntary patients who are not detained under the MHA

Information Governance
Ensures necessary safeguards for, and appropriate use of, patient and personal information

Learning disability
This is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.

Mandatory training
Training identified by CPFT as an essential requirement for the safe conduct of CPFT’s activities

Medicines Reconciliation
The process of obtaining an up to date and accurate medication list that has been compared to the most recently available information and has documented any discrepancies, changes deletions and additions.

Mental Health
A person’s condition with regard to their psychological and emotional well-being.

MRSA Bacteraemia
A blood stream infection caused by the presence of methicillin resistant staphylococcus aureus.

National Community Mental Health Survey
This is a mandatory annual survey run by the Care Quality Commission (CQC). Service users aged 18 and over are eligible for the survey if they were receiving specialist care or treatment for a mental health condition.

National NHS Staff Survey 2014
This is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution.

NCISH (National Confidential Inquiry into Suicide and Homicide)
The Inquiry examines suicide, and homicide committed by people who had been in contact with secondary and specialist mental health services in the previous 12 months. It also examines the deaths of psychiatric inpatients which were sudden and unexplained. Previous findings of the Inquiry have informed national mental health strategies, and continue to provide definitive figures for suicide and homicide related to mental health services in the UK.
NHS (National Health Service)
This is a publicly funded healthcare system, primarily funded through central taxation, in the United Kingdom. It provides a comprehensive range of health services, the vast majority of which are free at the point of use for people legally resident in the United Kingdom.

NHS Outcomes Framework
Provides a national overview of how well the NHS is the primary accountability mechanism, in conjunction with the mandate, between the Secretary of State for Health and NHS England and improves quality throughout the NHS.

NICE (National Institute for Health and Care Excellence)
NICE provides national guidance and advice to improve health and social care.

NIHR
National Institute for Health Research aims to improve the health and wealth of the nation through research.

NRSL (National Reporting and Learning System)
The world’s most comprehensive database of patient safety information.

PALS (Patients Advice and Liaison Service)
A service that offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Patient Safety Incidents (PSIs)
Any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.

PbR (Payment by Results)
This is the payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient’s healthcare needs.

PhD
Doctor of Philosophy, abbreviated as PhD, Ph.D., D.Phil., or DPhil in English-speaking countries and originally as Dr.Philos. or Dr.Phil., is in many countries a postgraduate academic degree awarded by universities. The academic level known as a doctorate of philosophy varies considerably according to the country, institution, and time period, from entry-level research degrees to higher doctorates. A person who attains a doctorate of philosophy is automatically awarded the academic title of doctor.

PLACE (Patient Led Assessment of Care Environments)
This was introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) programme. The programme is voluntary and is open to all NHS and independent sector hospitals, hospices and treatment centres. Through this programme, hospitals, in collaboration with patient assessors, undertake an annual assessment to a standard format of their non-clinical services including, but not limited to, cleanliness, condition and appearance.

POMH
The national Prescribing Observatory for Mental Health (POMH) aims to help specialist mental health Trusts/healthcare organisations improve their prescribing practice. It identifies specific topics within mental health prescribing and develops audit-based Quality Improvement Programmes (QIPs).
PPI (Patient and Public Involvement)
The creation of a partnership between patients and the public and researchers, to try to make the research process more effective.

Pressure ulcer (PU)
An area of skin that breaks down when something keeps rubbing or pressing against the skin. Good nursing care and pressure area management are essential to the prevention and management of pressure ulcers.

Primary care
Primary care is the day-to-day health care given by a health care provider. Typically this provider acts as the first contact and principal point of continuing care for patients within a health care system, and co-ordinates other specialist care that the patient may need.

Psychosis
A severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality.

QSGC
Quality, Safety and Governance Committee is a standing committee of CPFT Board. Its over-arching responsibility is to provide the Board with assurance that high standards of care are provided by the Foundation Trust and, in particular, that adequate and appropriate governance structures, processes and controls are in place throughout CPFT.

Quality Account
A report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.

