Our Values: Personal, Respectful, Safe, Inclusive, Responsible

NHS
Homerton Healthcare
NHS Foundation Trust

Annual Report 2023-24

Homerton Healthcare NHS Foundation Trust

Annual Report and Accounts 2023-24

Presented to Parliament pursuant to Schedule 7,
paragraph 25 (4) (a) of the National Health Service Act 2006

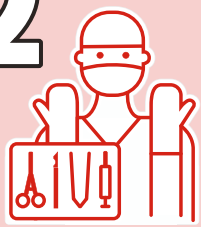
Homerton Healthcare NHS Foundation Trust

Annual Report

2023-24

A year in the life of Homerton Healthcare

13,752 operations performed

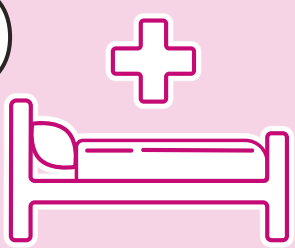


5,834 babies born

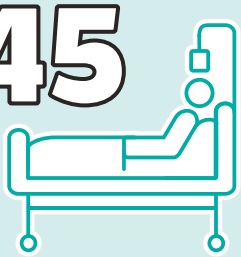
446,330 outpatient appointments

4,040 members of staff

500 beds

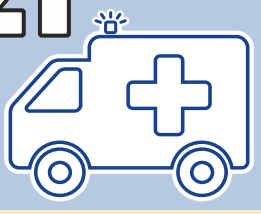


77,945 admissions



366 patients seen in A&E per day

17,021 ambulance handovers



35 community services across **11** sites

£460m income

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Performance Report

Chair and Chief Executive's introduction

Thank you for taking the time to read our Annual Report. Inside, you will find comprehensive information on our financial and clinical performance, an introduction to our senior leadership team, and our future plans. If you are interested in our organisation, please consider becoming a member by searching for 'membership' on the Trust website.

2023-24 was another challenging year for the NHS and its partners. Demand for urgent and planned care was very high and capacity was stretched to meet it. The difficulties were exacerbated by continuing strike action on more than 40 days during the year by junior doctors and by consultants.

Homerton Healthcare was not immune to these headwinds but we benefited from strong teamwork and our close collaboration with other trusts and in particular within City and Hackney with primary care, social care and many voluntary and community groups. As a result, we did manage to maintain relatively short waiting times in our emergency department and, our waits for ambulances and our waiting times for elective care were among the lowest in London and among comparable trusts. We were also able to contribute to dealing with long waiting times across the wider North East London Integrated Care System by treating over 2,500 patients from Barts Health waiting lists. Outside the hospital we also faced very high demands for our community services, particularly Child and Adolescent Mental Health Services. We have innovated to respond but we know patients for some services are facing much longer waiting times than we would like.

At the end of the year, Louise Ashley stepped down as our Chief Executive in order to have more time with her family. We are very grateful to her for her leadership of the Trust in very difficult times. After a competitive process, the Board were delighted to appoint Basirat (Bas) Sadiq in her place. One of her first jobs has been to prepare this report.

The year began with the launch of our new strategy, Our Future Together, focusing on six key priorities:

1. Improve the health & wellbeing of our communities
2. Deliver outstanding, equitable care
3. Develop happy, healthy & heard staff
4. Strengthen partnerships
5. Secure our future
6. Foster innovation, improvement & learning

We are very keen to ensure the strategy is dynamic and enables us to progress and improve in partnership with our stakeholders, communities, residents and staff. Our Trust data and performance reports have been aligned to our strategic priorities and these will be a golden thread through our organisation from wards up to Board. We also reviewed our Board Assurance Framework and the key strategic risks for the organisation are detailed elsewhere in the Annual Report. We would like to thank once again everyone who has been involved over the past year in the development of the strategy.

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As one of London's few integrated acute and community trusts, Homerton is a pioneer in integration and place-based partnerships to join-up health and care services for local people. Through the City and Hackney Health and Care Partnership, we are reorganising community services around neighbourhoods, bringing together the support and expertise from residents and their healthcare, social care, community groups, voluntary sector organisations. Our model aims to bring about a shift in the culture of how people approach health and wellbeing, making it more person-centred and allowing residents and patients to build more personal resilience, increased confidence in self-management as well as addressing their health and social needs.

We have continued to strengthen our collaboration across north east London through provider collaboratives. Central to these partnerships is our commitment to working together with partners where it makes sense to drive large-scale improvements and changes, ensuring the sustainability of services and better outcomes for all patients in north east London.

Medical staff took industrial action throughout the year and that severely disrupted the normal rhythm of the Trust. We planned for each of the strikes very carefully to maintain patient safety and to minimise the impact on our services. We did maintain full emergency services. However, we had to cancel large amounts of planned activity in the Trust, resulting in some less 'urgent' operations and procedures and many outpatient appointments being postponed. We mitigated harm to patients as much as possible by asking our clinicians to regularly review the patients on the waiting lists, and prioritised our patients requiring time critical treatments, such as patients with cancer. We commend our clinical staff and leadership team for their dedication and hard work during this period.

It has been a challenging year externally too. The continued conflict in Ukraine, and the events in the Middle East have an emotional impact on our staff and the wider community. We are proud to serve one of the most diverse areas in London and aim to treat all people equally regardless of age, gender, sexuality, ethnicity or religion.

The cost-of-living crisis, and effects of inflation, are felt both by our staff and also our organisation in terms of higher costs for electricity, materials and supplies. We have tried to help our staff with some of these challenges. Our welfare offers are well established as part of Our Homerton People Plan. The programme includes a Financial Wellbeing plan for staff, offering money advice, information about discounts, access to a psychology service, and earlier access to salary earned in the month before pay date. We also organised the first staff awards celebration for a few years. The HOSCARs event was an opportunity to celebrate the contribution of our staff.

Regrettably, three serious incidents in our Fertility services led to the suspension of our licence by the Human Fertility and Embryology Authority (HFEA). We have been transparent in reporting these incidents to the HFEA. We also followed our internal governance processes and registered the incidents via the Trust Serious Incident Review process. We are working to support affected patients while implementing changes to prevent future occurrences.

Despite these challenges, our operational performance remained resilient. Our elective and emergency care performance ranked among the best nationally. The Care Quality Commission (CQC) rated our maternity services as Good following an inspection in June 2023. The CQC found people generally received good care, leaders had the skills and abilities to help staff meet people's needs and staff felt respected, supported and valued. We wish to pay tribute to the 4,000 plus staff who work in the organisation – it truly is an honour to lead such an inspiring and caring group of people; their continued dedication and commitment to providing the best possible care is a real asset for the communities of City and Hackney.

2023-24 was a year of major capital expenditure in the Homerton University Hospital. We opened an extension our Intensive Care Unit (ITU) in April 2023 and have nearly completed

refurbishing the existing unit to enhance quality and capacity. We also started construction of two additional theatres and new wards and facilities in our daycare centre. This also requires some major infrastructure works particularly on electricity supply. The work will continue through the coming year. It is part of the NHS Elective Recovery Plan to create more surgical hubs and address increasing waiting lists. Upon completion, the new elective centre will enable us to perform an additional 2,500 operations annually. We have continued alongside these new builds to invest in the safety and condition of our ageing estate and to develop and enhance our digital capacity. Like many trusts we identified some Reinforced, Aerated, Autoclaved Concrete (RAAC) at the hospital site in a plant room. The RAAC planks are currently in good condition with no structural concerns; we hope to address this in 2024/25.

Effective financial stewardship has been key to our progress. Despite the challenges, we achieved a break-even financial position for 2023/24, thanks to the extraordinary efforts of our staff. Their dedication ensures we continue to provide excellent value for money and maximise the care we offer to our community.

Under Lead Governor, Jo Boait, our Council of Governors have continued to play a major role in the Trust. We thank them for their support and challenge over the year. It is a great help to the Trust to have their contribution to our governance and the connection they bring to our local area and to our key stakeholders. They keep us focused on the services which are most important to local residents and play a key role in communications with the wider public.

Particular thanks go to Professor Jane Anderson, Penny Crick, Angela Edwards, Ibrahim Hafeji and Mary Thomson who stepped down from the Council last year. We welcome back Malcolm Alexander, and new Governors Guy Sumaili, Patricia Towey and Laura Pascal. We were all deeply saddened by the death of Julie Attenborough who had been very active as a Governor in connecting the Trust to City University and to schools and colleges in the area.

There has been much to celebrate during the year despite the challenging circumstances. A selection of our achievements during the year is below.

- Homerton Healthcare was selected as a finalist to exhibit at the NHS Providers Governance conference in July 2023 for good work in governance in making the duty to co-operate a reality as demonstrated by our partnership work in City and Hackney at place level.
- We held our first annual Homerton Staff Awards – the HOSCARS. The awards celebrated the incredible work of our people across 17 different categories aligned to the Trust's strategic objectives and values.
- Dame Elizabeth Anionwu came to Homerton to speak as part of our celebrations for International Nurses Day which included awards from our Chief Nurse. Dame Elizabeth gave an inspiring and engaging talk about her own incredible career and the barriers she has faced.
- We set up a wellbeing hub for staff during the industrial action with drinks and snacks with some food offered on strike days to those covering the industrial action.
- HRH The Princess of Wales visited our health visiting teams in Hackney as part of her work on Early Years. Our staff appeared in a promotional video to launch the campaign.
- Verbo, the speech and language app helping children developed by Homerton therapists, was nominated for a HSJ Award, a CAPHO award and People's Choice award from the Digital Leaders network.
- The Trust was also a finalist in the HSJ awards for the Impact of Digital Triage on the Emergency Department. This was nominated for two categories: Safety Improvement through technology award and Urgent and Emergency Care safety initiative of the year.

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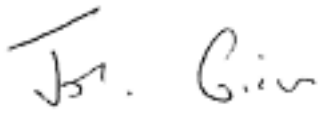
- Our Outpatient physio team has been nominated for a PENNA 2023 award for staff wellbeing.
- Our Homerton Hope charity funded and set up horticultural therapy sessions for patients – providing a sensory and therapeutic breath of fresh air providing a chance to heal and breathe.
- Noreen Chindawi, Anal Cancer Clinical Nurse Specialist at Homerton, was named as a winner of this year's Royal College of Nursing (RCN) Rising Star Awards.
- Our staff member Maryam Daramola was one of 32 Healthcare Support workers across London nominated for Healthcare Support worker of the year by NHS London.
- We held our third annual Stop the Pressure Ulcer conference on 14 November to prevent pressure ulcers.
- We were awarded the NHS Pastoral Care Quality Award. It recognised our commitment to our high-quality pastoral care to internationally educated nurses and midwives. It was given because of the support we showed them through recruitment and beyond as they started their NHS career at Homerton.
- Our charity Homerton Hope funded a new expressing room, opened in March, for those returning from maternity leave, providing a safe space to express and store their breastmilk.
- The annual Homerton Research and Innovation conference was held on 21 March – with a series of insightful discussions, presentations and networking opportunities.

It has been another extraordinary year for us, and we have an exciting journey ahead. Thank you once again to everyone involved in our journey over the past year.



Sir John Gieve

Chair of the Board of Directors
27 June 2024

Basirat Sadiq

Chief Executive and Place Based Leader
27 June 2024

Statement of Purpose and Activities of the Foundation Trust

The purpose of this overview is to provide sufficient information for the reader to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Who we are

We are an integrated care trust providing hospital and community health services for Hackney, the City of London and surrounding communities. In April 2022, the Trust changed its name from Homerton University Hospital NHS Foundation Trust to Homerton Healthcare NHS Foundation Trust. The name better reflects our role as a provider of a wide range of healthcare in hospital and in our local communities throughout Hackney, the City and beyond.

The Trust provides a full range of adult, older people's and children's services across a range of acute and community specialties. We have over 4,000 staff from diverse backgrounds, professions and ethnicities working directly with patients or in support services.

Our purpose

Homerton Healthcare gained foundation trust status in 2004. Our principal purpose as stated in our Constitution is to provide goods and services for the purposes of the health service in England. From April 2022, we also have a duty to work with local partners in the North East London Integrated Care System to improve the health and wellbeing of our communities and deliver high-quality services which are efficient and sustainable in line with the requirements of the Health and Care Act 2022.

Our services

We provide hospital services from our main site in Homerton, and a full range of community services in people's homes and at locations across City and Hackney. Homerton University Hospital delivers general hospital and specialist services and has over 400 beds across 11 adult inpatient wards, an intensive care unit, and maternity, paediatric and neonatal wards. We have three-day surgery theatres and six main operating theatres, and perform a range of surgery including general surgery, trauma, orthopaedics, gynaecology, maxillofacial, urology and ear nose and throat (ENT). We offer a range of specialist care in obstetrics and neonatology, foetal medicine, fertility, HIV and sexual health, asthma and allergies, bariatric surgery and neurorehabilitation across east London and beyond.

Community services operate from over 60 partner sites in Hackney and the City of London, and include sexual health, Locomotor rehabilitation services, school nursing and diabetic eye screening. The Trust also provides continuing healthcare at the Mary Seacole Nursing Home in Hoxton, east London.

Our clinical services are organised primarily within three divisions in the Trust: Surgery, Women's, and Neonatal Services (SWNS); Children's and Community Services (CCS); and Emergency Medical and Rehabilitation Services (EMRS). An Access division has also been established that includes clinical support services. The corporate directorates which operate in support of the divisions include Finance, Estates and Facilities, Governance, Information Technology and People.

We are known for the quality of training we offer nurses, doctors and allied professionals and are recognised as one of the top recruiters to high quality research studies in the UK, with particular interest in neonatology, sexual health and respiratory medicine.

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Our context

We recognise we are working within a changing environment in terms both of our population's needs and of the shift from competition to collaboration in the wider NHS. City and Hackney remains a relatively deprived area of England and within London.

Compared to the national average, our residents are more likely to be living with a long-term condition such as diabetes, lung conditions and heart problems, and are more likely to find it difficult to manage these. We also have a high number of local people including children and young people with mental health conditions, including severe mental illness. Within the area, life can be a very different experience depending on who you are, where you live and whether you have a permanent home and resources available to you. People living in parts of City and Hackney are more likely to die from preventable diseases and have fewer years of good health than the average. The factors behind this include smoking, obesity, poor diet, inactivity and high levels of deprivation, together with 'weathering' from levels of racism and discrimination across our society.

Our strategy, launched in April 2023, is linked directly to the ambitions of the wider Integrated Care System and sets out how we plan to make the best contribution we can by providing outstanding care and by stepping up to our role as an anchor institution in our local Place, embracing the role of prevention and helping build a model integrated health and care partnership. As well as being a community and acute healthcare provider we will be an active partner in improving population health and reducing health inequalities. We will continue to engage with patients, local community groups and partners (including through the City and Hackney Health and Care Partnership), to understand the priorities of the people who use our services and those of our partner organisations.

Our Trust strategy, Our Future Together 2023-2028

Our new Trust strategy launched in April 2023, setting out our ambitions for our patients, staff and local communities. We will continue to build on our strengths, with a focus on the quality and accessibility of our services, staff welfare, and sustainability for the future. Our ambitions are directly aligned with those of the wider Integrated Care System and embraces the role of prevention, working with partners to provide the best possible care in City and Hackney and across north east London. We continue to work in collaboration and as an active partner in improving population health and tackling health inequalities, and we are engaging with patients, local community groups and partners, including through the City and Hackney Health and Care Partnership, to understand the priorities of the people who use our services and those of our partner organisations.

The Trust's ambition is to build on our high operational and performance standards and to continue to improve as one of the country's foremost health providers with a reputation for quality, innovation and leading the way on service integration.

During the year, we have started to implement the priorities set out in our strategy and we are adapting our services and how we work as part of our improvement journey.

2023-2028 Strategic priorities

Our strategy is underpinned by our core values:

Personal | Safe | Respectful | Responsible | Inclusive

Our six strategic priorities, objectives and outcomes set out our direction of travel for the next few years. We are tracking the work in progress at Board and operational level by a set of strategic and operational Key Performance Indicators (KPIs) and, during this year, we have been working to embed our strategy throughout our organisational structure, including:

- Development of comprehensive delivery plans for operational divisions and corporate teams.
- An ongoing communications plan to communicate our strategy, priorities and outcomes to staff and embed its messaging more broadly.
- Ensuring that all our key meetings and decisions remain focused on our core objectives so that we don't lose track of the bigger picture and the improvements we are committed to making for our patients and staff.
- Harmonisation of (new) job descriptions, staff appraisals and objectives to align tasks and responsibilities with our strategic priorities.
- Assess progress towards strategic outcomes through performance reports, the integrated board report and operational performance.
- Promote innovation which is aligned with strategy execution and monitored for effectiveness and results.

The Trust's performance against strategic objectives in 2023-24

Priority 1 - Improve the health and wellbeing of our communities

Addressing prevention, inequality and population health

HOW WILL THINGS LOOK AND FEEL BETTER	OUR PROGRESS DURING THE YEAR
• Neighbourhoods will work collaboratively with residents and partners to identify and improve specific population health needs. • Health and lifestyle advice will be given at every contact where appropriate. • A Trust mental health, learning disabilities and autism strategy will be implemented, which ensures patients are cared for appropriately in the best setting and with dignity and respect. • Measures of health and wellbeing for children and families, such as immunisation rates, will be within the top quartile nationally. • A commitment to anti-racism will be clearly communicated across the organisation and complaints and incidents relating to racism will be reduced year on year. • People with long-term conditions will have reduced admission rates and length of stay year-on-year.	• We have commenced proactive care for community dwelling patients aged over 65 and with three or more long term conditions. • We have commenced a neighbourhood and integrated working induction for Community staff. • We are improving effectiveness and connections with neighbouring Voluntary and Charity Sector forums. • We have introduced Multiple Sclerosis education cafes with the MS Society and hospice. • We are improving our paediatrics and young people's services to be more autism friendly. • We have introduced bi-monthly staff peer support groups for those who have experienced racism and to generate ideas for change. • We have commenced an anti-racism programme across our People team to de-bias recruitment, increase educational resources, introduce reverse mentees and develop an anti-racism charter.

Priority 2 - Deliver outstanding, equitable care

Providing the best possible care every time, for every patient

HOW WILL THINGS LOOK AND FEEL BETTER	OUR PROGRESS DURING THE YEAR
• All our services across acute and community settings will be rated 'Good' or 'Outstanding' by the Care Quality Commission (CQC). • Length of stay for elective and non- elective care will be below the national average. • There will be a year-on-year reduction of incidents that cause harm, and mortality rates will be better than the national average. • Waiting lists in the NEL system will be reduced as a result of the mutual support we provide, and our own access performance will return to pre-pandemic performance. • Homerton Healthcare will achieve top decile of patient survey satisfaction results. • Waiting times, access to treatment, mortality rates and clinical outcomes will be equitable across all protected characteristic groups.	• We are revising our readiness work in preparation for CQC inspections using the new single assessment framework. • We have commenced building works for the expansion of our ITU which is due to open in July 2024. • We have commenced a programme to reduce the volume of missed outpatient appointments. • We are increasing our capacity by building a new elective centre with two new theatres and a 10-bed ward, an interventional diagnostic hub and outpatient area for gynaecology, a gastrointestinal physiology room and a urology diagnostic centre. • We have introduced the new national Patient Safety Incident Response Framework for investigating incidents for the purpose of learning and improving patient safety. • We have introduced referral assessment services, introduced 'waiting well' protocols and Patient Initiated Follow Ups across a range of services to improve referral appropriateness and increase capacity. • We have commenced development of a joint patient experience strategy for acute, community, social care, mental health and primary care. • We have created a One Stop Shop for families of children and young people with additional needs.

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Priority 3 - Develop happy, healthy and heard staff

Ensuring our people feel valued, and able to work and thrive in the environment we provide.

HOW WILL THINGS LOOK AND FEEL BETTER	OUR PROGRESS DURING THE YEAR
• Staff survey results will improve year-on-year and we will be in the top decile of trusts nationally. • Workforce Race Equality Standard (WRES) and Network Contract Direct Enhanced Services (DES) outcomes will improve year-on-year to be nationally in top quartile of trusts. • All outcomes in our People Plan will be successfully delivered. • There will be an increase in the diversity of our senior leadership to reflect the profile of our staff and of our local population. • There will be a reduction year-on- year in vacancy rates, attrition, grievances and incidents of sickness absences. • We will be able to demonstrate an integrated, multi-professional workforce with new/different roles and ways of working which meets the needs of our patients and service users.	• We are implementing a range of initiatives to reduce violence and aggression incidents towards our staff. • We have introduced staff awards to recognise and celebrate staff, including the 'HOSCARS', inspirational Black and Asian woman awards, Daisy and Bumble Bee awards • We are embedding leadership development behaviours in appraisals, job descriptions, interviews and team development to develop teams and individuals. • We are developing a new wellbeing strategy and offer to support staff suffering from poor wellbeing or high levels of distress. • We are developing our recruitment practices to be the employer of choice by delivering an apprenticeships plan, international recruitment and introducing skills pathways for nursing. • We are improving our mandatory training to meet the needs of our local, diverse population and services. • We have embedded the Capital Midwife Anti-racism framework to eradicate systemic biases and foster an inclusive culture.

Priority 4 - Strengthen partnerships

Expanding collaboration with new and existing partners within our community, providing joined-up services that are accessible to everyone.

HOW WILL THINGS LOOK AND FEEL BETTER	OUR PROGRESS DURING THE YEAR
• The Health and Care Partnership will have increased levels of place-based autonomy and examples of integrated working year-on-year. • Neighbourhood working will be well established and able to demonstrate improvements in care delivery. • An Academy of Learning and Improvement for City and Hackney will be established which demonstrates high levels of engagement from all partners. • An 'Anchor' strategy will be implemented which demonstrates strong support to the economy and employment in C&H. • The Trust will be an active partner in the North East London Integrated Care System. • As a partner in the Acute Provider Collaborative, we will contribute to reducing NEL waiting lists while also improving our provision in City and Hackney.	• We have re-aligned various services (e.g. Health Visiting, School Nursing and First Steps) to the Hackney neighbourhood structure. • We have introduced participation spaces/neuro-inclusive practices in our psychological services. • We have analysed neighbourhood referral data to improve link worker roles. • We have improved the functional neurological disorder pathway across north east London. • Working with neighbourhood acute trusts, we have commenced a pilot to improve the acute to community stroke pathway. • We have commenced planning to develop a City & Hackney Community Diagnostic Centre.

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Priority 5 - Secure our future

Ensuring future investment is focused on areas identified to improve care, experience and environmental sustainability, whilst making the best use of resource already available.