Quality Dashboard
Enables a straightforward graphical view of the performance of CPFT against certain Outcomes. These Outcomes have been identified as those requiring improvement throughout CPFT based on Care Quality Commission (CQC) requirements.

Recovery
This is about being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual’s recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process.

Recovery College
The Recovery College was set up by CPFT in October 2013 to empower people with mental health problems to become experts in their own recovery. It provides a range of courses and workshops to service users, carers and members of staff to develop their skills, understand mental health, identify goals and support their access to opportunities.

Safeguarding Adults
Aims to support adults at risk to retain independence, well-being and choice and to be able to live a life that is free from abuse and neglect.

Safeguarding Children
The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.
**Schizophrenia**
This is a long-term mental health condition that causes a range of different psychological symptoms, including hallucinations, delusions, muddled thoughts based on hallucinations or delusions and changes in behaviour.

**Senior Information Risk Owner (SIRO)**
An Executive Director or Senior Management Board Member who will take overall ownership of the Organisation’s Information Risk Policy, act as champion for information risk on the Board and provide written advice to the Accounting Officer on the content of the Organisation’s Statement of Internal Control in regard to information risk.

**SI (Serious Incidents)**
The definition of a Serious Incident (SI) extends beyond those incidents which impact directly on patients and includes incidents which may indirectly impact on patient safety or an organisation’s ability to deliver on-going healthcare services in line with acceptable standards. CPFT adopts the definition of SI as set out by the NPSA in the National Framework for Reporting and Learning from Serious Incidents Requiring Investigation (2010) and as adopted by the Cambridgeshire and Peterborough Clinical Commissioning Group. In brief, an SI is an incident that occurred in relation to NHS-funded services and care resulting in: unexpected or avoidable death, serious harm, a provider organisation’s inability to continue to deliver healthcare services, allegations of abuse, adverse media coverage and/or one of the core set of Never Events.

**Social care**
The provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age or poverty.

**Third sector**
The range of organisations that are neither public sector nor private sector including voluntary and community organisations.

**Triangle of Care**
This is a scheme set up by the Carers’ Trust and the National Mental Health Development Unit to improve the involvement of carers and families in the care planning and treatment. The approach, developed by carers and staff, aims to improve carer engagement throughout services and to improve partnership working between people using services, their carers, and organisations.

**Vanguard programme**
In January 2015, the NHS invited individual organisations and partnerships to become ‘vanguards’ for the new care models programme, one of the first steps towards delivering the NHS Five Year Forward View (published October 2014) and supporting improvement and integration of services. Each vanguard takes the lead on development of new care models, which will act as blueprints for the NHS moving forward and the inspiration to the rest of the health and care system. A copy of the document is available in [https://www.england.nhs.uk/wp-content/uploads/2015/11/new_care_models.pdf](https://www.england.nhs.uk/wp-content/uploads/2015/11/new_care_models.pdf)

**ZERO Tolerance**
Non-acceptance of antisocial behaviour, typically by strict and uncompromising application of the law.
ANNEX 3

STATEMENTS FROM CLINICAL COMMISSIONING GROUP, LOCAL HEALTHWATCH, OVERVIEW AND SCRUTINY COMMITTEES and CPFT GOVERNORS

17 May 2017

Statement for inclusion in 2016/17 Quality Account for Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) has reviewed the Quality Account produced by (CPFT) for 2016/17.

The CCG and CPFT work closely together to review performance against quality indicators and ensure any concerns are addressed. There is a structure of regular meetings in place between the CCG, CPFT and other appropriate stakeholders to ensure the quality of CPFT services is reviewed continuously with the commissioner throughout the year. In addition, the CCG has carried out visits to CPFT sites to observe practice and talk to staff and patients about quality of care, feeding back any concerns so the Trust can take action where required.

In 2016/17 CPFT experienced significant expansion of innovative services that support people with mental health needs including:

- In April 2016 the First Response Service was piloted in Cambridge. The service provides assessment in the community and response to urgent mental health referrals from A&E Departments. It proved successful in supporting people in mental health crisis through assessment, advice over telephone (111 Option 2) or in their home, avoiding admission to hospital. September 2016 saw the expansion of the First Response Service to the whole of Cambridgeshire, enabling more people to access mental health support in a crisis.

- The Sanctuary, a partnership between CPFT and the charity Mind, opened its doors to service users in Peterborough in September 2016. The Sanctuary provides an out-of-hours service for people in mental health crisis through emotional and practical support. The service is very much valued by the service users, this was highlighted in a patient story to the CCG’s Governing Body.

- Government funding for the expansion of the psychological wellbeing service was granted in September 2016. This service helps people with long-term conditions, such as heart disease or diabetes, access psychological support to better manage stress, anxiety and depression. The Trust aims to increase access from 15 to 25 per cent over the next five years.

These services have demonstrably improved care for patients whilst supporting the health and social care system in managing capacity and demand.

A key focus for the trust during 2016/17 has been ensuring there is a high quality ward environment and meaningful non-clinical activities are in place for mental health inpatients, particularly those who have to stay for a long time. Results from a patient-led environmental survey places the trust above the national average and the CCG has been encouraged by on-going programme of work which has included improving ‘evening and weekend activities’ and ‘information on medication site effects’.
The Trust is to be commended for the Embedding Positive and Proactive Care Initiative. This was acknowledged nationally and internationally through the National Patient Experience Award and the opportunity to showcase the work at the Congress of the World Psychiatric Association. This initiative has led to a reduction in use of restraints of patients and incidents of violence and aggression on the wards, improving patient safety and experience.

This continuing drive for providing high quality, innovative care is against a backdrop of the trust struggling to recruit to some of their specialised vacancies such as Older Adults Psychiatry Services. Some of this is a national issue however the trust has successfully recruited to some posts and vacancy rates have reduced since August 2016 and plans are in place for this to continue to improve.

It is also against a backdrop of high demand for certain services impacting negatively on the time patients have had to wait to be seen, in particular Speech and Language Therapy Services and Attention Deficit Hyperactivity Disorder. A concerted effort by the trust such as putting on weekend clinics has meant this has now greatly improved.

Key quality and patient safety indicators also demonstrate CPFT’s continuing commitment to maintaining and improving high standards of care and treatment. The trust overall compliance of 95.6% in 2016/17 (95.3% in 2015/16) with the national Health of the Nation Outcomes Survey (HONOS) which measures the health and functioning of people with severe mental illness. CPFT has also met all the 2016/17 key national priorities as defined under the Health NHS Outcomes Framework.

In the community CPFT’s staff have been working hard to reduce avoidable pressure ulcers. They are now better supported through improved care plan documentation and information and advice for carers, increased clinical leadership and better resourcing of the Tissue Viability Team.

It is to the credit of CPFT that the CQC praised the Older People & Adult Community neighbourhood teams and the Joint Emergency Team (JET) as examples of good practice in its thematic review for integrated older adults’ services. They particularly highlighted how the JET provides a rapid response for people over 65s who need support to access urgent care but do not need to go to hospital. The neighbourhood teams have brought together GP services, acute care and mental health services so that people using older adult community services, have their care delivered by teams working together, rather than being seen separately by each service.

CPFT has a strong patient safety culture with an incident reporting rate which is above national average. They have implemented a zero avoidable harm strategy which seeks to improve standards even further with directorate specific targets such as further reduction of violence and aggression, self-harm incidents, pressure ulcers, falls and incidents relating to the administration of insulin.

Critical to successful implementation of this is a strong workforce. In 2016/17 CPFT concentrated on improving the staff experience while maintaining the good results of previous patient and staff surveys. The 2016 results showed that just over half of the staff would recommend CPFT as a place to work (a 3% increase on 2015) and 64% would recommend CPFT as a place to receive treatment. They have worked hard to move the number of staff that had appraisals from 55% at the end of 2015/16 to 89% at the end of 2016/17, only 1 percent short of the 2016/17 CCG agreed target of 90%. It is clear that
CPFT are building on this by strengthening further the clinical leadership, the quality of the appraisals, the support of by immediate managers and ability to contribute to improvements at work. We would like to congratulate CPFT on these improvements in the light of the geographic spread and the size of the organisation.