HOW WILL THINGS LOOK AND FEEL BETTER	OUR PROGRESS DURING THE YEAR
• Top quartile efficiency and productivity measures will be achieved nationally, without compromising care delivery. • An Estates Plan will be developed and implemented, making best use of our acute and community spaces. • The Homerton Green Plan will be further developed in collaboration with our staff and communities, and will make demonstrable changes to support the environment and reduce carbon emissions. • Surgical services will be re-designed to secure continuity of surgical activity. • Financial collaborations and partnerships will be developed to achieve best outcomes and value for money for the communities we serve. • The Trust's Care Quality Commission (CQC) Use of Resources rating will remain at 'Good' or 'Outstanding'.	• With Trust-wide participation, we ended the financial year in an adjusted breakeven position after delivery of over £15m in savings. • We have enhanced patient flow towards ambulatory care with the introduction of a Same Day Emergency Care pathway. • We are working with our acute partners to develop the NEL Acute Provider procurement collaboration. • We are introducing greater social value requirements into our procurement contracts to open public procurement to local small businesses and social enterprises to support the local economy. • We have simplified opportunities to book and work in community, voluntary and charity sector spaces. • We have commenced work to develop a digital estates strategy, including a smart buildings roadmap. • We have commenced analysis to feed into a new estates strategy for place-based care across north east London. • We have commenced assessments to refresh our Green Plan, including a Net Zero roadmap.

Priority 6 - Foster innovation, improvement & learning

Enhancing our learning and improving culture, using continuous improvement and technology to discover, create and innovate.

HOW WILL THINGS LOOK AND FEEL BETTER	OUR PROGRESS DURING THE YEAR
• Electronic reporting and diagnostic systems will be used to successfully enhance the delivery and co-ordination of care. • New models of out-of-hospital care will be developed and will use innovation and technology to support patients in their own homes. • Systems will be working to protect data and maintain cyber security. • Our model for continuous improvement will be embedded across the organisation and there will be a culture of mature problem solving and critical thinking. • Learner survey results will be in the top quartile of trusts nationally. • Research activities and funding will increase year-on-year.	• We have developed 'paper light' initiatives, increasing information on patient record systems and reducing paper referrals. • We have completed several projects to improve and simplify processes on our patient record systems, increasing efficiencies. • We have undertaken improvements to our core infrastructure to improve performance of our network, telecoms and enhance security. • We introduced a digital app to support falls prevention. • We are developing a vocational rehab toolkit with NHSE for out of home care. • We have participated in various research projects, including Parkinson's disease and neuro-navigation.

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Key issues and risks to the delivery of objectives

The Trust has mechanisms in place to manage risk, details of which can be found in the Annual Governance Statement, which also describes how specific risks are identified, assessed and mitigated. The Board and Audit Committee maintained oversight of the key issues and risks to the delivery of objectives through the Board Assurance Framework.

The principal risks throughout 2023-24 were established for the new strategic objectives. Those risks, and our local response, are summarised below. Some of these risks are expected to remain throughout 2024-25, and others may be developed from any reviewed strategic objectives in 2024-25.

Strategic objective

1. Improve the health and wellbeing of our communities

Strategic Risk	Controls in place (illustrative not exhaustive)
1. There is a risk that we do not work effectively, in collaborative and strengths-based ways, with partners, local people and communities, and so cannot deliver on our Trust and City and Hackney Place priorities. This could limit impact on improving the health and wellbeing of local people and reducing health inequalities.	• Trust's strategic priorities are aligned to the NEL ICB strategy and City & Hackney Health and Care Partnership Integrated Care Delivery Plan. • Trust is fully embedded in the local health and care partnership - executives, non-executives and senior clinical and operational leads are engaged in, or leading collaborative work which supports and enhances our collaborative efforts. • The Trust is working with other local acute trusts to tackle waiting lists e.g., through mutual aid. • A Neighbourhood model to provide local, integrated care and infrastructure is in place to address localised health inequalities. • A C&H place-based Integrated Delivery Plan focused on collaboration and communities is in place. • There is a regular C&H partnership Executive meeting led by the Homerton CEO and C&H Place leader focused on building relationships.

Strategic Risk	Controls in place (illustrative not exhaustive)
2. There is a risk that specific populations may be adversely affected if the commitment to being an anti-racist and inclusive organisation and system, focused on equality, diversity and inclusion, is not met. Effects could include poorer quality of care, outcomes and employment opportunities.	• Anti Racist campaign led by our Together we Rise group in place. • Signed letter of commitment by Trust Chair and CEO. • Homerton People Plan to support anti-racist and inclusive people practices, and to promote a Just and Learning Culture. • Trust values which now includes inclusive, and values- led recruitment practices, behaviours, and expectations. • KPIs focused on reducing staff inequality. • Regular stories and presentations from our people and local communities focused on population health and its impact on people and local communities to Trust Board.
3. There is a risk that as an organisation we do not invest enough resources into our leadership, to prioritise the population health agenda. As a result, we do not make enough headway in giving our people the skills to do this.	• Trust's strategic priorities are aligned to the NEL ICB strategy and City & Hackney Health and Care Partnership Integrated Care Delivery Plan. • Board development days and Trust leadership Team development days are in place to ensure continued leadership capability building with a focus on system, integration and population health. • Trust Board KPIs focused on population health agreed - this ensures appropriate leadership focus on this agenda. • Homerton CEO is also the C&H Place based Leader. • Trust Chair actively involved in strategic place and system meetings. • Trust Leadership Team (TLT) week 5 is focused on strategy and partnerships with a strong focus on population health.

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Strategic objective

2. Deliver outstanding, equitable care

Strategic Risk	Controls in place (illustrative not exhaustive)
4. There is a risk that due to operational failures, we fail to meet regulatory requirements and deliver excellent quality standards, resulting in poor patient outcomes and regulatory action being taken.	• Patient safety governance including oversight and practices, policies, procedures, and programmes, especially mortality reviews, incident reporting and investigation, safeguarding policies, VTE risk assessment, maternity safety improvement programme. Serious incident and never event monitoring. • Quality improvement plans as set out in the Trust's Quality Priorities. • Engagement with the City and Hackney place-based partnership quality agenda to address population health quality outcomes. • Implementation of the National Patient Safety Strategy. • Trust has an effective risk management system in place.
5. There is a risk that quality and safe care will be adversely affected, reflected in increasing inequalities, poorer outcomes and service failures, when we as an organisation and the local system do not seek to understand and prioritise the experience of local people, to act compassionately and co-design services with the local residents.	• A range of groups gather the views of patients including the Homerton Patient Voices Group. • Patient Experience team engage patients in service design and delivery and in obtaining patient feedback. • The Trust is engaged in the City and Hackney People and Place group, and in the City and Hackney inequalities group. • The Trust has involved Governors, members, patients and the wider community in the delivery plans for our Trust strategy, including how these groups will be continuously involved with service development and change.

Strategic objective

3. Develop happy, healthy and heard staff

Strategic Risk	Controls in place (illustrative not exhaustive)
6. There is a risk we fail to adequately invest in leadership capacity and development at all levels of the organisation, resulting in an inability to develop a culture of compassionate, effective leadership, where staff are engaged, respected and given equal opportunity, where they want to, to progress.	• Our Homerton People Plan which includes Developing Our People plans (leadership development as well as a range of professional development) led and delivered by the People Development Team. • Our Homerton People Plan includes a focus on EDI and Achieving Inclusion plan which focuses on creating an anti-racist organisation, and on developing compassionate, inclusive leadership. This is supported by the Head of OD & Culture and EDI lead. • A review of key people policies, practices and procedures, as part Our Homerton People Plan, led by Just and Learning Culture and to support anti-racist and inclusive people practices.
7. There is a risk we do not invest in staff's physical and mental wellbeing, and fail to deliver 'joy in work', resulting in high vacancy levels and a demoralised unhealthy workforce who are unable to deliver outstanding care and services.	• Our Homerton People Plan has a distinct and specific focus on health and wellbeing, building on a multi-year plan that focused on this. Revised objectives have been developed. • Trust Health and Wellbeing offer which includes internal and external resources such as specialist therapy support, team intervention and wider offers including the North East London wellbeing hub. • Recruiting Our People plan which currently focuses on retention, time to hire, apprenticeships & new roles to cover specific areas of challenge vis-à-vis recruitment. • Temporary Staffing Programme focussing on reducing usage of agency staff and supporting recruitment to vacant posts and increased use of bank. • Review of key people policies, practices and procedures, as part Our Homerton People Plan, led by Just and Learning Culture and to support anti-racist and inclusive people practices.

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Strategic Risk	Controls in place (illustrative not exhaustive)
8. There is a risk that the failure to work together with partners to produce and implement a coherent, workforce strategy, with effective and integrated workforce planning, means we are unable to deliver the range of services needed by local people, within our allocated resources, adversely impacting on their health and wellbeing.	• Trust has contributed to NEL ICS consultation to shape and develop a NEL ICS high level workforce strategy. • Recruiting Our People plan includes a focus on apprenticeships & new roles to cover specific areas of challenge vis-à-vis recruitment. This also includes international recruitment plans for nursing and midwifery. • Temporary Staffing Programme focusing on reducing usage of agency staff and supporting recruitment to vacant posts and increased use of bank.

Strategic objective
4. Strengthen partnerships

Strategic Risk	Controls in place (illustrative not exhaustive)
9. There is a risk that health and wellbeing outcomes for local people are adversely affected by our failure to work together, as an organisation, integrated system and Health and Care Partnership, to address the wider determinants of health. Effects will include: the quality of the environment including air pollution and access to green spaces, quality and availability of housing, wider economic drivers, levels of child and household poverty, educational attainment, employment rates and occupation; and social networks and connections.	• As for strategic risk 1. • In addition to the work done/leading at place level the CEO is the deputy lead for the Acute Provider Collaborative Executive, and the Trust Chair is chair of the APC board.
10. There is a risk that collaborative working and mutual aid across NEL will result in City and Hackney 'levelling down', resulting in poorer performance and outcomes for local residents and unproductive relationships across North East London.	• As for strategic risk 9. • The Trust plays a full and active role in multiple ICB-wide fora, as well as in the acute and community provider collaboratives, where it represents and protects the rights and interests of its local communities.

Strategic Risk	Controls in place (illustrative not exhaustive)
11. There is a risk that insufficient investment in the capacity and capability to meaningfully develop and implement an anchor strategy and an academy of learning will lead to unrealised potential to enhance outcomes and quality of life for our local communities.	• There are elements of work across the Trust such as the apprenticeship policy which aim to prioritise employment of local people.

Strategic objective
5. Secure our future

Strategic Risk	Controls in place (illustrative not exhaustive)
12. There is a risk that the financial challenges we face as an organisation and a system mean we are unable to achieve the ambitions set out in the strategy leading to a reduction in care quality and operational performance.	• Robust financial control environment (verified by audit) to ensure expenditure is appropriate, including workforce control measures and monthly reporting down to budget holder level. • Plans to reduce agency spend. • Hold reserves/contingency to help offset under delivery and in-year pressures. • Savings and efficiency Programme. • Delivery Unit to support identification and tracking of savings, efficiency and productivity programmes. • System level engagement to ensure access to funding and contribution to system level financial planning.
13. There is a risk that we are not able to maintain and improve our core capital infrastructure in line with the needs of our population, due to underinvestment, poor governance and limited options to secure investment. This could impact on our ability to deliver modern and safe care.	• Multi-year capital plan. • Project management team and governance arrangements for major capital programmes e.g. New Elective Centre. • Estates Recovery Plan in place.

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Strategic objective

6. Foster innovation, improvement & learning

Strategic Risk	Controls in place (illustrative not exhaustive)
14. There is a risk that as the Trust focuses on our operational and financial challenges, we become more inward focused and limit our opportunities to develop innovative and new ways of working and failing our ambition to become best in class in areas such as integrated care and use of technology, impacting our ability to improve the health and wellbeing outcomes of local people and communities.	• Trust model for continuous improvement and substantively funded team to support embedding are in place; supported by the Trust's Improvement Plan (and strategy). • Research and innovation team are in place. • Substantively funded improvement team supporting delivery of Improvement Plan. • Delivery Unit in place to support identification of improvements in efficiency and ways of working. • Director of IT and Systems is both the NEL IT lead and Trust Lead which supports synergy and innovation in digital. • City & Hackney digital inequalities pilot project at Homerton Hospital supported by a Digital Inequalities Project Manager.
15. There is a risk that high vacancy levels and the use of temporary staffing results in a failure to develop a learning organisation and an inability to become a centre of excellence and innovation, resulting in an inability to deliver high-class, cutting-edge services. (Links to strategic risks 6, 8, 12,15 & 16).	• Recruiting Our People plan which currently focuses on retention, time to hire, apprenticeships & new roles as well as international recruitment to cover specific areas of challenge vis a vis recruitment. • Temporary Staffing Programme focusing on reducing usage of agency staff and supporting recruitment to vacant posts and increased use of bank. • Trust model for continuous improvement and substantively funded team to support embedding are in place; supported by the Trust's Improvement Plan (and strategy).
16. There is a risk that a sudden critical event occurs such as a cyber security attack, major incident or pandemic, which interrupts patient flow, use of information and causes delays in treatment, preventing the Trust from providing efficient, safe and effective care over a significant period.	• Trust Resilience Group (TRG) applying the Emergency Preparedness, Resilience and Response Policy. • Major incident plans and clear guidance in place to manage the Trust key services (bed-base, maternity, critical care etc) during a COVID surge scenario. • Mutual aid plans especially joint working between health and social care organisations. • External company for recovery of systems and information in case of cyber-attack.

The following provides summary information for specific performance aspects of the Trust

Urgent and emergency care

Despite the challenges, our emergency care performance once again remained among the highest in the country. Overall for 2023-24, there were 125,468 attendances to the ED. We were among the best performers for A&E services in London and nationally, consistently delivering waiting times that placed the Trust in the top decile of trusts from a performance perspective, with a 2023-24 performance of 81.05% against a national target of 76%.

The Trust's urgent and emergency care services continued to be under significant pressure throughout the year. This picture, as was the case in the previous year, was replicated across north east London and nationally, with a resulting national focus on recovering timely urgent and emergency care, and on ensuring appropriate ambulance hand-over times.

A key improvement project that was delivered in 2023-24 related to reducing the number of 'Stranded' patients occupying inpatient beds. This saw a reduction of approximately 50% of patients occupying beds, and was a key factor in supporting patient flow, particularly throughout the winter period.

In 2023/24, the Trust was also able to secure funding from North East London ICB, and NHSE for increasing bed capacity, which enabled the Trust to put more robust arrangements in place in terms of its ability to utilise Defoe Ward in a more systemic manner.

A significant challenge for the Trust, and across north east London, has been in relation to mental health patients in the Emergency Department, with a significant rise in those waiting for 12 hours for transfer to a mental health bed once a decision to admit has been made. The Trust actively participated in the daily system meetings with partners where such challenges are discussed and continues to work closely with mental health colleagues to keep long waits to a minimum.

Elective (planned) care

In 2023/24, the Trust's delivery of elective care activity was significantly impacted by the frequent industrial action that took place over the course of the year. Consequently, the Trust did not deliver its original national target for activity; however, the adjusted target set nationally to reflect the impact of the industrial action was achieved. Of note, the Trust supported the wider North East London system by accepting the transfer of over 2,500 from other trusts to support the clearance of waiting list backlogs, enabling patients to receive their treatment earlier than if they remained with their original provider trust.

The Trust performed 16,800 day case and elective procedures and undertook 8,532 endoscopies within the Endoscopy Unit.

Outpatients

The position in Outpatients was similar to the elective care position in that the Trust matched its 2019-20 levels of activity, and in many areas exceeded this. During 2023-24 the Trust undertook more than 385,000 outpatient reviews (face-to-face, telephone, video, and paper results reviews) across its acute clinical services.

Also of note was our on-going uptake of the Patient Initiated Follow Up (PIFU) initiative which hit and maintained the national 5% target throughout 2023/24.

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The Trust now has a fully embedded Outpatient Transformation Programme that has been reviewed and re-designed to ensure its work aligns with the Trust's Strategic Priorities and anticipates being a significant contributor to the delivery of a range of improvements to efficiency, productivity, and patient experience during 2024/25, including dedicated clinical lead roles.

Maternity

On 21 June 2023, the CQC inspected the maternity services, on our acute hospital site, as part of the national maternity inspection programme, to improve maternity services at a local and national level. They carried out an announced focused inspection of the maternity service, looking only at the safe and well-led key questions. The final report was published on 14 September 2023 and an overall rating of Good was secured, with two 'Must Do' and 11 'Should Do's' recommended.

The maternity service also successfully exited the Maternity Safety Support Programme (MSSP), around the same time, due to them providing a robust plan on how they were going to improve their digital interfacing problems. The Maternity Safety Support Programme (MSSP) is a national programme launched in 2017 for maternity services rated 'requires improvement' or 'inadequate' in the well led and/or the safe domains by the Care Quality Commission. Homerton Healthcare entered the MSSP in July 2020, following their CQC Assessment.

The maternity team are continuing to make progress on all the 'Must and Should Do' and continue to improve the safety and outcomes of our service users by reducing unwarranted variation and providing a high-quality healthcare experience for all women, babies and families across our maternity services.

Mortality

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. SHMI is the ratio between the number of patients that die following hospitalisation and the number of patients expected to die based on the national average and on the particular characteristics such as comorbidities of our patients.

It reports on all deaths of patients who were admitted to hospital and either died whilst in hospital or within 30 days of discharge. The Standardised Hospital Mortality Indicator is unaffected by palliative care coding.

SHMI has three bandings: higher than expected, as expected as and lower than expected. If the number of deaths falls outside the 'as expected' range, then the Trust will be considered to have either a higher or lower SHMI than expected. A 'higher than expected' SHMI should not automatically be viewed as bad performance, but rather should be viewed as a 'smoke alarm', which requires further investigation. Conversely, a 'lower than expected' SHMI does not necessarily indicate good performance.

The Trust SHMI score (for the data period is from Jan'23 to Dec'23) is 0.88 which equates to NHS Digital Band 2 (as expected SHMI when compared to the national baseline). No data is yet available for the period from December 2023 to present. This compares to the SHMI for Jan 2022 – Dec 2022 which was 0.85.

Care is needed when interpreting the SHMI score in isolation. It is not a measure of quality of care and is best viewed alongside other measures. The Quality Committee scrutinises the mortality figures in the regular performance reports but triangulates using other information including the assurance provided by the Mortality Review process. This process is embedded well across the Trust with consistent engagement from all teams and the use of an online review tool. There is a dedicated and expert Trust Mortality Lead who ensures engagement, that teams have access to

support, and who encourages learning across specialties. The Trust takes on learning and action taken where applicable and recent mortality reports to the Quality Committee have not alerted the Board to any significant concerns.

If you would like to know more about how these ranges are calculated, then please refer to the NHS Digital website at: https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts

Fertility

The fertility centre has held a licence with the Human Fertilisation and Embryology Authority (HFEA) since 1995 and provides a full range of fertility services, including the storage of gametes and embryos.

Three separate incidents within our fertility services in 2023 highlighted errors in a small number of our freezing processes. Tragically, in some cases this resulted in a small number of embryos either not surviving or being undetectable. The Trust has been open and transparent and reported every incident in a timely manner to Human Fertilisation and Embryology Authority (HFEA). The Trust followed its internal governance processes and registered the incidents via the Trust's Serious Incident Review process. All identified patients involved in each incident have been contacted and appointments offered with the clinical team. The Trust appointed external experts, and informed the HFEA of their appointment, to investigate the incidents. Findings from the investigations have indicated a need to review a number of processes. We have made changes in the unit to prevent the re-occurrence of such incidents. As part of this investigation, we have looked at every possible cause for problems with the storing of embryos.

The unit's licence was suspended on 8 March 2024, with provisions outlined in the suspension for all current patients who are undergoing treatment to complete their treatment and for all eggs, embryos and sperm to continue to be stored in the clinic.

A detailed action plan with remedial actions and recommendations has been developed, including review of security measures, departmental governance processes and staffing competencies. The team continue to progress these improvement works, along with supporting the patients.

Learning from patients

We would like every patient outcome to be excellent, but unfortunately this was not always the case during the year. We use a variety of ways to obtain feedback, learn, and to improve patient care and treatment including:

- Incident data
- Complaints and PALS data
- National surveys
- Friends and Family test
- Real time feedback
- Patient stories at the Board
- Engagement with Healthwatch
- Maternity Voices partnership

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In February 2024 Homerton Healthcare NHS Foundation Trust commenced using the new Patient Safety Incident Response Framework (PSIRF).

The new framework is designed to improve our services, ensuring we are continually making things safer for our patients and focusing on preventing incidents happening again. The PSIRF helps us do this by having a strong focus on practices and processes, rather than individuals, and an emphasis on what we can learn and improve.

We have developed new governance structures and training modules as well as recruiting new patient safety investigators and patient safety partners to help us implement the PSIRF. A new PSIRF policy and plan has been written to explain how it will work day-to-day.

Quality improvement programme

Quality improvement is all about making things better in a systematic and ongoing way. The Improvement Team supports and enables staff, patients and carers to make changes to services, and to improve the experiences of our service users or staff working at Homerton. We have adopted the Institute of Healthcare Improvement's simple but powerful "Model for Improvement" for change projects and we use Life QI to track and share our improvement work, all in one place.

A key focus for the Improvement Service is to engage and develop our people's capability to improve their services. Our key principles for training include:

- Short: This brand-new programme of short, bite-sized mini-courses, goes through the preparation and delivery of an improvement initiative within the workplace step-by-step.
- Practical: It is focused on equipping with practical knowledge, skills and support, to help those undertaking improvement projects.
- Collaborative: The course is designed to provide ample opportunity for discussion and collaboration with peers and facilitators to provide learners with a network of support.
- Limits Jargon: (and is not tool heavy) So that improvement does not become a club or appears too technical.

A selection of projects at team and organisation level that the QI team have supported in-year include:

Improving productivity

- The Improvement team supported Phlebotomy using the Compass analysis approach - together, they explored novel approaches, streamlined processes, and identified key areas where targeted enhancements have made a significant impact.
- The Induction of Labour (IOL) project lead midwife has successfully organised and co-ordinated monthly workstream meetings to improve the IOL pathway.
- The Fertility clinic started to offer a 'one stop shop' for all assessment needs with the aim of increasing access to care. An initial trial was a success as all patients rated the experience as very good and that one appointment was enough to cover all aspects of assessment. This was then established as business as usual.