22 May 2017

CAMBRIDGESHIRE & PETERBOROUGH FOUNDATION TRUST (CPFT)
QUALITY ACCOUNT 2016/17
STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL
HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has examined the following issues with CPFT over the past year:

- CPFT & CCG – Older People and Adult Community Services – termination of UnitingCare contract (learning from internal reviews) on 12th May 2016
- CPFT – Older People and Adult Community Services – update on service provision on 10th November 2016
- CPFT & CCG – New Primary Care Service for Mental Health First response service (Mental Health Crises Support Service) on 16th March 2017

Minutes of these discussions can be found following the link below. https://cmis.cambridgeshire.gov.uk/ccc_live/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/6/Default.aspx

The Health Committee welcomed the update on progress made against quality priorities 2016/17 as outlined in the draft report that has been shared for comment with the Committee. The report provides a clear statement on performance against identified priorities. The Trust’s achievements in clinical effectiveness performance and work towards improvements around patient experience were noted. The Committee encourages a focus on Leadership and Patient Safety as performance indicators for the 2017/18.

The Committee’s focus this year has been on the new services acquired by CPFT following the termination of UnitingCare model. The Committee has sought reassurances over the implementation of Older People and Adult Community Services. The Committee has noted concerns over aspects of the service that have not been delivered and will continue to watch developments.

In March 2017 the Committee received a report on the progress that had been made by the Primary Care Services for Mental Health (PRISM). Committee members welcomed the development of this new service and that of the first response team for patients in mental health crises.

The Committee has continued to meet with the Chief Executive from CPFT through liaison meetings which have provided enhanced communication. It is hoped that these arrangements will continue under the new senior management when the new Chief Executive is in place. The health committee welcomes continual open and honest dialogue with CPFT as services are developed to meet the needs of the local population.
Peterborough Overview & Scrutiny Committee

Given the size and detail of the document and the limited time in which to respond to it, Councillors’ responses were limited but included the following;

- Increased use of graphics on targets, values, positive risk taking, and nurturing an improved environment would have been more helpful.

- Similarly, a RAG rating system for the adult and specialist, older people and adults community, and children, young people and families Directorates would have helped highlight issues.

Councillors would like to see:

- Adoption of agile IT systems for predictive analytics on each discipline e.g. PROM & OPAC Directorates, PROMISE project, embedding quality priorities at the front line et al (i.e. this is where we are now, here is where we want to be, and this is how we are going to get there).

- Data sets that could examine past present and future trends

- Where you are with the growing automation of QA and testing practices

- A move towards hybrids/testing of excellence against other similar sized trusts (to give objectivity) in addition to reproducing the highlights of 2016/17 in narrative format.

- More participation in national quality improvements programmes and accreditation schemes as this will attract best-in-class staff and master class practices etc.

- The adoption of cloud technologies for quality analytic tools and reports so that the corporate memory is permanent and not reliant on transient processes/individuals et al. (N.B. essential given what happened over the weekend of 12-14 May 2017)

- Snapshots of key areas brought out by consultation summaries on staff, communities & groups, service user representatives, partner organisations, and commissioning and not simply a face lift of what went into the last Quality report but how the recent feedback will deliver change/s.

- Promotion and management of research portfolios which would help staff to contribute to the evidence base for health services and social care.

- Specifically on page 17 of the report, it would be helpful to have a table on revised measures i.e. a column for actions/measures for 2016/17 priorities, a column for why this is important, a column for 2016/17 target, and a final column for links to (e.g. NHS standard contract or NICE policy etc.)
Healthwatch Cambridgeshire CPFT Quality Account Statement 2016/17

Summary and comment on responsiveness
2016/17 has been a year of consolidation for CPFT NHS Foundation Trust following the transition of community services and a reorganisation. Healthwatch Cambridgeshire notes the impact of this change on the leadership of the organisation and welcomes the clear Directorate structure. Patient Experience is welcomed as a continuing priority. It is expected that the new Patient Experience leadership role will embed a new invigorated approach to service user, patient, carer and public involvement.

Actions from previous quality accounts
Healthwatch Cambridgeshire has previously highlighted problems people have accessing mental health services and so welcome the new services developed by the Trust during this past year, particularly First Response Service, the Sanctuary and PRISM. The difficulties are still being reported, especially people with needs too complex for IAPT and low level intervention but not reaching the thresholds for other CPFT services. Healthwatch Cambridgeshire will look carefully for evidence that the new services fill in this gap in due course.

Access to, and discharge from, Personality Disorder (PD) Services are still reported as difficult areas for patients and we note that the Trust did not fully achieve its CQUIN goal around this. The Service User Network (SUN) has carried out an evaluation of PD Services which it would have been helpful to include in this Account. We would like to see the Trust demonstrate a fuller understanding of the patient experience of PD Services and take steps to resolve access and discharge issues.

Healthwatch Cambridgeshire welcomes the redesign of the Children and Adolescents’ Mental Health Service, but would like to highlight that the challenge of shifting to a ‘social model’ of intervention is significant. Healthwatch Cambridgeshire is very pleased to have supported the redesign work by feeding in the views of children and young people.

Some reduction in CAMHS waiting times show clear progress, however we know that children and young people needing help are very often waiting too long. The data regarding wait times could be more clearly reported, and we would ask that further reductions in CAMHS waiting times be included as a priority for 2017/2018. The lack of learning from complaints demonstrated in previous Quality Accounts has been highlighted in the past. Healthwatch Cambridgeshire welcomes reporting of actions taken because of patient feedback but notes that this could helpfully be extended to learning from complaints. Furthermore, a reduction of complaints is not necessarily a success story. In our view the Trust needs to increase efforts to promote complaints processes, ensure that all patients are aware of how to complain and publish complaints data and learning on a regular basis.

Challenges
Healthwatch Cambridgeshire is concerned that the Trust has fallen very short of its target for identifying carers. The figure of 95% identified carers having been offered an assessment is much higher than that reported by the Trust elsewhere. We would stress the need for a concerted effort required in this area with carer identification being rightly listed as a priority for 2017/2018.

With ongoing considerable pressure on services, it is clearly crucial that what is provided
is as clinically effective as possible. The Clinical Effectiveness Strategy with an increased emphasis on quality improvement is therefore welcomed and we look forward to its having a greater impact this year. However, we are not convinced that Patient Reported Outcome Measures are being routinely reported on in all mental health services, and would ask the Trust to take this work further this year so that services can learn from a solid set of outcomes data about their impact.

We are aware that there is very patchy referral to the CPFT Recovery Coach Service and look to see uptake improve and be reported in future Quality Accounts.

We are encouraged by the significant reduction in actual and possible suicides from the previous year, and also support the Executive’s Team’s fresh commitment to a zero suicide ambition.

The workforce challenges facing the whole of the local health economy are well-known by providers and commissioners. For a Trust as large as CPFT the possible impact of these challenges could be of major importance in maintaining, let alone expanding, services. Healthwatch Cambridgeshire is aware of the recruitment issues experienced by some teams in some areas, for example, the Joint Emergency Team, and would expect the Trust to play a key role in working in partnership in delivering the workforce required by the local Sustainability and Transformation Plan.

In terms of presentation, the report might have benefitted from definitions of ‘Achieved’, ‘Almost Achieved’, ‘Partially Achieved’ and ‘Not Achieved’ when presenting performance against quality priorities – as a way of reducing the degree of subjectivity in such judgments. In the same vein, we have some concerns about the Trust’s plan to avoid internally set numerical targets in assessing performance against priorities in 2017/2018. Whilst such targets have their limitations, the Trust needs to use robust and transparent measures of success or failure, and without them future quality reports may lose some credibility.

The report is comprehensive with a wealth of detail about quality of care across its diverse services. We look forward to continuing to engage closely over quality issues as experienced by patients and their families in the coming year.

23 May 2017

www.peterboroughhealthwatch.co.uk
Working together to have the best health and social care services, shaped by local needs and experiences

Healthwatch Peterborough comment on Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Quality Account 2016-17

Healthwatch Peterborough and CPFT have worked closely to ensure patient, carer and public awareness, involvement and feedback is used to develop and deliver the best services locally.