Improving quality of care

- Leaders within the dynamic & action driven Newborn Early Warning Trigger & Track (NEWTT) improvement working group joined forces with dedicated ward leads and matrons to revolutionise NEWTT compliance.
- The Improvement Team has supported the expansion of pressure ulcer reduction work across neighbourhoods.

- The End-of-Life (EOL) Shared Governance Council is a fantastic example of an effective learning system. They have focused on improving the assessment, delivery and documentation of mouth care for dying patients.
- The Improvement Team have been supporting a project to enhance the experience of Autistic people by making their communities more Autistic friendly. One of the change ideas was to provide training to GP's with the aim of increasing the understanding of Autism Spectrum Disorder (ASD) within their surgeries.

Improving staff experience

- The Locomotor/physiotherapy team started a project to reduce stress and burnout. They implemented changes to address key issues including caseload, policies and working environment. Over two years' stress was reduced by a third and there were significant improvements measured in job satisfaction.
- Sickness rates fell by 50% on the Elderly Care Unit. Improvement included using existing staff meetings to celebrate achievement and tools to support workload.
- Starlight ward have also made significant improvements in retention and hiring of staff.

Improved patient care

Last year saw the start of the construction works to expand our surgical hub and build a new elective centre. Expanding our surgical capacity will help us to deliver outstanding and equitable care for our patients and those across Hackney and the City and north east London more widely by significantly reducing waiting lists to ensure patients get the care they need faster. Once complete, the new elective centre will include two additional theatre suites, a 10-bed ward, a diagnostic hub for gynaecology, gynaecology outpatient area, GI physiology room and a urology diagnostic centre. This will help secure our future to provide the best possible care for years to come and improve our efficiency. In addition, the new elective centre will create an improved working environment for our people, with upgraded facilities to support them in providing the best possible care.

Following the opening of the new intensive care unit extension, Critical Care South, in February 2023, redevelopment works for Critical Care North began in April 2023. The purpose of these works was to build more side rooms for critically unwell patients and increase our intensive care capacity to support the teams to in delivering exceptional, safe and equitable care to some of our sickest patients. The completion of the works will provide additional space and high-quality facilities with dedicated storage and bays, improving the experience for patients and their loved ones and a better, more efficient working environment for our people.

Staffing

The Staff Report section of this Annual Report includes information about our staff, their wellbeing, satisfaction and engagement, and other workforce matters. Our response rate for the 2023 NHS Staff Survey was lower than last year, overall Homerton improved on all elements of the People Promise and the 2 Themes (further detail on the staff survey can be seen in our staff report). There is still room for improvement but also recognition of the hard work of our teams during a challenging year of industrial action and significant system pressures in Hackney and across London.

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The wellbeing of our people has been a priority for the Trust throughout the last year and objectives for this are included in Our Homerton People Plan. A snapshot of activity since the staff survey has included:

- Autumn 2023 – Homerton HOSCARS; Trust wide employee recognition and reward ceremony and celebration.
- December 2023 – Increasing bank rates for Bands 2-7 from 1 December.
- December 2023 – Implemented two new financial wellbeing offers for Homerton staff; Homerton Hardship Fund and Wagestream.
- Autumn 2023 – Increased investment in Freedom to Speak Up offer for the remainder of the financial year.
- October 2023 – 11 award recipients for inspirational Black and Asian women across the Trust. This was part of this year's Black History Month theme of Saluting our sisters.
- February 2024 – Introduction of the Trust's first Inclusion Calendar to promote awareness in equity, diversity and inclusion.

The Trust continues to be anchored in our values including embedding them in all of our policies, processes and procedures, the development of our staff and standards in which we hold ourselves to account. This year, several improvements were made including an 18% increase in Trust appraisals in the 2023 staff survey as well as over a 7% increase in staff morale and almost a 5% increase in recognition and reward. While there is a lot of work to do to improve the experience of work, particularly for those with protected characteristics, it is important to recognise the efforts of the Trust through the last 12 months and the collective improvements made across the entire organisation.

Partnership working

The Trust continues to maintain and develop relationships within the NHS, the local authority, education partners and community and patient representative groups. The Trust works jointly with providers and stakeholders within City and Hackney and continues to work with health and care partners across north east London as part of the North East London Integrated Care System (ICS).

Finance

The Trust achieved its aim to break-even in 2023-24 despite various pressures including managing the impact of industrial action, reporting an adjusted financial performance surplus of £5,000. Financial performance is fully covered in the Performance Analysis section below.

Going concern disclosure

The directors have given serious consideration to the financial sustainability of Homerton Healthcare and have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future.

Homerton Healthcare has adequate resources to continue to service its debts and run operational activities for at least the next business period (considered to be 12 months) following publication of this report and has sufficient cash to ensure its obligations are met over this period. Beyond the 12-month period, financial sustainability will be dependent on several factors, not least the funding regime as determined by HM Treasury and the Department of Health and Social Care.

For this reason, the directors have adopted the going concern basis in preparing the Accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Key risks

The Board Assurance Framework identifies principal risks to the delivery of our strategic objectives, and the key controls and assurances available to the Board on the management of these significant areas of risk. The Board Assurance Framework is available in our Board papers on the Trust website at www.homerton.nhs.uk.

We have a risk governance process through which risks assessed by divisional and corporate teams are identified on risk registers and managed in line with our risk management policy.

There were 16 principal risks on the Board Assurance Framework in 2023-24 which were reviewed throughout the year by the executive directors, the Audit and Risk Committee and the Board of Directors.

Corporate governance

The Board of Directors met six times in public during 2023-24. The agendas were planned around Quality, Strategic Plans, Performance, People and System. Members of public were able to ask questions through our usual processes and at the Board meeting.

We held five Board seminars during 2023-24. These sessions provided an opportunity to review subjects in depth and to learn from national peers The subject of these seminars included digital developments, Strategic priority risks and risk appetite, patient safety incident response framework, automatic bias, estates recovery plan and commercial opportunities.

The Trust's Annual General and Annual Members Meeting was held online in October 2023. The 2022-23 Annual Report, Quality Account, Annual Accounts and Audit Report were presented at the meeting.

Mary Flatley, Lead Cancer Nurse, delivered the guest lecture on the Cancer Prehabilitation Pilot Study. We were very interested to hear about Prehabilitation which helps in preparing individuals for cancer treatment before it starts in order to improve outcomes.

The meeting was attended by public, staff and other stakeholders who asked the Board and Council of Governors questions.

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Performance Analysis

The purpose of the performance analysis is for the Trust to provide a detailed performance summary including financial and operational performance.

The Trust measures its performance using a range of indicators including key quality, operational, financial and environmental metrics. Performance against key metrics is monitored and reviewed by the executive directors at senior team meetings and oversight board committees. The Board considers regular detailed performance updates and quality information. Details of performance against key quality indicators prioritised throughout 2023-24 are presented in the Trust's Quality Account which will be published later this year.

All our performance activities can be found within our regular integrated performance report presented at each public Board of Directors meeting, which can be found on our website at www.homerton.nhs.uk.

Operational performance

During 2023-24, we delivered a comparatively strong operational performance against the range of national operational standards particularly taking into account the impact of Industrial Action on a number of services (table 1).

Performance against the Accident & Emergency waiting time standard is particularly noteworthy, as is the performance against the national Cancer Faster Diagnosis Standard. There was also positive performance against the community response standard which significantly over-performed against the national target.

Although performance against both the Cancer backlog and Referral To Treatment 65 week waits were not compliant, it is important to note that the Cancer backlog target (defined as continuing to reduce the number of patients waiting over 62 days) was above the Trust target of 24 by one patient with 25 patients waiting over 62 days at the end of March 2024. Although the 65-week standard of removing all patients waiting over 65-weeks was not delivered, the Trust did meet its revised submitted trajectory of 110 long waiters, which was a revised target due to the impact of Industrial Action with only 6 patients waiting over 65-weeks at the end of March 2024.

The Diagnostic waiting time performance was significantly impacted by two key factors – Industrial Action in Endoscopy, and unexpected MRI scanner downtime during the year.

Finally, despite significant engagement with system partners to generate referrals the Improving Access to Psychological Therapies (IAPT) Access Rate was not delivered, however the Recovery Rate throughout the year exceed the Trust's target, and for one month in the year hit an all-time high recovery rate.

Table 1. Performance data

Indicator	Target	Performance 2023-24	Performance 2022/23
Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	76.0%	81.1%	80.6%
Reduce adult general and acute (G&A) bed occupancy to 92% or below	92.0%	92.6%	92.7%
Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	70.0%	92.8%	88.7%
Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	0	10	11
Continue to reduce the number of patients waiting over 62 days	24	25	26
Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	75.0%	76.3%	76.0%
Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	95.0%	89.8%	95.3%
Increase the number of adults and older adults accessing IAPT treatment	2.6%	2.2%	2.2%

Financial performance

The Trust achieved its aim to break-even in 2023-24 despite various pressures and challenges including managing the impact of industrial action, reporting an adjusted financial performance surplus of £5,000. Before this, and excluding revaluations, the Trust reported an accounting Income & Expenditure (I&E) deficit of £0.3m compared to a planned surplus of £0.2m.

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A comparison of planned and actual performance (excluding impairments) is shown in Table 2 below.

Table 2. Financial performance against plan.

2023-24	Plan £m	Actual £m	Variance £m
Clinical contracts	403.1	433.4	30.3
Other income	25.2	27.0	1.9
Total income	428.3	460.5	32.2
Expenses			
Pay	(292.3)	(314.0)	(21.7)
Non pay	(113.9)	(128.9)	(15.0)
Total expenses	(406.3)	(442.9)	(36.6)
EBITDA*	22.2	17.5	(4.4)
Depreciation and amortisation	(18.3)	(16.7)	1.6
PDC dividends	(5.6)	(4.7)	0.8
Net interest	1.7	3.6	1.9
Sub-total	**(22.2)**	**(17.8)**	**4.4**
Net Deficit	**(0.2)**	**(0.3)**	**(0.1)**
Other gains/(losses) including disposal of assets	0.0	0.0	0.0
Net Deficit (excluding impairment)	**(0.2)**	**(0.3)**	**(0.1)**

*Earnings Before Interest, Tax, Depreciation and Amortisation.

The main source of income for the Trust is contracts with commissioners in respect of healthcare services and the Trust's main commissioner are the North East London Integrated Care Board.

Income was £460.5m (7.5%) above plan, however this includes £11.3m of additional income relating to superannuation contributions and £8.7m for the in-year Pay award above the initial planning assumption, both of which have corresponding pay adjustments for the same value. Excluding this income, the remaining balance of £13.8m includes industrial action funding, national pay award funding agreed in year, Winter Pressures Funding (£4.9m), non-recurrent NEL ICB investments (£4.5m), additional income for Advice and Guidance and the Elective Recovery Fund (£2.5m), with the balance of £1.1m relating to High-Cost Drugs and COVID funding. Other income is £1.9m higher than plan due to additional income for Community Services (£1.4m), Research and Development (0.3m) and Local Authority (£0.2m). The variance on total expenses and net finance costs of £34.2m includes the matched (to income noted above) superannuation contributions and Agenda for Change pay offer costs, with the remainder largely relating to industrial action and in-year service developments.

Table 3. Other comprehensive income and the adjusted financial performance.

Other comprehensive income	Plan £m	Actual £m	Variance £m
Not reclassified to income & expenditure 2023-24			
Impairments	0.0	(2.2)	(2.2)
Revaluations	0.0	0.1	0.1
Total comprehensive deficit for the period	0.0	(2.4)	(2.4)
Adjusted financial performance 2023-24			
Deficit for the period	(0.2)	(0.3)	(0.1)
I&E impact of capital grants and donations	0.4	0.3	0.1
Remove net impact of consumables donated from other DHSC bodies	0.0	(0.1)	(0.1)
Adjusted financial performance surplus	0.2	0.0	(0.2)

Table 3 above adjusts the reported financial performance by excluding impairments, donations, the impact of consumables donated inventories from other Department of Health and Social Care (DHSC) bodies. The underlying performance is a £5k surplus.

Capital expenditure and liquidity

Capital expenditure for the year totalled £30.1m (including IFRS 16 right of use assets) of which £25.4m related to Estates projects, the most significant of which were: £11.8m for the build of the New Elective Centre (two new theatres and additional outpatient space), £9.3m on the refurbishment of the Intensive Care Unit, and £1.6m for the unplanned Electrical Infrastructure works to ensure there is an adequate supply of electricity for the Trust site when the New Elective Centre becomes operational. A further £2.1m related to IT projects and £1.9m related to the purchase of new and replacement medical and diagnostic equipment including ultrasound machines. IFRS 16 right of use assets included the replacement of the Werfen blood gas analyser equipment £1.1m, a favourable lease remeasurement of £0.6m (reducing the overall right of use asset expenditure to £0.6m) and £0.1m on electric vehicles.

The Trust's cash position at year end was £77.7m, an in-year reduction of £2.9m due to increased creditor payments.

In accordance with guidance from NHS England, the Trust strives to pay all suppliers no later than 30 days from receipt of goods or services or the invoice date if later.

The Board has not identified any immediate liquidity concerns. The Trust is confident that it has sufficient funds to remain as a going concern.

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How the Trust has exercised its functions in respect of the joint forward plans and capital resource plans in the North East London Integrated Care System

Homerton Healthcare is part of the North East London ICS and agrees a financial plan for both revenue and capital with North East London Integrated Care Board (NEL ICB) on an annual basis. The Trust's financial performance outlined above for 2023-24 for both revenue and capital met the agreed planned value with NEL ICB.

Integrated Care Boards, and NEL ICB, came into being on 1 July 2022. Since then, the Trust leadership team have been working closely with the ICB, other providers and stakeholders to continue shaping the ICS and its Joint five-year Forward Plan and Operating Plan. In addition to representation on formal committees of the ICB, the ICS Chairs Group and the Integrated Care Partnership, the Trust has been engaged as a partner in numerous meetings and groups within NEL to discuss specific areas and programmes of work for example on staffing shortages, clinical leadership, elective recovery, maternity services and urgent and emergency care. Some of these have been pursued through the Acute Provider Collaborative – the Trust Chief Executive is deputy chair of the Executive Committee and the oversight Board is chaired by the Trust Chair.

The Trust Board has taken regular reports on the wider NEL context and developments and regularly meets leading members of the ICB, including its Chair and Chief Executive.

Infection prevention and control (IPC)

This section reports on the results of activities to monitor, prevent and control micro- organisms in 2023-24. The Trust is committed to minimising the risk of harm to service users and healthcare workers from avoidable infections. The Trust achieved the target for all cases of reportable infection organisms (see table 4). The Trust undertook post-infection reviews (PIR) on all cases of nationally reportable infections attributed to the Trust. There were no lapses in care by the Trust found in the reviews. In 2023/24 the IPC Team also worked with the local ICB to undertake PIR for *C.diff* cases which occurred in the care homes within the NEL ICB group.

Since 1 October, 2023, the UK Health Security Agency (UKHSA) raised concerns regarding the rising number of laboratory-confirmed measles cases across England with London having the second highest number of cases. The Trust reported five incidents of positive measles results, with all contacts appropriately followed up. The Trust continues to work within the recommended guidance for measles and all other alerts raised by UKHSA to ensure safety for both staff and service users.

Table 4. IPC Key Performance Indicators

IPC Key Performance Indicators	Target 2023-24	2023-24	2022-23	2021-22
		Performance	Performance	Performance
MRSA	0	1	2	1
MSSA	-	14	18	13
Clostridioides difficile (C. difficile)	17	16	16	12
E Coli	33	18	23	45
Pseudomonas aeruginosa	8	0	9	7
Klebsiella	15	15	18	17

Health inequalities

The City and Hackney Place Based Partnership has committed to work together to support improved outcomes and reduce inequalities for our local population. The Trust is a key leader and contributor to this partnership, taking collective and system-wide action to address health inequalities in our own work and within the partnership. We have continued the work started last year and in 2023-24 additional developments include:

- Starting development of a population health platform shared between acute trusts in NEL.
- Partnership working with the City and Hackney Population Health Hub to deliver impactful projects including Youth Justice, Anti Racist approach to Maternity etc.
- Joint work with colleagues in Primary Care to deliver on a proactive approach to ageing well across the neighbourhoods.
- Our work on population health, including being an Anchor organisation; developing and implementing a strategy for local and diverse recruitment.
- Engagement as stakeholders in decision making about ICB funding for health inequalities, including contribution to task and finish groups around Cost of Living and Embedding Health Equity and Neighbourhoods-level Leadership Groups.
- Engagement as partners in Hackney Council's Anti-Poverty Strategy and Equality Plan and parallel work streams in the City of London.

The system and Trust priorities are:

1. Giving every child the best start in life,
2. Improving mental health and preventing mental ill health; and
3. Improving outcomes for people with long term health needs

We continue to deliver on these and the Trust collects and reports on data in relation to Health inequalities as mandated by NHS England within our Integrated Performance report.

Monitoring quality and performance (priorities)

The Directors are required under the Health Act 2009 and the National Health service (Quality Accounts) Regulations 2010 (as amended) to prepare a Quality Account for each financial year. Details of performance against key quality indicators prioritised throughout the 2022 to 2024 cycle will be presented in the Trust's Quality Account which will be published later this year.

In 2022 the Trust began a two-year improvement cycle against seven Quality Account Priorities across both acute and community sites:

- reduce the number of community and hospital attributed pressure ulcers
- reduce physical violence and aggression towards patients and staff
- improve falls management
- just culture and safe environment
- appropriate identification and management of deteriorating patients to support maternity and Children and Community Services
- improve our population's health
- improve the first impression and experience of the Trust for all patients and visitors.

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The completion of the current improvement cycle will be marked by a complete review of the programme, aligning the future quality priorities with the recently implemented 'Our Future Together' strategic priorities over a three-year cycle. The new quality priority programme will be reported in the Trust's Quality Account report to be published later this year.

Social community and human rights issues

One of the Trust's core values is "Respectful", treating others as we would expect ourselves or our families to be treated and cared for. In line with our values, the Trust is committed to ensuring that services meet the needs of people with protected characteristics under the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

This is also in accordance with our Public Sector Equality Duties under the NHS Constitution. We recognise the importance of respecting and protecting the human rights of patients, staff and members, in line with Equality and Human Rights Commission guidance.

Our equality objectives and Equalities Report which set out how we meet specific employment duties are available on the Trust website at www.homerton.nhs.uk.

The Trust is committed to safeguarding all patients and works with partners through local multiagency Safeguarding Boards to safeguard vulnerable adults and children. Safeguarding children and adult leads are in place to ensure that policies and procedures are applied in response to safeguarding issues. All staff receive safeguarding training as part of their mandatory training requirements.

The Trust's Policy Group has oversight of the development of new policies and updates to existing policies. It ensures that equality impact assessments have been carried out to confirm that policies, functions and services are not discriminatory.

Green NHS and sustainability

Task force on climate-related financial disclosures (TFCD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025-26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023-24. These disclosures are provided below.

The Trust has taken an active approach to addressing climate and environmental challenges, recognising the need to achieve net zero in its operations, and building climate resilience. We are committed to ensuring our strategies and policies support the national and global requirements to act on the climate crisis.

Since 2020, we have worked to align our emissions targets with the NHS target of being net zero carbon by 2045. This is documented in our Green Plan, along with our latest NHS Carbon Footprint and Footprint Plus.

Governance

The Trust remains committed to helping the NHS to become the world's first net zero national health service and is focused on sustainable development, increasing focus on the climate emergency, and reducing and controlling emissions.

In February 2022, the Board of Directors approved the "Green Plan" strategy towards Net Zero which outlines the Trust's commitment to tackling climate change and reducing its impact on the environment. In addition to a governance process for achieving the aims, it details actions the Trust will take to use resources better and to reduce our carbon footprint in the areas of energy and carbon management; designing the built environment and the site; procurement and food; water and waste; low carbon travel, transport and access; workforce; and in working with partnerships and networks.

In line with the NHS Standard Contract requirements, the Trust submitted the Green Plan to the Integrated Care System (ICS). Since then, the Trust has been working collaboratively with the ICS and regional Greener NHS teams to deliver the objectives and priority areas in our Green Plan.

Our Trust strategy launched in April 2023 includes, under priority 5 – Secure our future, a commitment to further develop the Homerton Green Plan in collaboration with our staff and communities, and to make demonstrable changes to support the environment and reduce carbon emissions. Board level responsibility for monitoring progress with priority 5 rests with the Finance, Investment and Performance Committee. Over the last 12 months, we have produced a plan tracker to assign actions to parts of our organisation, and have produced our first NHS Carbon Footprint Plus, as well as making progress in incorporating Sustainability aims and goals into our business cases.

Over the past year, the Trust has continued working towards reducing its carbon footprint, and the 2023-24 footprint will be available shortly on our website. With two compliant years data, the Trust can then make targets and KPIs to reach the Net Zero goals of the NHS.

All the targets and aims in the Green Plan have been worked into our Green Action Plan, which details individual actions and progress across ten workstreams.

Strategy

During 2024-25 the Trust will establish a sustainability team to support and coordinate the delivery of our green plan. The teams' purpose will be to optimise resources and expertise across the Trust as we respond to the complex and emerging challenges associated with climate change and environmental degradation. The team will work to improve our environmental sustainability performance, and to ensure that bespoke environmental sustainability projects and initiatives are implemented across all our premises, subject to resource availability.

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To support the delivery of the Trust's commitment to the principles of sustainable clinical practice in our clinical and healthcare operations, we will need to convene, and gain buy in of all relevant stakeholders and interested parties. The proposal will be to recruit into Sustainability Champion roles. They will be responsible for championing and coordinating the implementation of clinical initiatives and projects within the Trust that support the delivery of our green plan and align with the principle of sustainable clinical practice. In addition, when appointed these Sustainability Champions would become active members of their respective Site Green Groups.

In addition to establishing the joint sustainability team there will be specialist steering groups to support our commitment to appropriately embed good environmental practices into all aspects of our operations and to continue to improve our environmental performance.

These steering groups will report to the Green Plan Delivery Oversight Group (GPDOG). The membership of our GPDOG will include leaders, senior managers, and subject matter experts across our organisation and our partners. The proposal is for these groups to guide and support the delivery of our green plan and environmental sustainability responsibilities.

Risk management

The Trust has in place robust processes and procedures for risk management, including the Board Assurance Framework in which climate-related risks will be identified, assessed, and mitigated in the next year. Risk assessments are reviewed by the Estates and Facilities Management team and then reviewed by the relevant Board committees.

Metrics and targets

The Trust records Scope 1, 2 and 3 emissions in line with the NHS Carbon Footprint and Carbon Footprint Plus categories. The Trust will keep track of its progress, reassess goals and improve data collection across all Scopes for more accurate future reporting. Given that collecting accurate data from the supply chain is challenging, we will continue to work with our procurement team to refine our data gathering.

The Trust is now in its seventh year of reporting through Planet Mark certification which provides assurance we are reducing our carbon footprint and engaging with stakeholders. This provides assurance that the Trust is continuously improving the sustainability of its business operations by measuring and reducing its carbon footprint and engaging its stakeholders. However, this certification route has increased in cost and no longer represents fair value for money, alternative pathways that provide the same assurance are available and need to be discussed and considered as a more cost effect certification route to follow.

Homerton Hope – Trust's Charitable Fund

This year has seen us deliver a wide range of programmes to improve the experience of staff and patients at Homerton Healthcare. We continue to be grateful for the support of our donors and are thrilled to share how we have collectively made an impact on our community.

From creating a hardship fund for our staff, through to introducing a horticultural therapist to work with staff and patients in our community gardens, we continue to support a wide range of charitable and health related activities, benefiting patients and staff in a variety of areas.

Everything we do has a positive impact on staff, patients and their families. Big or small, we strive to make a difference by providing better equipment, improving facilities, expanding access to training, enabling research projects, and improving patient and staff wellbeing.

The DAISY Award®
FOR EXTRAORDINARY NURSES
HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES

The DAISY Award was established by The DAISY Foundation in memory of J. Patrick Barnes who died at 33 of ITP, an auto-immune disease.

Nurses and midwives honoured with the DAISY Award®

The Trust launched the award scheme in 2021, to recognise and celebrate excellence in nursing and midwifery.

April 2023

Shani Reeba Koshy

Registered Nurse
Thomas Audley Ward

She is very diligent, focusing on individual needs, and working/ communicating well with other healthcare professionals and relatives.

April 2023

Abimbade Adebiyi

Registered Nurse
Community Children's Nursing Team

She is kind, friendly and very supportive and always goes the extra mile.

April 2023

Ruth Stocks

Registered Midwife
Templar Ward

Ruth was very kind, patient, and knowledgeable. She had a lovely manner with both us and our baby and was very supportive.

May 2023

Sarah McFadzean

Registered Midwife
Home Birth Team

Sarah was absolutely brilliant from start to finish, and thanks to her care and expertise, I had a really positive birth experience.

May 2023

Janet Reid

Registered Nurse
Hackney Diabetes Centre

Janet is a very dedicated diabetes specialist nurse who is passionate about patient care. She will always go above and beyond.

June 2023

Tamara Allison

Registered Nurse
Medical Day Unit

Tamara has consistently demonstrated exceptional empathy, care, and clinical expertise, making them a truly deserving candidate for this prestigious recognition.

June 2023

Sumona Khanom

Registered Midwife
EOU

Sumona never fails to prioritise patient care and always goes above and beyond for not only her patients but her colleagues as well.

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The DAISY Award® FOR EXTRAORDINARY NURSES
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June 2023

Alfred Batalla

Registered Nurse
Tissue Viability Team

Alfred is very respectful, shows empathy, and demonstrates a caring attitude to his colleagues and patients.

July 2023

Jadine Ayipeh

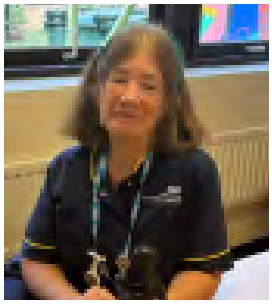
Registered Nurse
Tuke

Jadine is the model representation of professionalism, delivering high-quality care with kindness and empathy.

August 2023

Marian Dolan

Registered Nurse
Hackney Diabetes Centre



She will always take time to extend her knowledge and skills to both patients and staff and is always willing to help when asked.

September 2023

Pippa Fidler

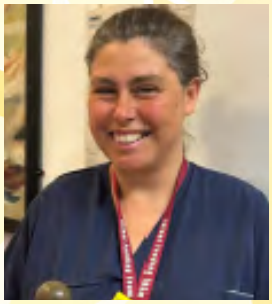
Registered Midwife
Delivery Suite

A new Mum nominated Pippa,she was so happy with her care in labour and postnatally. She said she felt secure and safe with Pippa, who was assertive, explained everything really clearly, but was also so and caring.

July 2023

Roisin O'Cearnaigh

Registered Midwife
Templar Ward



Roisin has been consistently informative, kind, and encouraging. I was about to stop breastfeeding, but her kind words and help made me change my mind.

August 2023

Jessie Lees

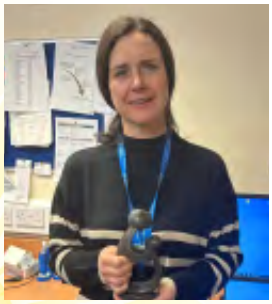
Registered Midwife
Community Maternity

Jess is a wonderful midwife and colleague and I want to recognize her for her wonderful commitment to her role.

August 2023

Carmel Murray

Registered Nurse
Health Visiting Team D



Carmel is a mentor; she teaches and motivates the students, ensures that she creates an environment conducive to learning, and willingly shares her knowledge with students and colleagues.

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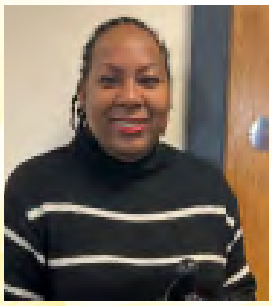
September 2023

Nadine Dockery-Green

Registered Nurse
Community Children's Nursing Team



Nadine has shown so compassion and dedication towards families and colleagues. She has been a shoulder to lean on and a listening ear.

September 2023

Meloney Farrell

Registered Nurse
Acute Care Unit

Meloney is a medication safety champion and ensures the ward is compliant with medication safety audits.

October 2023

Viktoria Whittington

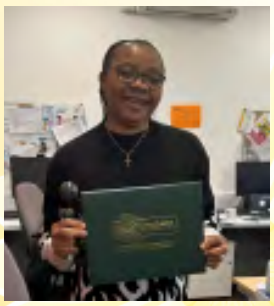
Registered Nurse
TB Services

She has led the team through challenges and adversity with a smile on her face, always thinking of ways to improve the service for patients and staff.

November 2023

Julie Ibude

Registered Nurse
Health Visiting Team



Julie is very thoughtful and supportive and will always go the extra mile for families and team members. She makes new members of the team feel welcomed. We are lucky to have her!

November 2023

Tayo Olufowobi

Registered Midwife
Delivery Suite

Tayo is a caring, loving midwife who supports her team in a very exceptional way.

January 2024

Cynthia Jordan

Registered Midwife
Delivery Suite

She also makes sure that she shows the same to student midwives who come to us. Sister Cynthia then gives them the best knowledge and skills to achieve a healthy and successful outcome. A beautiful soul with a heart of gold

January 2024

Clare McGeady

Registered Nurse
Bowel Screening

Clare is the lead Nurse for our Bowel Cancer Screening programme. She is very caring and professional towards the patient. Because Clare is friendly, the patients love her. She is also very supportive and understanding towards all her staff as well. Making sure we are all well supported. Clare deserves this for all her hard work and dedication for this department.

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January 2024

Bernard Atakorah

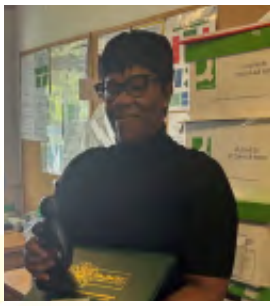
Registered Nurse
Adult Community Nursing

He is committed to Neighbourhood working and testing new ways of working to improve the clinical outcomes and experiences of staff, patients, families, and carers. He is such an asset to the service, and we would be lost without him!

February 2024

Aderonke Bamgbala

Registered Nurse
Adult Community Nursing



Ronke is a valued member of the service and brings a wealth of knowledge, skills and enthusiasm to everything she does.

February 2024

Katherine Ryan

Registered Nurse

Katie cares for her patients with the utmost compassion. She goes above and beyond to ensure the patients receive the high level of care that they deserve.

March 2024

Ursula Duggan

Community Maternity

She runs a really busy community clinic and always gives 100 percent to each woman and their family. They often have complex needs, and Ursula always supports and cares for them and makes endless referrals.

March 2024

Kumari Heera

Registered Nurse
Starlight Ward

Kumari supported the ward during a busy shift and stayed extremely late, to ensure safety and adequate care is given to all the patients as well as supporting her team members.

March 2024

Cynthia Young

Registered Nurse
Youth Justice Children and Families

Cynthia has demonstrated an unwavering commitment to improving healthcare access for vulnerable young individuals. Notably, her reports include working to implement crucial healthcare measures such as immunisations during health assessments. Cynthia's relentless pursuit of excellence exemplifies her outstanding nursing skills, reflecting positively on both Homerton and the nursing profession as a whole.

Impact programmes - highlights

Homerton Healthcare art programme

Since its opening, Homerton has always had a wonderfully curated art collection that reflects the communities we serve as well as our staff. Several artworks are displayed in wards, corridors, and courtyards. Based in the heart of Hackney, the hospital provides an excellent blank canvas for artists to display their work for the benefit of patients, staff and visitors.

The therapeutic value of art in health and in supporting recovery is well evidenced. Charitable funds are used to fund art therapy sessions in the Elderly Care Unit, the Graham Stroke unit, and the Regional Neurological Rehabilitation Unit (RNRU). The charity also commissioned an eight week photography programme with a series of sessions involving a professional photographer to support patients with serious neurological conditions.

In the last year, the charity planned and commissioned a large-scale mural by a local Hackney artist for the permanent offices situated in the reflection garden. This has brought vast improvements to the hospital environment as well as showcasing the talent and artistic nature of the Borough.

The Homerton Healthcare art programme is an innovative and impactful programme for the Trust, it is recognised both locally and nationally and makes a difference to our staff, patients and families. The charity's investment into the art programme continues to be an important contributing factor in its success.

Staff wellbeing at Homerton

Homerton Hope recognises the well evidenced link between happy staff and happy patients and sees the significant pressure our NHS organisations are under while also appreciating and understanding the needs of our staff. During the last year, the charity has supported a number of initiatives to improve the experience of work for the Homerton Healthcare team.

Staff networks - With over 700 staff networks operating across the NHS in England, they provide protected spaces where people can be open and inclusive, nurturing a culture of belonging and trust. Not only do they provide a supportive and welcoming space for NHS colleagues, but they also offer expertise on matters related to equality, diversity, and inclusion.

During the last year, the charity has continued to support our three staff networks and has supported a fourth emerging network: Homerton Woman's Network. While the Trust provides protected time for our network leads, the charity provides funding for membership and outreach events supporting safe spaces for staff to make connections, amplify their voices, share in decision-making, and provide opportunities for people to build confidence to speak up in forums outside of network space, addressing local concerns and linking people to collaborate and innovate across the NHS.

Wellbeing rooms – The acute site of Homerton Healthcare was built over 30 years ago and some of the units don't include a space for staff to escape the pressures of the ward, or somewhere close by to hydrate and have a much-needed break. After lengthy discussions and support from both the charity and some of our contractors, the charity has created a number of these spaces for Homerton staff. A number of rooms across the site have been re-modelled, painted and equipped to be suitable for use and space for staff to relax and restore. This includes the theatre staff room which benefitted from a new suite of furnishings and furniture, and Medical Day Unit, who previously didn't have a staff room.

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The charity also commissioned and completed a Breast Expression Room for use by staff who are currently in need of expressing milk whilst at work. This room has been created to be a harmonious environment with all needed equipment.

Staff recognition – In 2023, Homerton Healthcare hosted its first staff awards - the HOSCARS (Homerton Outstanding Service Contribution and Recognition Awards). The programme recognised outstanding contributions to 'Our Future Together', the strategic direction for the Trust. The charity were the main financial sponsor of the event, held at the London Stadium recognising staff over 17 categories for their valuable support to the organisation.

The charity also supported the Big Tea celebration in honour of the NHS 75th birthday. This included a range of printed merchandise, hot and cold beverages, and cakes that were available for all staff.

While our work is far from done on supporting the wellbeing of Homerton Healthcare staff, these initiatives have helped to build a shared purpose to improve staff experience across Homerton sites and all our communities.

Homerton horticultural

Homerton horticulture is our staff and patient garden programme. Safe, accessible and stimulating outdoor spaces play a crucial role in recovery. Homerton Hope has funded a number of initiatives to support these spaces including new purpose-built garden spaces such as the Reflection Garden in memory of those who lost their lives during the Covid Pandemic, as well as a diabetes vegetable and herb garden that has been harvested, expanded and improved since its inception.

The charity has funded Horticultural therapy sessions for patients across all sites and services and is extremely popular in the warmer months. These sessions are also extended to staff, and are designed to support rehabilitation, mental health, and healthy living knowledge and skills.

In addition, the Graham Stroke Unit/Physio Garden is being transformed into a bespoke vegetable and herb garden for use in rehabilitation services with stroke patients. Homerton Transitional Neurological Rehabilitation Unit (HTNRU) and Mary Seacole Nursing Home have also benefitted from new planters, herb gardens, and a vegetable patch for use by patients and staff.

Homerton horticulture has been an incredibly successful programme of work that contributes to the Greener NHS agenda but also makes a meaningful difference to our staff and communities. We are hoping for this to be a flagship programme for the charity that will continue to attract external funding and donations.

To support healthy living and environmentally friendly travel, the charity has also commissioned a large scale illustrated map from company Footways. This map shows walking travel routes to and from all Homerton Healthcare sites and is illustrated with points of interest to explore that celebrate Hackney's cultural and historic heritage to encourage staff and patients to walk between sites.

Going above and beyond for Homerton patients

Over the last year charitable funds were used to purchase several items of equipment to provide additional services to benefit patients and make a meaningful difference to their lives both when they are a patient at one of our sites, and when they go home. We have partnered with several local businesses to support these initiatives and have developed meaningful relationships that will continue to support our patients. Additional highlights beyond those already mentioned include:

- Improved outdoor spaces for Sexual health clinic patients.

- Refurbishing patient rooms at the Mary Seacole Nursing Home.
- Events for Hackney Ark's Young People service users (Thorpe park, theatre shows, nature adventure days and immersive games).
- Improvement to children's areas in community mental health and in acute paediatrics.
- RNRU (Neurological Rehabilitation Unit) art supplies, games and puzzles and rehabilitation equipment.
- Grocery (Tesco) vouchers for cancer, HIV and TB patients.
- Music therapy sessions for RNRU and Graham Stroke Unit patients.
- Cancer patient therapeutic drop in sessions.

The charity also continued its annual tradition of providing small gifts to patients who were staying in hospital during Christmas 2023.

Fundraising activities & donations

The charity continues to fundraise through a variety of activities, including collection boxes, a card payment machine, individual fundraising activities, and trading stalls.

We also receive donations from platforms such as JustGiving, Benevity, and PayPal.

NHS Charities Together have also been a big contributor after raising over £130 million during the Covid Pandemic which is being given to NHS trusts around the country. To date, we have received £579,000, much of this has supported many of this year's activities noted above. We have also received a development grant to help support the growth of the charity and to help us invest more in the infrastructure of the charity so that we can grow both our fundraising activities and investment in our communities.

Going forward

As we continue to grow as a charity, our primary focus for the coming year will be on fundraising and building stronger links within and around Hackney, exploiting as many opportunities as we can to increase the profile and opportunities for the charity. We have a strong team and are supported by the Trust communications and culture & organisational development teams.

The Trust did not receive any political donations during the year.

Basirat Sadiq

Chief Executive and Place Based Leader
27 June 2024

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Accountability Report

Directors' report

Board of Directors

The Board sets the strategic direction of the Trust and is responsible for the organisation's decision-making and performance to ensure the delivery of high quality, safe and efficient services.

It monitors the delivery of objectives and targets and provides leadership in relation to the strategy, operational performance, risk, quality assurance and governance. It also has a role in ensuring high standards are maintained and shaping the culture of the organisation.

The Board operates in accordance with Standing Orders, Standing Financial Instructions, a Scheme of Matters Reserved for the Board, and a Scheme of Delegation.

The Chair leads the Board of Directors and ensures it is effective and the Chief Executive is accountable to the Board for the management of the Trust's operational business.

The Board comprises seven non-executive directors and seven executive directors (of whom only six having voting rights) led by the Chief Executive. The Board met six times in public during the year.

The Board held five seminars during the year to discuss strategic issues, to receive learning and development, and to hear about service and external developments. Subjects included risks to the achievement of strategic priorities and risk appetite, the new patient safety incident response framework, understanding automatic bias, digital developments, the strategic governance framework and the City and Hackney GP Confederation.

The Council of Governors hold the non-executive directors individually and collectively to account for the performance of the Board. Board members are invited to attend Council of Governor meetings which are held regularly throughout the year and chaired by the Trust Chair.

In case of disagreements between the Council of Governors and the Board, in the first instance, dialogue would take place to resolve this. The senior independent director is available to Governors if they have concerns that contact through the normal channels of chair, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. If the issues remain unresolved, Governors have the right to refer a question to the NHS England independent panel for advising governors. There were no such disagreements in 2023-24.

Board members

Directors' details, together with their committee membership, are confirmed below. Board members declare their interests at the time of their appointment and on an annual basis. At each meeting Directors are reminded to declare interests in matters to be discussed and any declarations made are recorded in the minutes. The register of directors' interests is published annually. It can be found on our website on the Board of Directors' pages, or a copy may be obtained from the Trust Secretary: Email address: huh-tr.corpgov@nhs.net Telephone: 020 510 5555.

Directors are also required to confirm they meet the "fit and proper person" condition set out in Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. In August 2023 the NHS introduced the Fit and Proper Persons Test Framework (the FPPT Framework). The FPPT Framework also incorporates the requirements of the CQC Fit and Proper

Person Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All directors have met the requirements of the "fit and proper person" test and the new framework requirements.

Non-executive directors

The term of office for non-executive directors is three years. Thereafter, and subject to satisfactory appraisal, a non-executive director is eligible for consideration by the Council of Governors for a further three-year term. The Chair and non-executive directors may be removed by the Council of Governors in accordance with the constitution.

Sir John Gieve, Chair

Sir John Gieve joined the Trust in 2011 as a non-executive director and was appointed chair from 1 April 2019. He was Deputy Governor of the Bank of England from 2006 to 2009. Before that he was a civil servant, including three years as a Managing Director of the Treasury and Permanent Secretary to the Home Office between 2001 and 2005. He was Chair of Nesta, the innovation foundation, and a non-executive director and Chair of Vocalink, a bank payments company.

As well as the Board of Directors and Council of Governors, Sir John chairs the Nomination and Remuneration Committees and the Trust's Charitable Funds Committee. He is also a member of the Quality Committee, the People and Culture Committee and the Finance, Investment and Performance Committee.

Dr Mike Gill, Senior Independent Director

Dr Mike Gill was appointed to the Board November 2020 and reappointed for a second three-year term in October 2023.

He is an experienced senior medical leader and from 2014-2018 he was Medical Director at Health 1000: The Wellness Practice, a new type of GP surgery which looked after patients with multiple medical conditions in their own homes. The Practice also supported the care of patients in nursing homes.

Prior to this Mike had been a Medical Director for over 12 years at Newham University Hospital NHS Trust, a similar role at Barking, Havering and Redbridge University Hospitals NHS Trust and Associate Medical Director at Barts Health NHS Trust. He is Chair of Council of the London Clinical Senate and Chair of Kent and Medway Acute Stroke Services Joint Committee. Mike was Joint Clinical Director for the Health for the North East London Programme nine years ago which reviewed the configuration of provider services in east London.

Mike has been an Interim Medical Director at Homerton and his links to the hospital go back further as he was a Medical Registrar and later Senior Registrar at the hospital and on the commissioning team for the hospital in 1985-86.

Mike is Chair of the Quality Committee, a member of the Finance, Investment and Performance Committee and Audit & Risk Committee and is the Trust's Freedom to Speak Up champion.

Cherron Inko-Tariah MBE

Cherron Inko-Tariah was appointed to the Board in November 2018 and reappointed for a second three year term in October 2021. Cherron is an author, consultant, facilitator and coach. Cherron is a former civil servant and has undertaken leadership roles in various policy and strategic positions across Whitehall.

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In 2011, Cherron received an MBE for her services to Government and for her work in the faith community with young people.

In 2012, Cherron left the Civil Service to follow her passion; staff networks and the positive impact they can have on individuals and organisations. Cherron has since founded The Power of Staff Networks consultancy where she provides a wide range of services on diversity, inclusion and race equity.

Cherron is Chair of the People and Culture Committee and is the Trust's Diversity Champion and Health and Wellbeing Champion.

Rommel Pereira, Deputy Chair

Rommel Pereira was appointed to the Board in June 2019 and reappointed for a second three-year term in January 2022. Rommel has a track record in finance, business transformation, technology, customer service, procurement and business development.

Until the end of 2018, he was an Executive Director at the Bank of England and before this he was an Executive Director of the Financial Services Compensation Scheme. His earlier career included senior management roles at JP Morgan Chase and the Metropolitan Housing Partnership.

His current non-executive roles include the London Ambulance Service NHS Trust, The National Archives and Supply Chain Coordination Limited. He is Deputy Chair and Chair of the Audit Committee at the London Ambulance Service, Chair of the Audit and Risk Committee at The National Archives and Chair of Audit and Risk Committee at NHS Supply Chain. He has also been an Independent Panel Member to the Professional Standards Authority and the Parole Board.

Rommel is Chair of the Audit and Risk Committee and a member of the Finance, Investment and Performance Committee.

Andrew Hudson

Andrew Hudson was appointed to the Board in August 2019 and reappointed for a second three-year term in January 2022. Andrew has extensive strategy and operations experience in central and local government and the voluntary sector. Andrew worked for the Treasury during the 1990s and was head of the health team during the first comprehensive spending review.

He worked for Essex County Council, becoming Deputy Chief Executive (Finance and Performance) between 2002 and 2004. He re-joined central government as CEO of the Valuation Office Agency, and became Director General, Public Services at the Treasury for three years.

His current roles include being Chair of the Centre for Homelessness Impact, Chair of the Clissold Park Neighbourhood Forum and Chair of First Wave Housing Ltd and I4B Holdings Ltd, two arms-length housing companies wholly owned by the London Borough of Brent.

Andrew is Chair of the Finance, Investment and Performance Committee and is a member of the Quality Committee and Audit and Risk Committee.