The Trust attends and/or contribute to Healthwatch Peterborough’s monthly community meetings held in Peterborough, providing updates on activities and responding to feedback. The Trust utilised these local public meetings to highlight developments such as the PRISM programme, First Response Service and The Sanctuary – innovative services that support the growing demands for mental health services.
Healthwatch Peterborough welcomes the increased access to PALS. We note the overall reduction from last year in complaints – but note this needs to be taken in the context with the increased rate of complaints from last year under Adult and Older People (primarily due to concerns around the UnitingCare contract). Therefore, the Trust is showing an increased rate for 2016/17 in two key areas. While this can reflect easier access for patients and carers to make complaints, we would like to see complaint handling satisfaction monitoring introduced to ensure learning is embedded and in recognition of those who have raised concerns.

Healthwatch Peterborough continue to provide ‘patient-volunteers’ required to take part in the Patient-Led Assessment of the Care Environment (PLACE) for the Trust. Further, we welcome the Trust’s response to the findings from these patient-led reviews, in highlighting improvements needed.

Healthwatch Peterborough recognises many of the achievements by the Trust, as well as the areas identified for improvement. We note the dedication and commitment of the staff who provide the services, often in challenging circumstances. As a key stakeholder in the Sustainability and Transformation Plan (STP) process, we expect the Trust to play a key role in partnership working and demonstrate this in their 2017-18 report.

We continue our commitment to raising the patient and carer voice, keeping local people updated on developments, and being the critical friend to the Trust. We would also like to wish the outgoing CEO, Aidan Thomas, very best wishes for the future.

The report provides a comprehensive account that reflects an expanding and challenged mental health and local community Trust. Healthwatch Peterborough would welcome an executive summary with the key successes, priorities and where targets were not met. As a Trust that supports learning disabilities patients and carers, we would also like to see an easy read document made available.

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Cambridgeshire and Peterborough NHS Foundation Trust

Statement from CPFT Governors

The Quality report is well prepared, showing the excellent work CPFT is doing in relation to managing and improving quality (including both service users experiences, and safety), and confirms that the Trust continues to improve its service to the public year on year despite the Government’s need to curb provision of resources.

Future challenges arising from treating older patients in their homes or treatment centres will over stretch all aspects of service provision. Communication flows with older patients must be robust and easily invoked by patients to address this. The Trust’s working arrangements with General Practice and Local Government social care will need to be seamless. There is a need for places around the county where older people can meet and socialise, as well as find refuge especially for out of hours support and advice. Without these, attendances out of hours at Emergency Departments will continue to rise.

In relation to possible areas to focus on for future monitoring and further improvement, two spring to mind that CPFT may consider. These are:
Better integration of physical health services for people with severe mental illness
Although 3 out of 4 people in England with a physical illness receive treatment, only 1 in 4 people with mental health problems do. People with severe mental illness are less likely to receive preventative care, e.g., routine cancer screening, or smoking cessation support. Certain psychotropic medications are known to cause weight gain, leading to obesity and risk of diabetes and CVD. Poor detection and treatment of physical ill health contributes poorer health outcomes and increased health care demand associate with severe mental illness, for example, there is a three-fold increase in mortality among people with schizophrenia.

Developing perinatal mental health services
Perinatal mental health problems affect one in five women during post-natal period. Half of all acute care trusts in UK have no perinatal mental health service, and health professionals have variable training. The Kings Fund recommend early identification of mental health problems, ideally during pregnancy, care delivered by specialist trained mental health staff embedded with local maternity services, working closely with other HP (GPs, hospital physicians, midwives etc..), delivering brief psychological interventions, managing cases jointly with psychiatrists. Easy and rapid access to psychological therapies, routinely ask about mental health in all post natal appointments up to 1 year post birth. Access to mother and baby acute mental health units (at present access is very variable).