Dr Mark Rickets

Dr Mark Rickets was appointed to the Board November 2020 and reappointed for a second three-year term in October 2023.

Mark qualified over 30 years ago and has spent most of his medical career working as a GP in the London Borough of Hackney.

Following time spent working in under-graduate then post-graduate medical education Mark has undertaken a number of NHS management roles, notably: 2012 – 2021 as clinical lead for Primary Care across City and Hackney; 2018 – 2022 as Chair of City and Hackney Clinical Commissioning Group (CCG) and 2019 – 2022 as Clinical Responsible Officer for General Practice for the North East London Health and Care Partnership.

In 2022 he became one of the two Primary Care Partner Members on the newly formed Integrated Care Board for North East London's Integrated Care System.

Prior to becoming a non-executive director at Homerton Healthcare NHS Foundation Trust in 2020, he was, for a number of years, the City and Hackney CCG representative on the Trust's Council of Governors.

Mark is a member of the Quality Committee, People and Culture Committee and the Trust's Charitable Funds Committee. He is also the Board maternity safety champion.

Abi Olapade

Abi initially joined the Trust in December 2021 through the NHS England and NHS Improvement NExT Director scheme which aims to provide experience of Board level roles within NHS trusts. Following this, Abi was appointed to the Board in July 2022 following an open competition.

She is the Founder and CEO of AG-iATM Consulting Services, which provides consulting and delivery of strategic Digital Transformation initiatives in the Capital Markets sector where she has over 25 years' experience.

Abi has trustee roles with Citizens Advice Redbridge where she is the Chair; Aldridge Education Multi Academy Trust; and is a Governor of Davenant Foundation School; as well as an Independent Panel Member (IPM) for Public Appointments to several government departments and Board Advisor to several London based youth development charities.

Abi is passionate about the adoption of innovative technology solutions that improve healthcare outcomes and patient experiences, while also enabling cost and carbon emission reductions.

Abi is a member of the Quality Committee, People and Culture Committee and the Finance, Investment and Performance Committee.

Executive directors

Louise Ashley, Chief Executive of Homerton Healthcare and Place Based Leader of the City & Hackney Health and Care Partnership

Louise Ashley became Chief Executive of Homerton Healthcare and Place Based Leader of the City & Hackney Health and Care Partnership in October 2022, having, for the previous four years been CEO at Dartford and Gravesham NHS Trust. Louise has excellent knowledge of the NHS and extensive experience working in healthcare at all levels and in all settings.

A registered nurse and health visitor she is committed to ensuring the care delivered to patients, clients and communities is of the highest quality. She sees her role as ensuring staff have the support they need to do their job.

Louise has, throughout her career, worked with communities to promote equity and respect, and to design and deliver the best possible health and care services for the populations she has served. Louise has an in-depth knowledge and love of north east London, having worked in almost all acute and community providers across the sector.

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In November 2023 Louise announced that she will be retiring from her role as Chief Executive and finished working for the Trust at the end of April 2024.

Bas Sadiq, Deputy Chief Executive

Bas Sadiq joined the Trust in April 2023. Bas's career in healthcare spans over 19 years; her first NHS role being an outpatient receptionist before moving into operational management and senior leadership roles. She joined the Trust from Dartford and Gravesham NHS Trust where she was the Chief Improvement and Strategy Officer responsible for setting up the Trust's Improvement and Innovation Academy.

Passionate about building trusting partnerships and collaborating across organisations Bas is committed to making a meaningful difference to the health and wellbeing of residents, particularly many of whom may not have had equal access to health and social care or whose health suffers because of deprivation. People and communities are at the heart of her approach to leadership championing and empowering front-line staff and patient partners to drive innovation and sustainable change.

In February 2024, Bas was appointed as the new Chief Executive Officer of Homerton Healthcare and Place Based Leader for City and Hackney and commenced in this post on 1 May 2024.

Dr Deblina Dasgupta, Chief Medical Officer

Dr Deblina Dasgupta was appointed as Chief Medical Officer in July 2018 having previously worked at Homerton University Hospital for 13 years as a Consultant Physician in Geriatric and General Medicine. She was an Associate Medical Director from 2016 and since 2012 the Clinical Lead for Elderly Care, Stroke and Intermediate Care.

Deblina has been a leader in developing simulation training in geriatric and general internal medicine in London and an innovator in establishing the pioneering Integrated Independence Team for City and Hackney.

Deblina has led the successful medical productivity programme to improve patient journeys across the hospital and the community. She was Regional Chair of the British Geriatric Society (BGS) between 2009 and 2012 and England Council Member of the BGS during the same period.

Tom Nettel, Chief People Officer

Tom Nettel joined the Trust in November 2019. He was previously the Director of Workforce, Improvement and Strategy at the Royal National Orthopaedic Hospital in Stanmore. Tom began his NHS career in 2006 in Kent as a national graduate scheme trainee in human resources. He worked for four years in HR at Ealing and Northwick Park hospitals.

Tom rates one of his achievements to be helping transform staff experience at the Royal National Orthopaedic Hospital which resulted in the Trust becoming a leading organisation nationally for positive staff experience in the NHS.

Breeda McManus, Chief Nurse and Director of Clinical Governance

Breeda was appointed to the Board in January 2022 from Whittington Health where she was Deputy Chief Nurse and has worked in the NHS in a variety of clinical and managerial roles.

Breeda is an experienced renal nurse passionate about ensuring the delivery of high- quality care to all service users, ensuring patient safety and engagement, and involvement of patients in all aspects in the delivery of their care. Breeda believes in engaging and supporting staff to develop as

the key to achieving the delivery of safe effective care. She aspires to support and empower front line clinicians to continue to improve quality, safety, efficiencies and constantly strive to deliver patient-centred services.

Breeda has led nurse education and research in her various roles including as Honorary Senior Lecturer at London South Bank University.

Rob Clarke, Chief Finance Officer

Rob joined the Trust in September 2022 from Barts Health NHS Trust where he was Deputy Chief Finance Officer (Strategic Planning). Prior to that Rob worked as an Improvement Director for NHS England supporting trusts to exit special measures, and during the Covid pandemic he took on the role of Director of Finance at the NHS Nightingale Hospital London.

Before joining the NHS, he spent over 15 years working in various healthcare consultancy roles, latterly as Partner in a firm specialising in clinical productivity and efficiency. He is a Chartered Accountant with a 'big four' healthcare advisory background with experience ranging from audit, strategy development, operational restructuring, clinical transformation, cost reduction, and stakeholder engagement.

Dr Emma Rowland, Chief Operating Officer – Non-voting member

Dr Emma Rowland became Chief Operating Officer in March 2023 having been Consultant in Emergency Medicine at Homerton Healthcare since 2012, and the Associate Medical Director for the Emergency, Medical and Rehabilitation Services (EMRS) division at Homerton Healthcare from 2019 to 2022.

Emma trained in several London hospitals including Homerton University Hospital and has extensive experience of leading improvement in the urgent emergency care pathway in provider organisations and across systems for the benefit of patients and staff. She is committed to ensuring equity of health and care for all.

Emma led the Emergency Medicine team at Homerton Healthcare to achieve two outstanding ratings from the CQC. She has held of number of north east London wide roles developing and delivering innovative work streams ambulance including on ambulance handover, front door flow, and Urgent Treatment Centres (UTC), to improve the Urgent Emergency Care pathway. Emma has worked with the NHS England Urgent Emergency Care team on strategies to improve ambulance handover processes which has featured in the national UEC recovery plan.

Board members who stood down during the year

Louise Ashley, Chief Executive Officer and Place based Leader for City and Hackney

In November 2023 Louise announced that she will be retiring from her role as Chief Executive and finished working for the Trust at the end of April 2024.

Trudy Martin, Interim Chief People Officer

Trudy Martin was appointed as Interim Chief People Officer 20 July to 12 September 2023 to provide cover whilst the Chief People Officer was on paternity leave.

Contacting the Board

Board members may be contacted via the Trust Secretary.

Please email: huh-tr.corpgov@nhs.net or telephone 020 8510 5555.

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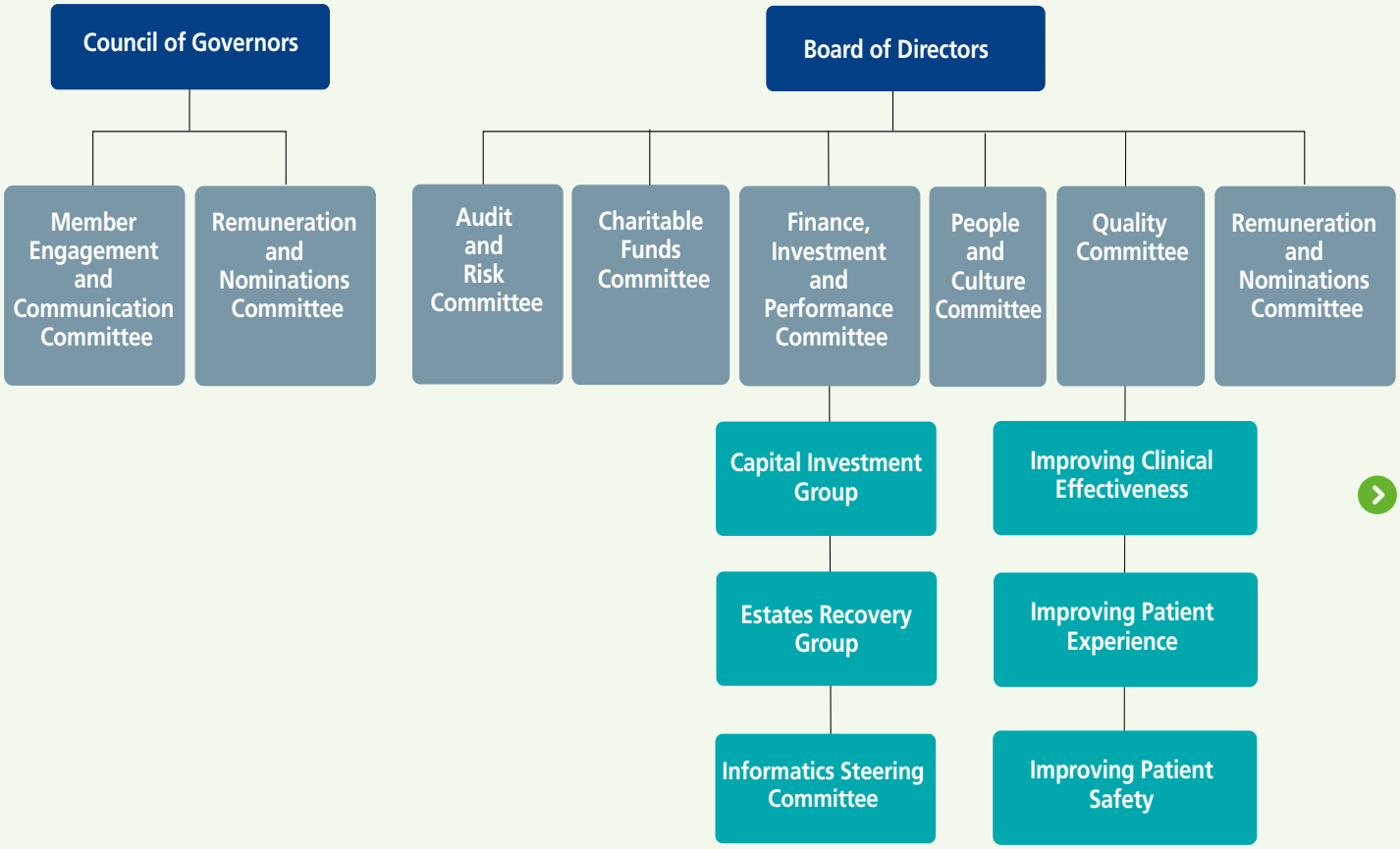
Board committees

The Board committee structure is set out below. The committees provide assurance to the Board on the delivery of the Trust's objectives and other key priorities and their individual responsibilities are set out in the terms of reference. The Council of Governors is not a committee of the Board but is shown as part of the accountability and governance structure of the Trust. The Chair of the Board of Directors is also Chair of the Council of Governors.



Attendance at Board and committee meetings 2023-24

Table 5 sets out the number of Trust Board meetings and the number of Board committee meetings held during the year, together with the number of meetings attended by each Board and committee member.

Table 5. Director attendance at Board and committees

	Board of Directors	Audit Committee	Finance, Investment and Performance Committee	Quality Committee	People and Culture Committee	Charitable Funds Committee
Total meetings per year	**6**	**5**	**7**	**6**	**4**	**4**
Sir John Gieve	5/6		7/7	5/6	2/4	4/4
Dr Mike Gill	6/6	5/5	7/7	6/6		
Andrew Hudson	5/6	5/5	7/7	6/6		
Cherron Inko-Tariah	6/6			1/6*	4/4	
Rommel Pereira	5/6	5/5	7/7			
Dr Mark Rickets	5/6			4/6	4/4	3/4
Abi Olapade	5/6		6/7	4/6		
Louise Ashley	6/6		6/7	4/6	4/4	3/4
Dr Deblina Dasgupta	5/6		2/7	6/6	1/4	2/4
Bas Sadiq	6/6		7/7	4/6	3/4	
Rob Clarke	6/6		7/7	4/4*		3/4
Breeda McManus	6/6		2/7	5/6	2/4	
Tom Nettel	4/4			3/6	3/4	
Dr Emma Rowland	5/6		4/7	2/6		
Trudy Martin	2/2				1/1	

*reflects that the director was only a member for part of 2023-24

Audit and Risk Committee

The Audit and Risk Committee is chaired by Rommel Pereira, a non-executive director, and includes two other non-executive directors Andrew Hudson and Dr Mike Gill. The Audit and Risk Committee met five times in 2023-24.

How the Audit and Risk Committee discharges its responsibilities

The Audit and Risk Committee's primary purpose is to conclude upon the adequacy and effective operation of the Trust's overall system of control. It is directly accountable to the Board. The Committee assures the Board of Directors that probity and professional judgment is exercised in all financial matters. It advises the Board on the adequacy of the Trust's systems of internal control and its processes for securing economy, efficiency and effectiveness.

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Significant issues considered

During the year, the Committee considered nine reports from the Internal Auditors that sought to provide assurance to the Trust on the overall adequacy and effectiveness of the risk management, control and governance processes.

Overall, the internal auditors concluded that the organisation had an adequate and effective framework for risk management, governance and internal control. Their work identified some weaknesses in the application of some internal controls. Management actions to address these weaknesses have been agreed to ensure that it remained adequate and effective.

During the year, the Internal Auditors provided one positive "Moderate Assurance", six positive "Reasonable Assurance" opinions and two "Partial Assurance" opinions.

For all reports, management provides an action plan to address any issues identified. Progress against these action plans is reviewed at each Committee meeting and further testing is undertaken by Internal Audit to ensure their recommendations are embedded in the organisation.

The Committee reviewed key policy documents and discharged its duties by reviewing the schedule of tender waivers to ensure any such waivers are in line with the Trust's policy. Other areas of the Committee's work include reviewing the adequacy of risk and control related disclosure statements in particular the Annual Governance Statement; ensuring the effectiveness of the risk management system including scrutiny of the Trust's strategic risk register; monitoring the integrity of the Trust's financial statements and considering the findings of other significant assurance functions.

The Committee has considered significant financial matters as part of its ongoing work, including consideration of debtor balances and their recoverability (note 21.1 to the accounts). It has also considered specific risks associated with our shared pathology partnership arrangements and estates compliance, capacity and governance. The Committee sought assurances and provided challenge where necessary.

Auditors

The Trust's Internal Auditors are RSM, who have, following a competitive tendering process been appointed for three years from April 2024. Their role is to provide the Trust with an independent and objective opinion on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives, and to provide independent support to help management improve the organisation's risk management, control, and governance arrangements.

The external auditors for Homerton Healthcare are KPMG LLP, who were re-appointed by the Council of Governors in July 2021 for five years following a mini-tender competition. Their fees for audit services undertaken in 2023-24 were £120,000 (excluding VAT).

KPMG's accompanying report on the Trust's financial statements is based on their audit conducted in accordance with International Financial Reporting Standards and the Financial Reporting Manual issued by NHS England. Their work includes a review of the Trust's system of internal control which is used to inform the nature and scope of their audit procedures.

The Trust's external auditors may perform non-audit work where the work is clearly audit related and the external auditors are best placed to do that work. For such assignments the Audit and Risk Committee approved protocol is followed which ensures all such work is properly considered. The processes in place ensure auditor objectivity and independence is safeguarded. There was no non-audit work carried out during 2023-24.

As far as the directors are aware, there is no information relevant to the audit which has not been disclosed to the auditors. The directors have taken all the steps that they ought to have taken as directors to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

Finance, Investment and Performance Committee

The Committee is chaired by Andrew Hudson, a non-executive director, and includes three other non-executive directors, Rommel Pereira, Dr Mike Gill and Abi Olapade.

The objectives of the Committee are:

- To oversee, review and assess the financial, investment and performance management arrangements of the Trust, including monitoring delivery of the relevant parts of the Trust's strategy, monitoring delivery of key operational and financial performance standards, and supporting decisions on investment and business cases.
- To advise the Board on all aspects of key performance, financial and investment issues to enable sound decision-making.
- To provide assurance in respect of financial, performance and investment related matters along with business planning.
- To provide assurance that corrective action has been initiated and managed where gaps are identified in relation to financial, performance and investment risks.

The Committee met seven times in 2023-24.

Quality Committee

The Board of Directors has ultimate responsibility for the quality of care and services provided throughout the Trust and established the Quality Committee in April 2023 following a review of its committee structure. The Committee is chaired by Dr Mike Gill and its non-executive members include Sir John Gieve, Dr Mark Rickets, Abi Olapade and Andrew Hudson.

The Committee's purpose is to:

- provide oversight for ensuring the Trust delivers its statutory duties to provide high quality care and to continuously improve care; and for delivering the strategic priorities on quality, improving health, prevention and health inequalities.
- monitor the improvement of care, treatment and services throughout the Trust to ensure that it is safe; effective; responsive and personalised (positive experience); well-led; sustainability-resourced and equitable.
- support the development of a just culture which is open, transparent, and continuously improving.

The Committee met six times during 2023-24.

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People and Culture Committee

The People and Culture Committee is chaired by Cherron Inko-Tariah, a non-executive director, and includes two other non-executive directors, Dr Mark Rickets and Abi Olapade.

The aims of the Committee are to:

- oversee the delivery of our Homerton Healthcare's People Plan and its aim to make Homerton Healthcare the best place to work in the NHS.
- lead on eliminating discrimination and creating a just culture amongst Homerton Healthcare people and the communities we serve.
- provide the Board with assurance and oversight of all aspects of strategic people management and organisational development, and the people aspects of strategies or programmes of work which contribute to the provision of high-quality care.
- advise the Board on the formulation of people strategies and advise and report on the Trust strategy key performance indicators which it will monitor.
- ensure the Trust drives talent management and develops people at every level of the organisation.

The Committee met four times in 2023-24.

Charitable Funds Committee

The Charitable Funds Committee is chaired by Sir John Gieve, Trust Chair, and includes one other non-executive director, Dr Mark Rickets.

The Charitable Funds Committee reviews, assesses, and oversees actions regarding the long and short-term investment and spending strategies of the Homerton Healthcare NHS Foundation Trust Charitable Fund (the Charity). It ensures that charitable laws are abided by in the operation of its business.

The Committee met six times during 2023-24.

Remuneration and Nomination Committee of the Board of Directors.

The Remuneration and Nomination Committee determines the pay and employment policy for the executive directors and other staff designated by the Board. Remuneration is reviewed with due regard to benchmarking information and survey data of other comparative senior posts within the NHS. The Committee also considers the performance of the executive directors.

The Committee is chaired by Sir John Gieve, Chair of the Board of Directors and all the non-executive directors are members.

The Committee met five times in 2023-24 including to approve the appointment of new Chief Executive Officer, Bas Sadiq (table 6).

See the Remuneration Report for further information. The details of salary and pension entitlements for Board members are set out in the Remuneration Report on page 66.

Table 6. Remuneration and Nomination Committee Attendance

Remuneration and Nomination Committee Attendance						
	Apr 2023	May 2023	Sept 2023	Nov 2023	Feb 24	Total
Sir John Gieve	✔	✔	✔	✔	✔	5/5
Rommel Pereira	✔	✔	✔	✔	✔	5/5
Andrew Hudson	✔	✔	✔	✔	✔	5/5
Dr Mike Gill	✔	✔	✔	✔	✔	5/5
Dr Mark Rickets	✔	✔			✔	3/5
Cherron Inko-Tariah		✔	✔	✔	✔	4/5
Abi Olapade			✔	✔	✔	3/5

Board statement on knowledge, skills and expertise to fulfil its function and appraisal of directors

The Board of Directors is satisfied that its balance of knowledge, skills and expertise is appropriate to fulfil its function in accordance with the requirements of the NHS Foundation Trust Code of Governance and the Trust's Terms of Authorisation. In doing so the Board has relied on the evidence of its assessment of compliance with the NHS Licence.

The annual appraisal of the Chair of the Board of Directors is completed by the Senior Independent Director who seeks the views of directors and Governors. The performance of the non-executive directors is evaluated annually by the Chair.

The Chief Executive reviews the performance of the executive directors during their annual appraisal. The performance of the Chief Executive is reviewed by the Chair.

NHS England (NHSE) well-led framework

In 2018, the Trust received a 'Good' rating following the CQC's well-led inspection. In 2021- 22, the Board participated in a development session led by an independent facilitator to develop a targeted action programme in areas of leadership and governance for the Board to work on in order to deliver our vision and mission and sustain future performance. One of the actions from this work was to renew the organisation's, strategy and the new strategy was launched in March 2023. In November 2022, the Board participated in an externally facilitated workshop evaluating the Board's readiness against important aspects of the Well-Led Framework for the organisation, for example the strategic ambitions for the next three to five years; how the Board would operate and develop, and the skills, knowledge and experience required; and on the suitability of the Board and Board committee structure. The Board will carry out a self-assessment against the Care Quality Commission's criteria for organisation's being well-led in 2024, and an externally facilitated review will also take place.

Governors and members

A Foundation Trust is accountable to the communities it serves. Trust members and the public are welcome to attend Council of Governors' meetings and raise questions.

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Individuals aged 16 and over are able to become members of the Trust and take part in the election of Governors. Any member may stand for election as a Governor in their local constituency and, if elected, becomes a Governor of the Trust.

There are opportunities for interested members to ask questions about the role at the Annual Members' Meeting, or directly through the Trust offices.

The Trust has two membership constituencies as set out in the constitution:

- Public
- Staff

Membership of the public constituency is open to any individual who lives in the London Borough of Hackney, the City of London or the outer constituency. The outer constituency includes Tower Hamlets, Waltham Forest, Newham, Redbridge, Barking, Havering, Camden, Islington, Haringey, Enfield, Lambeth, Southwark, Westminster and Epping Forest District. Membership is also open to students in training at the Trust who live outside the Public constituency boundaries; they are allocated to the outer constituency.

The staff constituency is divided into clinical and other staff categories. Any staff on permanent employment contracts or those who have worked at the Trust for at least 12 months, including contractual staff or those holding honorary contracts, will be welcomed as members unless they choose to opt out.

The Trust is committed to recruiting a diverse membership which is reflective of the community that it serves. There is no set limit on the number of people who can register as members within the eligibility criteria. The public membership continues to be broadly representative of the local population in terms of ethnicity and gender but is under- represented in the 16-39 age category.

During 2023-24 the Trust undertook a database cleanse which removed inactive members. As a result, on 31 March 2024, the Trust had 2,008 (4,764 in 2023) public members and 4,569 (3,735 in 2023) staff members.

Council of Governors

The Council of Governors represents the views of the members of the Trust as a whole, both public and staff, together with the views of the public. It comprises elected public and staff members, together with representatives of partner organisations, local authorities and commissioning bodies.

The governor role is voluntary.

The Council has seats for 26 Governors comprised of:

- 14 Public Governors (elected)
- 6 Staff Governors (elected)
- 6 Appointed Governors nominated from partnership organisations.

On 31 March 2024, 24 of the 26 Governor seats were occupied.

Governors normally hold office for three years and are eligible for re-election or re- appointment at the end of their first and second terms. Governors may not hold office for more than nine consecutive years.

The Council also elects one of its members to be the Lead Governor. Jo Boait was appointed as Lead Governor in February 2023.

The following table (table 7) confirms the names of our Governors, their terms in office and attendance at Council meetings during 2023-24. The Council of Governors met six times in 2023-24 including one extra-ordinary meeting in February 2024 to approve the appointment of the new Chief Executive Officer.

Table 7. Governor terms in office and attendance at Council meetings

	Constituency / Partner organisation (P)	Current term	End of term	APR	JUN	SEPT	DEC	FEB	FEB (extra)	TOTAL
Clare Bennett	Public (Hackney)	First	Oct 24	✓	✓	✓	✓		✓	5/6
Laura Pascal	Public (Hackney)	First	Oct 26				✓			1/3
Dr Coral Jones	Public (Hackney)	Third	Oct 25	✓	✓	*	✓	✓		4/6
Aron Klein	Public (Hackney)	First	Oct 25	✓	✓	✓	✓	✓	✓	6/6
Wendy Pettifer	Public (Hackney)	First	Oct 25		✓					1/6
Saleem Siddiqui	Public (Hackney)	Third	Oct 25		✓	✓	✓	✓	✓	5/6
Stephen Sartain	Public (Hackney)	First	Oct 25		✓	*		✓		2/6
Shafiqul Alam	Public (Hackney)	First	Oct 24	✓	✓	✓	✓	✓	✓	5/6
Jane Hughes	Public (Hackney)	First	Oct 25	✓	✓	✓	✓	✓		5/6
Malcolm Alexander	Public (Hackney)	First	Oct 26				✓	✓		2/3
Penny Crick	Public (Hackney)	First	Oct 23		✓	*				1/3
Jo Boait (Lead Governor)	Public (City)	Second	Oct 25	✓	✓	✓	✓	✓	✓	6/6
James Torr	Public (City)	Second	Oct 25	✓	✓	✓	✓	✓	✓	6/6
Malcolm Weston	Public (Outer)	First	Oct 23	✓	✓	✓		✓		4/6
Mary Thomson	Public (Outer)	First	Oct 23		✓	*				1/3
Patricia Towey	Public (Outer)	First	Oct 26				✓	✓	✓	3/3
Sandra Weekes	Staff (Clinical)	First	Oct 25	✓	✓		✓		✓	4/6
Prof. Jane Anderson	Staff (Clinical)	First	Oct 23		✓	✓				2/3
Anna Young	Staff (Clinical)	First	Oct 25	✓	✓	✓	✓		✓	5/6
Dr Rifat Qureshi	Staff (Clinical)	First	Oct 25		✓	✓	✓	✓		4/6
Guy Sumaili	Staff (Non-Clinical)	First	Oct 26				✓	✓	✓	3/3
Ibrahim Hafeji	Staff (Non-Clinical)	Second	Oct 23		✓					1/3
Angela McCalla	Staff (Non-Clinical)	First	Oct 25	✓	✓					2/2
Paul Kelland	GP Partner Governor				✓				✓	2/4
Cllr Randall Anderson	City of London (P)	First	May 24	✓		✓			✓	3/6
Terry Stewart	Healthwatch Hackney (P)	First	Oct 25		✓				✓	2/6
Cllr Carole Williams	Hackney Council (P)	First	Jun 24		✓	*	✓	✓		4/6
Prof. Sharon Ellis	Queen Mary University (P)	First	Feb 23		✓	✓	✓	✓		4/6
Prof. Julie Attenborough	City University (P)	First	Sep 22		✓					1/6

*Members attempted to attend online but were unable to due technical issues.

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Governors who stood down in 2023-24

The Trust was saddened by the news that Professor Julie Attenborough, a Governor appointed by City University, died in January 2024 after a period of serious illness. She was a strong supporter of the Trust, particularly in respect of engagement with the local schools.

The following Governors stepped down during the year, either through resignation, because they were no longer eligible to be Governors, or their terms of office expiring (table 8)

Table 8. Governors who stood down in 2023-24

Name	Constituency/Partner organisation (P)	Current term	End of term
Penny Crick	Public (Hackney)	First	Oct 2023
Angela McCalla	Staff (Non- Clinical)	First	Oct 2025
Mary Thomson	Public (Outer)	First	Oct 2023
Prof. Jane Anderson	Staff (Clinical)	First	Oct 2023
Ibrahim Hafeji	Staff (Non- Clinical)	First	Oct 2023

Role of the Council of Governors

The Council of Governors has several statutory responsibilities including:

- holding the non-executive directors to account for the performance of the Board
- representing the interests of the members of the Trust as a whole and the interests of the public
- appointing or removing the Chair and non-executive directors
- appointing or removing the Trust's auditors.

To support collaboration between organisations and the delivery of better, coordinated care, the Council of Governors is now also required to form a rounded view of the interests of the 'public at large' under NHS England's Addendum to your statutory duties – reference guide for NHS foundation trust governors.

The Chair of the Board of Directors is also Chair of the Council. This establishes an important link between the two bodies and helps Governors to fulfil their statutory duties. The Chair ensures that governor views on key strategic issues are considered at the Board of Directors' meetings as part of the decision-making process.

Executive directors and non-executive directors regularly attend Council meetings to gain an understanding of Governor views, and those of the membership constituencies they represent. In turn Governors ask Board members questions about areas of concern or if they wish to receive further information.

The Lead Governor is in regular contact with the Governors to ascertain their opinions, to seek views about future agendas and to enhance communication between the Council and the Board.

During 2023-24 the Council of Governors held five meetings plus one extra-ordinary meeting to approve the appointment of the new Chief Executive Officer, Bas Sadiq, following her selection by the Board of Director's Nominations Committee.

Director attendance

The directors' record of attendance at Council of Governors meetings is set out below (table 9).

Table 9. Director attendance at Council meetings

	Apr	Jun	Sept	Dec	Feb	Total
Non-executive directors						
Sir John Gieve	✓	✓	✓	✓		4/5
Dr Mike Gill		✓	✓		✓	3/5
Andrew Hudson	✓	✓	✓	✓		4/5
Cherron Inko-Tariah	✓	✓		✓	✓	4/5
Rommel Pereira	✓	✓			✓	3/5
Dr Mark Rickets	✓	✓			✓	3/5
Abi Olapade	✓	✓		✓		3/5
Executive directors						
Louise Ashley		✓	✓		✓	3/4
Bas Sadiq		✓	✓	✓		3/4
Dr Deblina Dasgupta		✓	✓	✓	✓	4/4
Tom Nettel		✓		✓		2/3
Breeda McManus		✓	✓		✓	3/4
Dr Emma Rowland		✓	✓	✓	✓	4/4
Rob Clarke		✓	✓		✓	3/4
Trudy Martin			✓			1/1

The Council of Governors receive regular reports from the non-executive directors on the work of the Board and items of interest, including clinical and financial performance and quality standards. During the year, one meeting in April 2023 was held without the executive directors being present; this enabled discussions on key areas of focus to be held between the non-executive directors and groups of Governors.

During the year, the Council of Governors approved the appointment of the new Chief Executive Officer, Bas Sadiq, following her selection by the Board of Director's Nominations Committee.

After consideration by the Council of Governors' Nomination Committee and on the Committee's recommendation, the Council of Governors re-appointed Dr Mark Rickets and Dr Mike Gill for further three-year terms as non- executive directors.

On the recommendation of the Council of Governors' Remuneration Committee, the Council of Governors approved an increase to the fees paid to the Chair and the non-executive directors.

During the year, the Council of Governors reviewed the North East London Joint Forward Plan and received reports on the implementation of the Trust strategy, the North East London Acute Provider Collaborative, the Pathology Partnership and on the Trust's response to the All-Party Parliamentary Group Report & Recommendations in respect of sickle cell disease.

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Register of interests

Governors sign a code of conduct and declare any interests that are relevant once elected or at the time of appointment. A copy of the register may be obtained from the Trust Secretary by emailing huh-tr.members@nhs.net or by telephoning 020 8510 5555.

Committees of the Council

Although decisions must be made by the Council of Governors as a whole, the Council has created three committees to assist with specific statutory requirements and, on occasion, may allocate a task to an individual or a small working group to undertake more detailed work and report back to the Council.

Governor Nomination Committee for the Chair and non-executive directors

The Council of Governors has responsibility for approving the appointment or reappointment of non-executive directors. This work is led by the Nomination Committee of the Council of Governors.

Non-executive directors are appointed by the Council for an initial period of three years and, subject to satisfactory appraisal appointments, may be extended for a further three years. In exceptional circumstances a non-executive director can serve for a further year. The Council may also remove the Chair or another non-executive director in accordance with the provisions set out in the constitution.

The Nomination Committee of the Council of Governors comprises public and staff Governors and is chaired by the Chair of the Board of Directors. Its purpose is to select non- executive directors and recommend their appointment to the full Council of Governors, and to approve non-executive reappointments.

The Committee met in September 2023 and recommended the re-appointment of Dr Mark Rickets and Dr Mike Gill for further three-year terms as non-executive directors.

Governor Remuneration Committee

The Remuneration Committee of the Council of Governors comprises public and staff Governors and is chaired by the Lead Governor. Its purpose is to recommend salary and related conditions of the non-executive directors and the Chair. Whilst the Committee did not meet during 2023-24, its recommendations regarding an increase to the remuneration of the Chair and non-executive directors were approved by the Council of Governors on 20 April 2023.

Member Engagement and Communication Committee

The Member Engagement and Communication Committee has oversight of membership activities and is chaired by a public Governor. It supports the Council of Governors with its statutory duty to communicate, engage and involve members and the public with the Foundation Trust.

The Committee met in July and October 2023. The Committee was instrumental in motivating the Trust to arrange for the public membership database to be cleansed to facilitate more focused engagement. However, this work took significantly longer than expected and information regarding the process has been requested to try to confirm the validity of the results. Investigations are ongoing.

These issues with the public membership database diverted the Committee from its work to implement the Membership Strategy.

The key objectives of the Strategy are:

- to effectively engage and involve members and the public, including with the Trust's Strategic Plan.
- to ensure membership is representative of all sectors served by Homerton and grow membership of under-represented groups.

Contacting the Governors

If a member of the public or patient wishes to contact a Governor, they can do so by emailing huh-tr.members@nhs.net or by telephoning 020 8510 5555.

Finance disclosures

Cost allocation and charging guidance.

The Trust has complied with HM Treasury cost allocation and charging guidance, including incorporating action plans and feedback from previous audit recommendations.

Political and charitable donations

The Trust has not made any political or charitable donations this year.

Better payment practice code

During the financial year to 31 March 2024, the Trust paid 89.2% (2023: 91.1%) by volume and 90.2% (2023: 90.7%) by value of non-NHS suppliers within 30 days. Table 10 below highlights the better payment practice code statistics for 2023-24.

Table 10. Better payment practice data

Better payment practice code	31/03/24 YTD Number	31/03/24 YTD Number	31/03/24 YTD Number	31/03/24 YTD Number	Change YTD Number	Change YTD Number
Non-NHS						
Total bills paid in the year	69,435	226,764	63,306	206,119	6,429	20,645
Total bills paid within target	61,955	204,467	56,080	188,078	5,875	16,386
Percentage of bills paid within target	89.2%	90.2%	89.0%	91.2%	91.38%	79.39%
NHS						
Total bills paid in the year	1,563	32,069	1,428	29,364	135	2,705
Total bills paid within target	1,287	27,246	1,167	24,842	120	2,404
Percentage of bills paid within target	82.3%	85.0%	81.7%	84.6%	88.9%	88.9%

Income disclosures

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. The Trust complies with this requirement as can be seen in table 11.

Table 11. Income disclosures

	£'000
Health	456,664
Non-health	3,811
Total	460,475

The Trust has included within "healthcare income": all income from contracts for patient services; and income for the use of the Trust's buildings and facilities where it is from another NHS body engaged in the provision of healthcare.

The Trust has included within "non-healthcare income": income from private patients; rental income from non-healthcare bodies; income from overseas visitors, and other miscellaneous non-healthcare related income. This income makes an additional contribution towards the cost of providing NHS healthcare and improving the services that the Trust can provide to its patients.

Patient care activities

Our Quality Account describes what the Trust is doing to develop its services and improve patient care. The Quality Account will be published later this year and will be available on our website.

Stakeholder relations

The Trust continues to maintain and develop relationships within the NHS, the local authority, education partners and community and patient representative groups. The Trust works jointly with providers and stakeholders within City and Hackney and continues to work with health and care partners across north east London as part of the North East London Integrated Care System (ICS).

The Trust is a member of the North East London Acute Provider Collaborative (APC) with Barts Health NHS Trust and Barking, Havering and Redbridge NHS Trust. APC members collaborate to strengthen joint working and respond to immediate and longer-term plans to reduce unwarranted variation and increase standardisation across north east London. Our Director of Strategy and Partnerships has been working closely with counterparts at member trusts, as has our Chief Medical Officer and Chief Nursing Officer, as part of the APC's portfolio of work. Our Chief Finance Officer and Director of IT & Systems have additional roles within the North East London (NEL) system to improve procurement and digital and information systems.

The Trust forms part of the NHS East and South East London Pathology Partnership with Barts Health NHS Trust and Lewisham and Greenwich NHS Trust. The Partnership is jointly owned and managed by the three partner trusts and will enable us to invest in the development and delivery of sustainable pathology services within East London.

The Trust is an executive partner of University College London Partners.

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Some of our key stakeholders have nominated representatives on the Council of Governors which enables them to receive regular service and performance updates along with elected representatives of members of the public living in local boroughs.

The Trust is now in its seventh year of reporting through Planet Mark certification which provides assurance that we are reducing our carbon footprint and engaging with our stakeholders in relation to sustainability.

Basirat Sadiq

Chief Executive and Place Based Leader
27 June 2024

Remuneration Report

For the purposes of this report the disclosure of remuneration to senior managers is limited to executive and non-executive directors of the Trust.

In accordance with the Trust Constitution, executive director remuneration is determined by the Nomination and Remuneration Committee of the Board, comprising the Chairman and all non-executive directors. The remuneration of the Chairman and non-executive directors is determined by the Remuneration Committee of the Council of Governors.

Both committees work to common principles and procedures. Remuneration levels are set considering the requirements of the role, market rates, the performance of the Trust, benchmarking information (NHS and public sector) and affordability. The committees are authorised to obtain external or other professional advice on any matters within their terms of reference, with due regard to probity and cost. No individual is involved in any decision that affects his or her own remuneration.

The Nomination and Remuneration Committee is responsible for determining and agreeing on behalf of the Board, the broad policy for the remuneration of very senior managers. It is also responsible for considering the performance of the Chief Executive and executive directors. The Trust does not award performance bonuses.

The Committee meets at least annually to review the Board structure, size and composition, to consider succession planning and to identify the required board level skills and knowledge. The committee must also meet as part of the process of appointment for executive directors and decide on their remuneration.

Executive directors are required to give six months' notice to terminate their employment contracts. Non-executive directors are required to provide three months' notice. All directors have permanent contracts. Non-executive directors are appointed for a period of three years in accordance with the Constitution.

The Trust currently carries a provision of £0.26m for early retirements relating to ex- members of staff. The remuneration of two Executive Directors is greater than £150,000. In consideration of benchmarking information compared with peer trusts, the scope of the job roles and their responsibilities and the continued probity of the Remuneration Committee the Trust is satisfied that the remuneration is fair and reasonable.

Fair pay disclosures

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce[1 2].

The banded remuneration of the highest-paid director in the organisation in the financial year 2023-24 was £231-£235k, (2022-23, £195k-£200k). This is 17% change between years, (2022-23, 1.0%).

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

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For employees of the Trust as a whole, the range of remuneration in 2023-24 was from £27,515 to £287,613 (2022-23 £26,813 to £215,000). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 18% (2022-23, 6.0%). Seven employees received remuneration more than the highest-paid director in 2023-24. (2022-23, Two).

The general increase in salaries results from the national pay uplift across Agenda for Change bands. Pay costs in 2023-24 also include annual increments, overtime, and additional hours worked.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

The amounts for 2023-24 and 2022-23 in the table 12 below include agency costs as required for the current year reporting.

Table 12. Audited Fair pay disclosures.

2023-24	25th percentile	Median	75th percentile
Salary component of pay	£29,469	£43,607	£57,848
Total pay and benefits excluding pension benefits	£29,469	£43,607	£57,848
Pay and benefits excluding pension: pay ratio for highest paid director	7.89	5.33	4.02
2022-23			
Salary component of pay	£27,546	£39,949	£53,751
Total pay and benefits excluding pension benefits	£27,546	£39,949	£53,751
Pay and benefits excluding pension: pay ratio for highest paid director	7.22	4.98	3.70

1 HM Treasury has advised that this definition should be applied to the term 'employees. The calculation includes agency and other temporary employees covering staff vacancies but excludes consultancy services. Only the remuneration paid to the employee is included, not agency fees. An estimate may be appropriate to ascertain a reasonable split where this information is not available on entity payroll systems. The agency costs that are included in the median pay as one block item because the information is not available to the Trust on a more granular level.

2 The non-consolidated 2022-23 component of the 2023-24 pay award is included in this calculation.

£150,000 is the threshold used in the Civil Service for approval by the Chief Secretary to the Treasury as set out in guidance issued by the Cabinet Office. Although the Cabinet Office approvals process does not apply to NHS foundation trusts the threshold is used as a benchmark for disclosure.

Table 13 below provides information on the remuneration of senior managers.

Table 13 Remuneration of Executive Directors 2023-24 which is subject to external audit.

2023-24				2022-23		
Name and title	Salary (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	Total (bands of £5,000) £000	Salary (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	Total (bands of £5,000) £000
Executive directors						
Ashley L – Chief Executive[1]	235-240	87.5-90	320-325	105-110	62.5-65	170-175
Jones D – Acting Chief Executive[2]	-	-	-	80-85	-	80-85
Jones D – Deputy Chief Executive[3] [11]	-	-	-	70-75	-	70-75
Sadiq B– Deputy Chief Executive[13]	160-165	52.5-55	215-220	-	-	-
Wells P – Director of Finance and Estates[4]	-	-	-	25-30	57.5-60	80-85
Macalister A – Acting Director of Finance[5]	-	-	-	35-40	-	35-40
Clarke R – Chief Finance Officer[6]	145-150	32.5-35	180-185	70-75	40-42.5	110-115
MacManus B – Chief Nurse and Director of Governance	130-135	2.5-5	135-140	120-125	62.5-65	180-185
Pelley C – Director of Systems Development[7]	-	-	-	50-55	2.5-5	50-55
Dasgupta Dr D – Chief Medical Officer	205-210	-	205-210	195-200	87.5-90	285-290
Rowland Dr E - Chief Operating Officer[14] [17]	185-190	260-262.5	445-450	-	-	-
Nettel T – Chief People Officer[15]	115-120	-	115-120	125-130	32.5-35	155-160
Powell O – Acting Chief Operating Officer[8] [12]	-	-	-	120-125	47.5-50	170-175
Martin T – Interim Chief People Officer[16]	40-45	-	40-45	-	-	-
Gieve Sir J – Chairman	45-50	-	45-50	40-45	-	40-45
Non-executive directors				**2022-23**		
Olapade A[9] [10]	10-15	-	10-15	5-10	-	5-10
Pereira R	10-15	-	10-15	10-15	-	10-15
Gill M	10-15	-	10-15	10-15	-	10-15
Rickets M	10-15	-	10-15	10-15	-	10-15
Hudson A	10-15	-	10-15	10-15	-	10-15
Inko Tariah C	10-15	-	10-15	10-15	-	10-15

1 Louise Ashley joined the Trust as Chief Executive and Place Based Leader on 4 October 2022
2 Dylan Jones acted as Chief Executive Officer from 1 April until 3 October 2022
3 Dylan Jones acted as Deputy Chief Executive from 4 October until leaving the Trust on 29 March 2023.
4 Phill Wells left the Trust as Director of Finance and Estates on 5 June 2022.
5 Alan Macalister acted up as Director Finance from 6 June 2022 until 18 September 2022.
6 Rob Clarke joined the Trust as Chief Finance Officer on 19 September 2022.
7 Catherine Pelley left the Trust on 31 August 2022 as Director of Systems Development.
8 Osian Powell acted up as Chief Operating Officer for the whole year.
9 Abi Olapade was appointed as a Non-executive Director on 1 September 2022.
10 Abi Olapade made contributions to the NEST pension scheme and the Trust contribution was £200 for 2023/24 and £156 for 2022-23.
11 Dylan Jones opted out of the NHS pension scheme during 2022-23.
12 Osian Powell opted out of the NHS pension scheme during 2022-23.
13 Basirat Sadiq jointed the Trust as Deputy Chief Executive on 3 April 2023.
14 Emma Rowland was appointed Chief Operating Officer on 9 May 2023.
15 Tom Nettel took leave from 20 July until 12 September 2023.
16 Trudy Martin acted as interim Chief People Officer from 20 July to 12 September 2023.
17 Dr Emma Rowland all pension related benefits disclosure is inflated this year due to becoming an executive director (from a full time Medical Consultant) and will normalise in 2025-26.