It would be very good to learn more about the Trust’s assessment of current services in regard to these two areas specifically, and whether it may be useful to consider these for inclusion in future reporting on the quality of services, either formally, or informally as part of ongoing quality improvement initiatives (this could include benchmarking against other similar Trusts).
ANNEX 4

STATEMENT OF DIRECTOR’S RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

● the content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2016-17* and supporting guidance;

● the content of the Quality Report is not inconsistent with internal and external sources of information including:

  o board minutes and papers for the period 1 April 2016 to 24 May 2017;
  o papers relating to quality reported to the Board over the period 1 April 2016 to 24 May 2017;
  o feedback from commissioners, Cambridgeshire and Peterborough Clinical Commissioning Group dated 17 May 2017;
  o feedback from Governors, dated 23 May 2017;
  o feedback from Healthwatch Peterborough dated 23 May 2017;
  o feedback from Healthwatch Cambridgeshire dated 18 May 2017;
  o feedback from Cambridgeshire Overview & Scrutiny Committee dated 22 May 2017
  o feedback from Peterborough Overview & Scrutiny Committee dated 22 May 2017
  o The national staff survey “2016 National NHS Staff Survey - Cambridgeshire and Peterborough NHS Foundation Trust”;
  o The Head of Internal Audit opinion on the effectiveness of the system of internal control for the year ended 31 March 2017 dated May 2017;
  o CQC Inspection Report dated 13 October 2015

● the Quality Report presents a balanced picture of the NHS Foundation Trust’s performance over the period covered;

● the performance information reported in the Quality Report is reliable and accurate;
• there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

• the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

the Quality Report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the Quality Report (available at https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-201617-requirements/)

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

By order of the Board

NB: sign and date in any colour ink except black

__________________________ Date ________________________________ Chairman

__________________________ Date ________________________________ Chief Executive
Independent Practitioner's Limited Assurance Report to the Council of Governors of Cambridgeshire and Peterborough NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Cambridgeshire and Peterborough NHS Foundation Trust to perform an independent limited assurance engagement in respect of Cambridgeshire and Peterborough NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the “Quality Report”) and certain performance indicators contained therein against the criteria set out in the ‘NHS foundation trust annual reporting manual 2016/17’ and additional supporting guidance in the ‘Detailed requirements for quality reports for foundation trusts 2016/17’ (the ‘Criteria’).

Scope and subject matter
The indicators for the year ended 31 March 2017 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital; and
- admissions to inpatient services had access to crisis resolution home treatment teams.

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the directors and Practitioner
The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the ‘NHS foundation trust annual reporting manual 2016/17' and supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'.

We read the Quality Report and consider whether it addresses the content requirements of the ‘NHS foundation trust annual reporting manual 2016/17’ and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2016 to 24 May 2017;
- papers relating to quality reported to the Board over the period 1 April 2016 to 24 May 2017;
- feedback from Commissioners dated 17 May 2017;
- feedback from Governors dated 23 May 2017;
- feedback from Healthwatch Peterborough dated 23 May 2017;
- feedback from Healthwatch Cambridgeshire dated 18 May 2017;
- feedback from Cambridgeshire Overview & Scrutiny Committee dated 22 May 2017;
- feedback from Peterborough Overview & Scrutiny Committee dated 22 May 2017;
- the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 24 May 2017;
- the national patient survey dated 8 September 2016;
- the national staff survey dated 2016; and
- the Head of Internal Audit’s annual opinion over the Trust's control environment dated May 2017.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the “documents”). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Cambridgeshire and Peterborough NHS Foundation Trust as a body, to assist the Council of Governors in reporting Cambridgeshire and Peterborough NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Cambridgeshire and Peterborough NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

**Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;
- comparing the content requirements of the ‘NHS foundation trust annual reporting manual 2016/17’ and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.
Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Cambridgeshire and Peterborough NHS Foundation Trust.

Our audit work on the financial statements of Cambridgeshire and Peterborough NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Cambridgeshire and Peterborough NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Cambridgeshire and Peterborough NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Cambridgeshire and Peterborough NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Cambridgeshire and Peterborough NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Cambridgeshire and Peterborough NHS Foundation Trust and Cambridgeshire and Peterborough NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.