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In 2023-24 the Trust paid no expenses or performance related bonuses (2022-23 - nil) to executive and non-executive directors and no payments were made to Governors (2022-23 - nil). The Trust is well served by its Governors and volunteers who are not paid for their services.

The element of the Chief Medical Officer's and Chief Operating Officer's salary that related to their Executive Director's allowance in 2023-24 was approximately £44k and £46k respectively.

Pensions

Normal retirement age is dependent upon the NHS Pension scheme; for the 1995 scheme normal retirement age is 60, for the 2015 scheme normal retirement age is 65. One of the Trust's directors during 2023-24 is a member of the 1995 scheme and their normal retirement age is 60. There are no additional benefits receivable in the event of early retirement and no rights under more than one pension scheme arising for the directors.

There were no payments in the year in respect of "golden hellos", compensation for loss of office, or benefits in kind for any of the senior managers. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions for non-executive directors. 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 below (table 14) relate to the benefits that the individual has accrued because of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV amounts, and from 2004-05 the other pension amounts, 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 because of their purchasing additional pensionable 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 and contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement). The CETV at 31 March 2023 is discounted by the HM treasury discount rate. A common market valuation factor is then applied to the difference between this and the CETV at 31 March 2024 to calculate the real increase in CETV. If a director or senior manager started during the year, the opening pension, or cash equivalent transfer value (CETV) values will not normally be available and therefore the opening value or increase in year will be set to nil.

Table 14. Pension benefits of senior managers which is subject to external audit.

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 Mar 2024 (bands of £2,500)	Lump Sum at pension age related to accrued pension at 31 Mar 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 31 Mar 2024 £000	Cash Equivalent Transfer Value at 31 Mar 2023 £000	Real Increase in Cash Equivalent transfer value £000
Ashley L Chief Executive and Place Based Leader	5-7.5	2.5-5	65-70	175-180	1,688	1,319	204
Sadiq B Deputy Chief Executive	0-2.5	45-47.5	35-40	90-95	873	393	415
Clarke R Chief Finance Officer	2.5-5	-	10-15	-	145	82	34
McManus B Chief Nurse and Director of Governance	-	27.5-30	30-35	80-85	682	473	144
Rowland Dr E Chief Operating Officer	12.5-15	27.5-30	45-50	120-125	942	604	225
Dasgupta Dr D Chief Medical Officer	-	40-42.5	90-95	245-250	2,296	1,822	244
Nettel T Chief People Officer	0-2.5	30-32.5	30-35	80-85	572	369	123

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2024.

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Nomination and Remuneration Committee

The Nomination and Remuneration Committee met in April 2023 to consider and approve the newly appointed Chief Operating Officers salary. The meeting was chaired by Sir John Gieve, also present were Andrew Hudson, Abi Olapade, Rommel Pereira, Dr Mark Rickets and Dr Mike Gill. The meeting was part attended by the Chief Executive and fully by the Trust Secretary.

The Committee met in May 2023 to consider executive director performance and remuneration for 2022-23. The meeting was chaired by Sir John Gieve, also present were Andrew Hudson, Cherron Inko-Tariah, Abi Olapade, Rommel Pereira, Dr Mark Rickets and Dr Mike Gill. The meeting was part attended by the Chief Executive and Chief People Officer and fully by the Trust Secretary.

The Committee met in September 2023 to consider the introduction of Partial Retirement to the NHS and approve the Chief Executive Officers application for partial retirement. The meeting was chaired by Sir John Gieve, also present were Andrew Hudson, Cherron Inko-Tariah, Abi Olapade, Rommel Pereira, and Dr Mike Gill. The meeting was attended by the Interim Chief People Officer and the Trust Secretary.

The Committee met in November 2023 to consider executive director performance and remuneration for 2023-24. The meeting was chaired by Sir John Gieve, also present were Andrew Hudson, Cherron Inko-Tariah, Abi Olapade, Rommel Pereira and Dr Mike Gill. The meeting was part attended by the Chief People Officer and fully by the Trust Secretary.

The Committee also met during the year to consider and/or approve the job description, terms and conditions and appointment for the Chief Executive and Place Based Leader. The selection processes were undertaken using open competition, and in line with best practice in the NHS Code of Governance, an external assessor was included in the interview panel.

Components of Senior Management Remuneration

Homerton purpose	Operation	Opportunity	Performance measures	Recovery
Executive directors are set annual performance objectives aligned to the Trust's strategic priorities and lead on the delivery of divisional business plans structured around the same priorities.	Executive directors are on spot salaries, which are agreed upon appointment. Salaries are reviewed annually by the Remuneration Committee which considers the market rate for the position, any alterations to scope and the performance of the individual as assessed in their PDR*.	Executive directors are paid a flat salary that is not linked to performance outcomes. Based on performance and benchmarking decisions are made by members of the Remuneration Committee in respect of the potential for pay awards.	Executive directors along with all staff are assessed against both what they achieve (objectives) and how they achieve it (values and behaviours) as part of their annual PDR.	There are no provisions for withholding payments.
	A remuneration benchmarking report, based on a benchmark of similar trusts, is prepared for the Remuneration Committee.			

*PDR = performance development review

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Pensions

Homerton purpose	Operation	Opportunity	Performance measures	Recovery
Executive directors are eligible to join the NHS pension scheme which is linked to the director's salary.	NHS pension rules and contribution rates apply	As above	N/A	Where dismissals are made due to misrepresentation in obtaining office, there are provisions for recovering employer pension contributions.

No Directors have opted out of the NHS Pension scheme. Executive remuneration for executive directors is set out in the terms of reference of the Trust's Remuneration Committee. Medical staff within the Trust are on standard medical terms and conditions. Non-medical staff are employed on Agenda for Change terms and conditions and some staff are employed on local salary scales. Pay increments are based on performance in line with the framework described above.

Employees were not consulted as part of the preparation of the current Nomination and Remuneration Committee Terms of Reference which cover executive directors' remuneration.

Policy on payment for loss of office

Payments for loss of office are made in line with the Trust's change management policy.

Basirat Sadiq

Chief Executive and Place Based Leader
27 June 2024

Staff Report

The Staff Report includes some elements that are subject to audit. The number of staff directly employed by the Trust increased by 228 whole-time equivalents (WTE) from 3,812 WTE in 2022-23 to 4,040 in 2023-24. This increase reflects the reduction in vacancies and turnover rate experienced over the last 12 months (table 15 and 16).

Excluded from these figures are pre and postgraduate healthcare practitioners who were placed with us for training, bank and agency employees, staff holding honorary contracts and catering and domestic personnel.

Table 15: Staff Costs

Staff costs				
	Permanent £000	**Other £000**	**2023-24 Total £000**	**2022-23 Total £000**
Salaries and wages	195,528	1,290	**196,818**	**180,039**
Social security costs	26,689	-	**26,689**	**23,434**
Apprenticeship levy	1,169	-	**1,169**	**995**
Employer's contributions to NHS pension scheme	37,446	-	**37,446**	**33,864**
Pension cost - other	54	-	**54**	**56**
Other post-employment benefits	-	-		**-**
Other employment benefits	-	-		**-**
Termination benefits	-	-		**-**
Temporary staff	-	52,931	**52,931**	**54,352**
Total gross staff costs	260,886	54,221	**315,107**	**292,740**
Recoveries in respect of seconded staff	-	-		**-**
Total staff costs	260,886	54,221	**315,107**	**292,740**
Of which				
Costs capitalised as part of assets	492	608	**1,100**	**1,024**

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Table 16: Average Employees

Average number of employees (WTE basis)				
	Permanent number	Other number	2023-24 Total number	2022-23 Total number
Medical and dental	549	58	607	576
Ambulance staff	6		6	6
Administration and estates	724	30	754	777
Healthcare assistants and other support staff	673	72	745	715
Nursing, midwifery and health visiting staff	1327	132	1459	1414
Nursing, midwifery and health visiting learners	27		27	18
Scientific, therapeutic and technical staff	635	18	653	667
Healthcare science staff	87		87	83
Social care staff	4		4	2
Other	7		7	7
Total average numbers	4,040	309	4,349	4,263
Of which:				
Number of employees (WTE) engaged on capital projects	9	10	19	15

In total, 79% of our staff are female which is typical of NHS organisations (table 17). This proportion is the same as last year. At the end of the year there were eight male and seven female members of the Board of Directors.

Table 17: Gender and Disability Analysis

Gender and Disability Analysis (headcount)				
Gender	**2023-24**	**%**	**2022-23**	**%**
Male	949	21%	889	21%
Female	3602	79%	3420	79%
Total	4551	-	4,309	-
Recorded disability	277	6%	253	6%

Our gender pay gap report is on the Government website at https://gender-pay-gap.service.gov.uk.

Staff performance indicators

Performance against workforce indicators is improving, with the Board and Divisional Management Teams receiving monthly performance information. Vacancy rates have decreased over the last financial year from 8.08% at March 2023 to 7.48% at March 2023, with a focused recruitment plan now in place; over the last 12 months the staff turnover rate has also improved, decreasing from 14.05% in March 2023 to 12.11% in March 2024. For further information on turnover, see NHS Workforce Statistics on https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics.

Staff support and wellbeing

Homerton Healthcare is committed to the wellbeing of all staff from recruitment and throughout the employee life cycle. The Trust has a diverse staff group who are committed to providing the best possible care and supporting the successful running of the organisation.

The Trust has a comprehensive central wellbeing offer with 3 pillars: psychological, physical, and financial wellbeing. However, the Trust also recognise that staff wellbeing is most effectively delivered by each and every one of us; managers, colleagues, peers and leaders and also aim to support a culture of this within the organisation, ensuring managers, colleagues, peers and leaders incorporate this within their day-to-day activities.

In the last year the Trust has refined the central wellbeing offer, conducted a wellbeing review and introduced new wellbeing offers. In late 2023, the Trust introduced two additional financial wellbeing offers including Wagestream, an app giving staff access to their weekly earnings and a staff hardship fund from the Trust charity, Homerton Hope. The Trust also welcomed a new direct pathway to confidential psychological support for all Homerton staff at City and Hackney Talking Therapies.

Throughout the year the Trust supports staff in a number of different schemes; Elf chocolate delivery and free meals during the December holiday period, our staff networks and events that Trust leadership supports and attends, Homerton Hope charity events like the 'Hackney Half', Schwartz Rounds and the Trust staff recognition schemes including the annual HOSCARS celebrating excellence in delivering the Trust strategy; Our Future Together.

Part of Our Future Together is to develop happy, healthy & heard staff; ensuring our people feel valued, and able to work and thrive in the environment we provide. This year the Trust led a transformation programme to reduce reliance on agency and stabilise Trust vacancy rates. This programme delivered significant financial savings but also improved the experience of work at Homerton for many staff and is evidenced in this year's staff survey (below). This was a collective effort led by the People function supporting numerous recruitment campaigns and increasing bank rates in December 2023 in line with agenda for change pay.

In the last year, the Trust increased its resources and commitment to the Freedom to Speak up (FTSU) provision to support the Trust Strategy commitment to happy, healthy & heard staff; focusing on the 'heard' element of the plan. Visibility and accessibility of the FTSU guardian was accelerated meet the needs of our people, supported by our communications channels to ensure all our people know who the guardian is, what they do, and how to contact them and discuss concerns. The Trust also recruited six FTSU Champion roles who will support our people to speak up and feel heard.

The Trust's rolling sickness absence rate averaged 4.13% for the 2023-24 (4.46% 2022-23) financial year. This is above our target of 3% and is largely attributable to the pandemic and the pressures of recovery. The sickness management policy is widely used to ensure staff receive appropriate support and attendance is managed in the interests of service delivery.

Sickness absence rates can be found in the NHS Sickness Absence Statistics at: https:// digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

The Health and Safety Team sits within the Environment Directorate managed by the Deputy Director of Estates, Facilities and Capital Projects. The team is central to measuring and monitoring non-clinical compliance and deals with varied operational demands where no two days are the same. The aim of the team is to see that our patients, staff and other users have a safe and pleasant experience whilst in our care. We achieve this by working collaboratively with all areas of the Trust, carrying out assessments of inductions for new joiners, measuring completion of

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statutory and mandatory training, and frequent monitoring of planned and reactive maintenance tasks. The team also regularly reviews estates and facilities related policies including business continuity plans and critical services policies, making sure that these are current and fit for purpose.

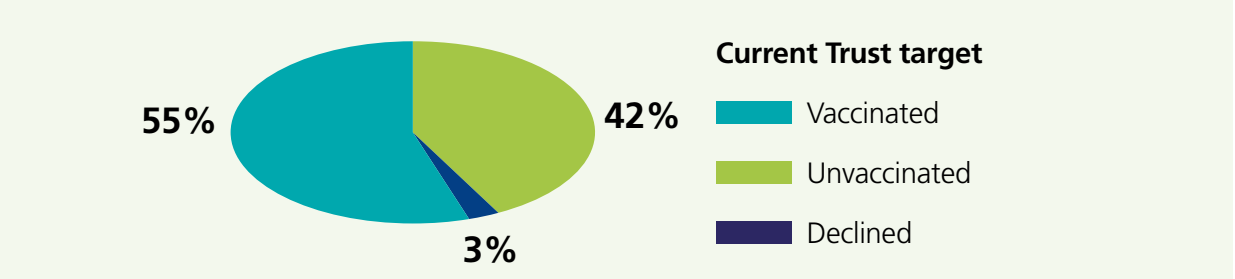
The team is reasonably assured that the Trust has adequate policies, systems, and procedures in place for the identification and management of health and safety issues across the organisation. However, there is always room for improvement, and the Trust has implemented a wholescale review of compliance across the Trust and has put an improvement plan in place to address any gaps that are found. Progress against delivery of this plan will be reported through to the Finance, Investment and Performance Committee to provide greater levels of assurance to the Trust that statutory requirements are being met.

The Occupational Health (OH) team regularly reviews core employee health metrics, including reason for referral and referrals by staff group and division. Mental health and musculoskeletal concerns have been identified as the most common reasons for referrals.

Influenza programme

Our Peer Vaccinators promoted the influenza programme across the Trust this year by helping vaccinate their peers on hospital wards, at community sites and across many other locations. We are so grateful for their incredible work.

Our mission is to reduce the risk of staff catching and becoming ill with Flu, and likewise with our patients. The Trusts aim was to reach every department, in every division, at every site and make it easier than ever to get a jab and get protected.



Staff involvement and engagement

The communications team manage our Trust wide channels including our intranet, screensavers, regular email updates (such as our weekly newsletter HomertonLite), daily all staff briefings (the 12at12) and our website.

These channels are managed using a combination of communications best practice and qualitative staff feedback to tailor to the needs organisation, making sure they are helping keep staff informed and engaged.

The communications team designs and manages the rollout of proactive campaigns relating to key priorities, including the recent 'Respect our Safety' campaign to reduce violence and aggression against our staff. The communications team also supports and advises on the creation of hard copy materials, such as posters, handouts and signage to help keep staff informed of key priorities and service changes.

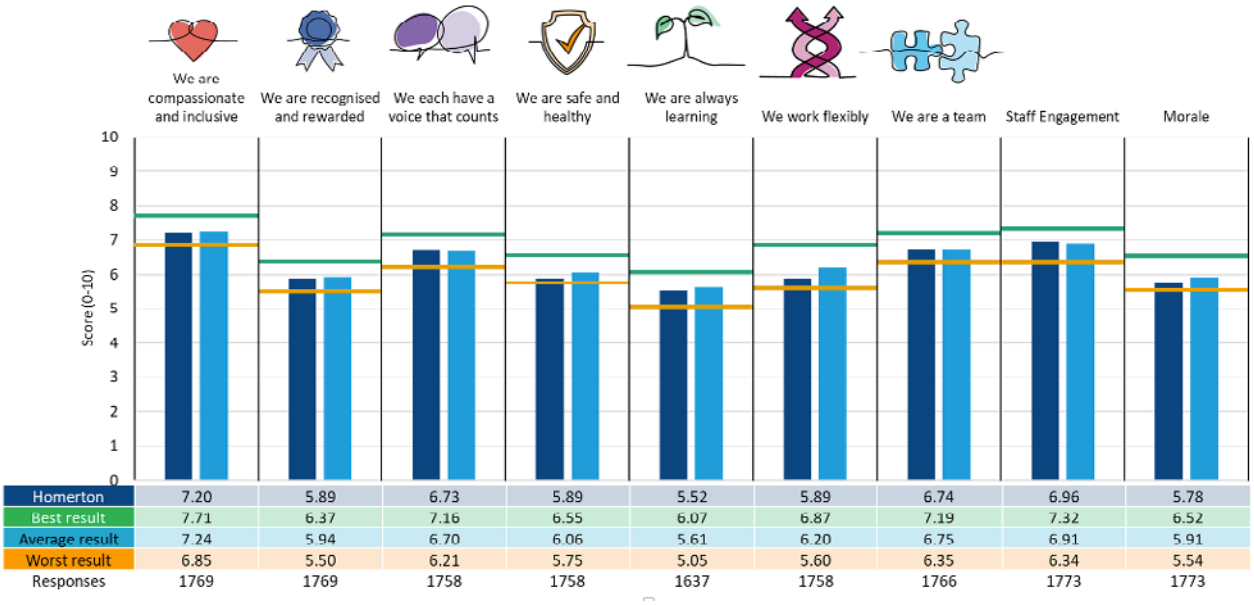
The Trust intranet is also an important tool for staff, primarily used to access forms, systems and policies. The homepage is being redesigned based on user feedback to make it easier for staff to get what they need from this channel. The communications team support all teams across the Trust with training feedback and updates to the information on their service intranet and website pages.

Staff survey

The 2023 NHS Staff Survey ran between October and November 2023 and was based on a whole Trust census. The Trust is one of 126 trusts in the benchmarking group of 'Acute' and 'Acute and Community Trusts'. This is the second year gathering staff feedback on views aligned to NHS England and NHS Improvement's 'People Promise', as well as the themes of 'Staff engagement' and 'Morale' from the 2021 survey. Due to only one year in reporting, there is limited historical comparison available.

The Trust had a 42% response rate, a slight reduction from the 47% response rate in 2022. The Trust improved on all elements of the People Promise and Themes in 2023. Four of these improvements were significantly higher (through statistical significance testing) than in previous years (figure 1 and 2).

Figure 1: Staff Survey Results



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Homerton	7.20	5.89	6.73	5.89	5.52	5.89	6.74	6.96	5.78
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	1769	1769	1758	1758	1637	1758	1766	1773	1773

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Homerton is above the national average for acute and community trusts in; We have a voice that counts and Staff Engagement. The Trust's most improved areas are; We are recognised and rewarded, We are safe and healthy, We are always learning and Morale.

The Trust's areas of poorest performance (against other acute and community providers) are; We are safe and healthy and We work flexibly.

Over 90% of Homerton staff feel that their role makes a difference to patients / service users which is amongst the highest across all acute and community providers nationally.

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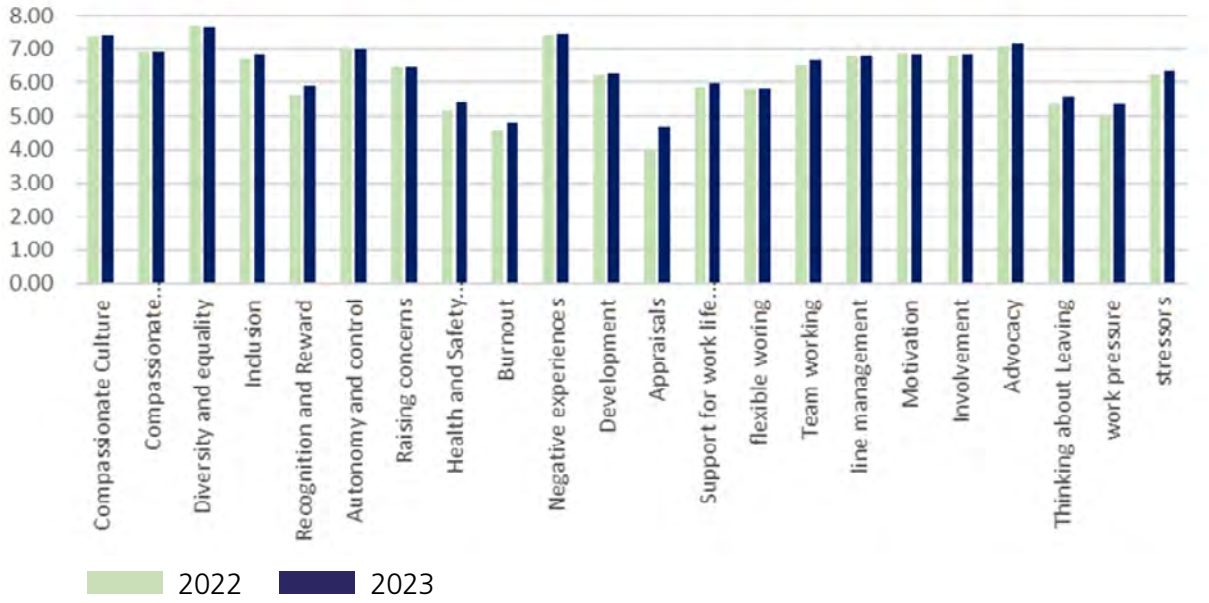
Figure 2: People Promise sub-scores



- The sub score for compassionate culture (we are compassionate and inclusive) is above the national average. This year there was a small reduction in compassionate leadership and diversity and equity but an increase in inclusion.
- There was a small reduction in the theme of raising concerns (we each have a voice that counts) at -31% despite being above the national average.
- Negative experiences (we are healthy and safe) are higher than the national average and our score has increased by a very small amount (.68%) in 2023. The issues Homerton staff have fed back are primarily around their experiences of violence and aggression or bullying and harassment from either patients or colleagues.
- The Trust is below the national average on support for flexible working (we are flexible). Questions in this sub score were about achieving a good balance between work life and home life and the ability to speak to a manager openly about flexible working.
- Homerton's staff engagement score (motivation, involvement, advocacy) has mixed results with high advocacy scores and below average scores in motivation (I look forward to going to work, I am enthusiastic about my job).

The Trust is aiming for higher response rates in 2024 with continued improvement across all elements of the People Promise. In addition to remaining focused on delivering the Trust strategy, the 2024 People Plan will focus on high impact actions for areas where we are below average including negative experiences & safety at work and flexible working.

Equality, diversity and inclusion

In line with its equality duties, Homerton Healthcare NHS Foundation Trust has set out to achieve equality and inclusion for all our people as part of Our Homerton People Plan, which is our plan to make Homerton the best place to work in the NHS and supports the national six high impact actions and our strategic aims of developing happy, healthy and heard staff and delivering outstanding, equitable care.

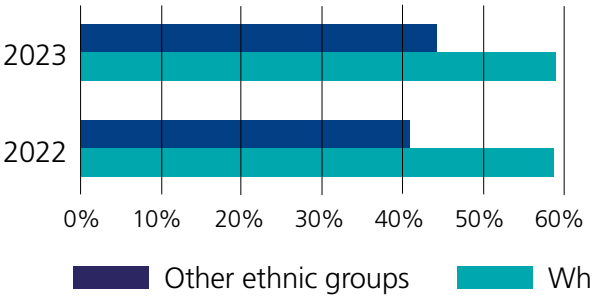
We are committed to achieving equality and inclusion for all our people at Homerton Healthcare NHS Foundation Trust and we respect and value the diversity and differences of our patients and our people, ensuring everyone is enabled to thrive, feels a sense of belonging, and is able to be their authentic self.

We are proud to be in one of the most diverse locations in the country, with nearly 90 different languages spoken as a main language, and we champion equality, diversity and inclusion in all aspects of our employment practices and service delivery. Every member of our staff is expected to understand, commit to, and champion equality, diversity and inclusion throughout their work.

The Trust uses annual and local data, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap, Staff Survey, workforce data, and feedback and engagement from our staff networks to understand the experience of colleagues with protected characteristics and use collaborative forums to discuss, test and refine plans to address the challenges.

Figure 3: Staff progression

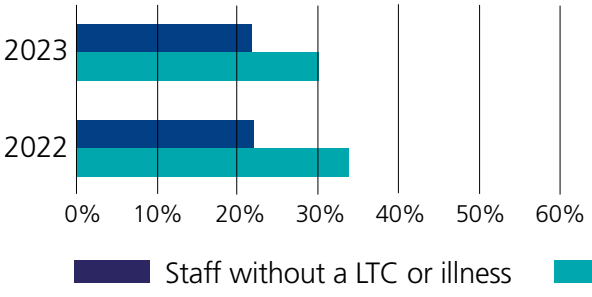
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



The Trust's most significant improvement has been an 8.61% increase in the percentage of Black Asian and ethnically diverse staff that believe the organisation provides equal opportunities for career progression or promotion.

Figure 4: Staff under pressure

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



There is a significant gap for the Trust to close on the different experiences at work but to date, the collective action of the Trust enabling these improvements indicate the organisations commitment to this work, the People Plan and Our Future Together.

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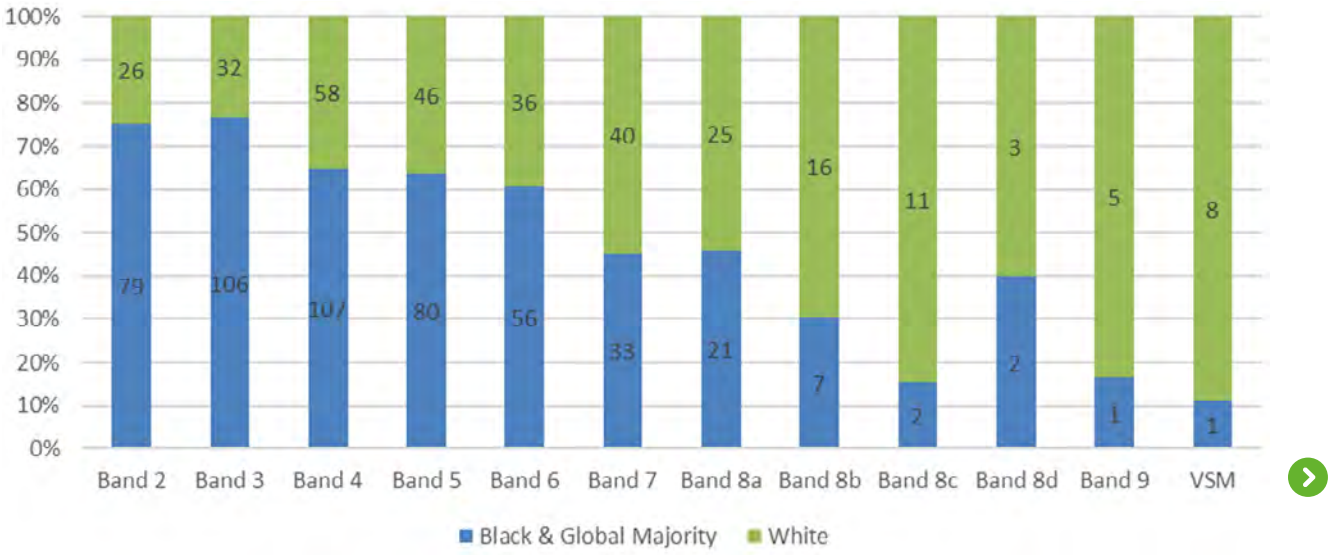
Profile of staff

The Trust reports annually on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Our WRES metrics confirm that 58.71% of staff across the Trust are Black and Global majority, and representation of Black and Global Majority staff decreases from bands 6 and above.

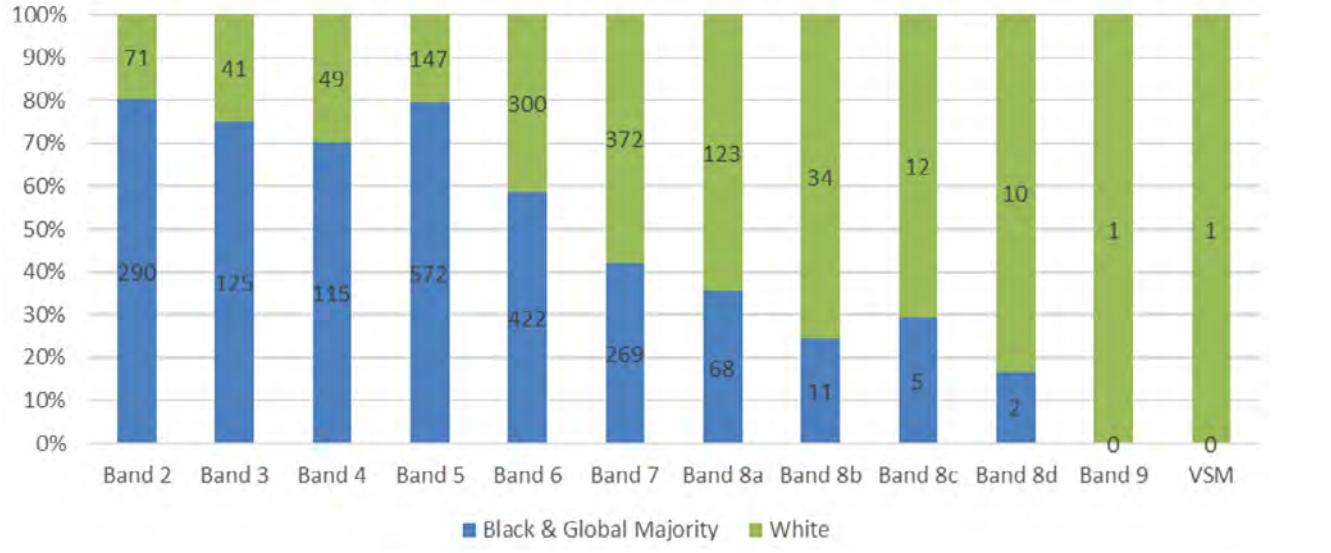
Figure 5: Metric 1: Number of Black & Global Majority and White staff in each of the AfC Bands 1-9 & VSM shown as a proportion of the total workforce in that pay band (including executive Board members)

Non-clincal workforce



Note: Outside of AfC, there is an additional Black & Global Majority and an additional White member of staff within our Very Senior Management structure.

Clincal workforce



Representation of Black Asian and other ethnically diverse background staff at a senior level remains a priority for the Trust; and the Board has become more reflective of the wider organisation and now better reflects the overall profile of the Trust, but more work is needed from bands 7 and above to address this challenge.

Homerton Bumble Bee Award

Bumble Bee Award Winners

April 2023
Clinical Support Worker

Tamara Steer

Homerton Ambulatory Medical Unit (HAMU)

She always introduces herself to patients, always asserts herself in promoting and performing patient care and always willing to learn.

April 2023
Clinical Support Worker)

Tobi Amos

City and Hackney Young People's Service

Tobi is new to our team, but I am nominating her as I have rarely before had had so much positive feedback about a new member of staff.

May 2023
Clinical Support Worker

Shakera McDonald

ACERS

Shakera is extremely conscientious in all areas of her work. She goes above and beyond in her assessments. We are extremely grateful for all her work!

Acute May 2023
Clinical Support Worker

Safirah Irani

Delivery Suite, Maternity

Safirah is very hardworking and very supportive. She is a vital part of our delivery suite. Always keen to help.

June 2023
Clinical Support Worker

Lucinda Rawana

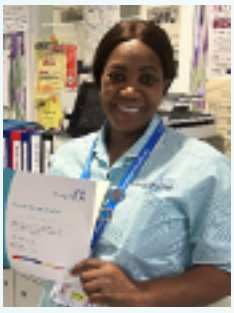
Health Visiting Team A

Lucinda is very proactive and respectful (to both staff and clients), always smiling and ever willing to help.

June 2023
Clinical Support Worker

Marjorie Noad-Edie

Thomas Audley Ward



Marjorie was able to escort a patient to x-ray. The patient was uneasy and refusing. Marjorie showed empathy and compassion that eased the patient. Whole team were very happy to see patient going for x-ray.

July 2023
Clinical Support Worker

Elizabeth Adebayo

Health Visiting Team F

Elizabeth goes above and beyond when doing her 27 months review. She is passionate and dedicated in her role as a nursery nurse.

July 2023
Clinical Support Worker

Elizabeth Manu

Thomas Audley Ward

When Elizabeth is on duty, she does not only care for patients allocated to her, she cares for other patients who need her help. She does this with kindness and compassion.

August 2023
Clinical Support Worker

Nesrin Taze

Maternity Support Worker

Nesrin often covers for the maternity community administrator and coordinator in their absence with no complaint. These roles are far above her pay grade yet she gets on with the job competently.

Acute August 2023
Clinical Support Worker

Vera Wusu

Delivery suite

Vera is a very hard-working member of our team. Always willing to help people and go the extra mile on the unit. She always has a smile on her face and happy to help everyone.

September 2023
Clinical Support Worker

Stefanie Lewis

Children's Safeguarding Team

Stefanie goes the extra mile for extremely vulnerable children, young people and their families in the Hackney Area. She is caring, empathic and professional.

Homerton Bumble Bee Award

Bumble Bee Award Winners

September 2023
Clinical Support Worker
Colin Jordan
Lamb Ward

Colin works very hard to maintain patients at the centre of what he does on every shift. He always has a caring and positive attitude and is a pleasure to work with.

October 2023
Tiffany Rose Green

Tiffany showed great empathy and support towards a family who were very distressed due to ongoing housing issues and financial problems. She went above and beyond to support everyone on the ward but especially this vulnerable family, thank you Tiffany!

January 2024
Clinical Support Worker
Marsha Gentle
Health Visiting

Marsha is a kind and helpful colleague. She demonstrates professionalism when interacting with staff and patients.

February 2024
Clinical Support Worker
Shaheen Doctor
Adult Community Nursing

Shaheen is a valued member of the team and is always willing to help her colleagues even during very busy times.

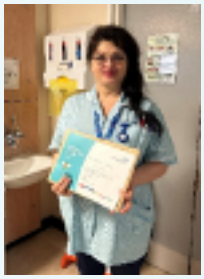
February 2024
Clinical Support Worker
Toni O'Brien

Toni is an all-rounder and supports her team incredibly well. Toni is caring and compassionate and very on top of her job.

March 2024
Clinical Support Worker
Hannah Sekyere
Mary Seacole Nursing Home

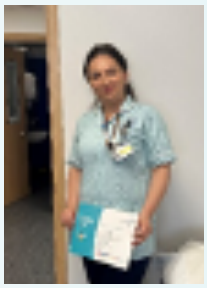
Hannah is always smiling and helping others. She has fitted into the team very well after a short time. She is getting on with the residents as well as her colleagues

April 2024
Clinical Support Worker
Daniela Musat
ACU



Daniela goes above and beyond to ensure her patients are extremely well looked after. She is so thorough and kind in everything she does - also always helping all members of staff and showcasing teamwork.

April 2024
Clinical Support Worker
Ana Gaita
Abortion Care Service



She is always working very hard going above and beyond her duties to facilitate the smooth running of clinic and to help staff out wherever she can. She is a vital, very much valued and appreciated member of our team. She has a great can-do mentality and really supports the clinical team.

May 2024
Clinical Support Worker
Nasima Begum
Graham Ward

Nasima works in ward selflessly. she is very helpful, motivating and very honest in work. Her work is holistic and safety oriented. She is very good in reporting and escalating patients concern in a timely manner.

The People Plan 2023-24

The Homerton Strategic Framework outlines strategic priorities for delivery the Homerton Strategy and how the People Plan supports the delivery of Priority 3 -Develop Happy, Healthy & Heard Staff.

Much of the work set out and undertaken is an extension of work in train from the previous People Plan 2020-2023 as well as other more recent work already being undertaken to support the Trust Strategy.

What is the Plan's aims?

A substantial body of evidence links the experience and care that patients receive with people's experience at work and so we want to make the Trust the best place to work in the NHS. This aligns to the goal of the NHS People Plan which aims to make the NHS the best place to work.

People Plan 2023-24 delivery

i. We will be able to demonstrate an integrated, multi-professional workforce with new / different roles and ways of working which meets the needs of our patients and service users Achieving equality and inclusion for our people.

How will we do this?

The Trust is committed to achieving its plan by ensuring the below:

- Support our leaders to be compassionate and emotionally intelligent and equip them with the tools they need for success.
- Have the right staff, in the right numbers, with the right skills, at the right time.
- Explore opportunities to expand careers and integrate new roles and extend scope of existing roles, where appropriate.
- Expand recruitment via nontraditional routes.

What have we done?

The Trust has supported our leaders with a variety of training such as Cultural Awareness Training for Ward Managers and Culture Club. Our leadership behaviours have now been included in induction, JDs and link to behaviours and development offer in appraisal paperwork.

We have launched various educational platforms to ensure we have the right staff in the right place with the right skills at the right time such as skills pathways for nurses in all inpatient wards, clinical support worker education and career hub, clinical skills hub, new digital and mandatory training in lead post, national preceptorship quality mark achieved and various other educational pathways.

We have also expanded careers and integrated new roles such as pre-registration apprenticeships in OT/Radiology and physiotherapy, expansion of international recruitment and Healthcare Support Workers (HCSW) and Maternity Support Workers (MSW) celebration day events.

ii. There will be a reduction year-on-year in vacancy rates, attrition, grievances and incidents of sickness absence-people matter at Homerton Healthcare.

How will we do this?

The Trust is committed to ensuring it has:

- The right staff, in the right numbers, with the right skills, at the right time.
- Explore opportunities to expand careers and integrate new roles and extend scope of existing roles, where appropriate.
- Expand recruitment via non-traditional routes.
- Create a supportive culture of inclusion where racism, discrimination, harassment, bullying or violence are not accepted.
- Provide targeted and tailored health and wellbeing resources for colleagues that are incorporated into 'business as usual'.
- Ensure staff at all levels within the organisation are heard and engaged in decision making.

What have we done?

Vacancy rate has steadily reduced over the last 12 months to 7.48% against a Trust target of 7%. There has been an increased budgeted whole time equivalent (WTE) of 262.10 of staff in substantive post. International recruitment has also yield over 135 nurses landed with another 99 planned to land by October 24.

On going implementation of Just and Learning Culture (JLC) which focuses on systemic analysis and learning from mistakes/misinformation throughout an organisation. The Resolution Policy completed and aligned three polices (the grievance, bullying & harassment and disciplinary polices) and we continue to promote early intervention where dispute or incident arises and facilitate to support resolution outside the formal processes where applicable.

We have updated our sickness and wellbeing policies to reflect a just and learning culture. We have driven participation in the staff survey to understand more about the experience of work and staff wellbeing at Homerton. We continue to review and benchmark our wellbeing provision across the organisation to ensure we are providing Homerton colleagues with responsive, effective, accessible, meaningful and evidence-based support.

Our wellbeing policy which aligns three polices (sickness, flexible working and reasonable adjustments) has been completed and we continue to work collaboratively with our Wellbeing Programme Lead.

iii. There will be an increase in the diversity of our senior leadership to reflect the profile of our staff and of our local population.

How will we do this?

The Trust is committed to ensuring it:

- Creates a supportive culture of inclusion where racism, discrimination, harassment, bullying or violence are not accepted.
- Creates a joyful place to work, where our people feel able to bring their whole selves to work and speak up and challenge any unacceptable behaviour.
- Ensure all staff at all levels within the organisation are heard and engaged in decision making including through the development/continuation of staff networks.

- Improve demographic data collection to ensure visibility of inequity and need.
- Explore opportunities to expand careers and integrate new roles and extend scope of existing roles, where appropriate.

What have we done?

The Trust has started implementing its anti-racism programmes. We have established the Achieving Inclusion Group which includes leadership teams and deputies. There has been strengthening with staff network groups now with executive sponsors to ensure these groups are proactively utilised for various initiatives throughout the organisation. The first cohort of reverse mentioning has been completed with 18 pairs. We have supported the future leader's development programme with focus on global majority colleagues at bands 7 and 8a and continue to deliver a 7-module training programme for Nurses, Midwives and AHPS including modules on, 'Working While Black', 'Active bystander training', 'The Open Secret', sexual harassment, disability awareness, and trans awareness. Our Freedom to Speak Up E-learning 'Speak Up' is now mandatory training for all at Homerton.

There has been a new Homerton Healthcare Equality Diversity and Inclusion Calendar created which celebrates and promotes our commitment to inclusion. We have also commenced bespoke support from brap, supporting local learning interventions for teams and services that have experienced racism. The Homerton Future Leaders Programme also commenced with 13 Global Majority delegates offered a place and is led by Corporate DCN and Head of Patient Experience.

iv. Staff survey results will improve year-on-year and we will be in the top decile of trusts nationally

How will we do this?

The Trust is committed to ensuring it:

- Creates a supportive culture of inclusion where racism, discrimination, harassment, bullying or violence are not accepted.
- Creates a joyful place to work, where our people feel able to bring their whole selves to work and speak up and challenge any unacceptable behaviour.
- Ensure all staff at all levels within the organisation are heard and engaged in decision making including through the development/continuation of staff networks.
- Improve demographic data collection to ensure visibility of inequity and need.
- Explore opportunities to expand careers and integrate new roles and extend scope of existing roles, where appropriate.

What have we done?

We launched an appraisal plan which was to ensure every person had an appraisal. This allowed us to ensure our staff are receiving the time required to focus on their performance in a structures and consistent way. Through this we achieved a Trust wide appraisal score 88% in summer 2023 against the Trust target of 85%. We continue a focus on compliance to ensure we can drive appraisal compliance throughout the organisation.

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Trade Union facility time

In accordance with the Trade Union (Facility Time Publication Requirements) Regulations 2017, the Trust is required to disclose it meets the criteria of having at least one trade union representative and at least 49 full time equivalent employees during any seven of the 12-month period of the annual report.

The following disclosure is provided under Schedule 2 of the above Regulations and follows the guidance provided by the Cabinet Office (table 18).

Table 18: Trade Union Faculty time.

Number of employees who were relevant Trade Union officials during the relevant period	FTE Equivalent
25	25 wte
Percentage of time spent on Facility Time	**Number of Employees**
0%	0
1 – 50%	25
51 – 99%	0
100%	0
Percentage of Pay Bill Spent on Facility Time	
Total cost of facility time	£277,388
Total pay bill	£291,716,041
Percentage of the total pay bill spent on facility time (total cost of facility time / total pay bill x 100)	0.095%
Paid Trade Union Activities	
Time spent on Trade Union Activities as percentage of total paid facility time hours calculated as:	
Total hours spend on paid trade union activities by relevant union officials / total facility time hours	3.2%

*Due to the nature of this role, the data in this section is in part an estimate based on working knowledge of union officials time used.

Education and related activities

The medical and non-medical education teams continue to deliver innovative development to address the needs of our people. The 2023-2025 Developing Our People Plan updates have been launched and our aims for this period are to:

- Use feedback from internal and external sources to deliver development that meets the needs of our services and our people; develops the workforce of the future and is of excellent quality.
- Evolve and embed the education governance and people development team structure to ensure the service is well led and meets the needs of our people and services.
- Proactively work towards all development being inclusive, accessible, and flexible. Pay attention to antiracism in session development commissioning and evaluation.
- Ensure Education funding is fully accessible and utilised and that apprenticeship routes are used to their full potential.

- Engage with regional and national groups; actively seeking collaboration where possible.
- Embed the Leadership Development Behaviours and ensure the offer is utilised across the organisation.
- Ensure that mandatory training meets the needs of our people and services and that compliance meets our target for all topics and teams.

Throughout 2023-24 we have continued to focus on improving quality – this is seen with improved internal learner, National Education Training Survey (NETS) and General Medical Council (GMC) survey results. Learning at Work Week was again held in May with more in person interactive events. We have seen a renewed interest in in person learning and are looking to offer a mix of online and on-site teaching – exploring community and hospital spaces where possible.

Homerton mandatory training and induction – training for all our people to deliver outstanding and equitable care and develop happy, health and heard staff.

As of 31 March 2024, the Trust wide compliance rate for Homerton Mandatory Training (HMT) is 87.70%, representing a 3.15% improvement compared to the same time last year. The Mandatory Training Compliance Group meets monthly with a focus on improving compliance among staff groups with lower compliance rates and enhancing the support and quality of the HMT offer. A new role, Digital and Mandatory Learning Lead, has been in place since October 2023 to oversee digital learning development and ensure compliance with mandatory training requirements.

To boost training completion, a range of initiatives have been implemented:

- Organised drop-in sessions to support colleagues with lower digital literacy or limited computer access.
- Created a video tutorial to help staff navigate the eLearning platform and check their compliance rates.
- Clarified HMT compliance as a compulsory requirement for education funding applications.
- Launched a management process to enforce training requirements.
- Emphasised HMT importance during both medical and non-medical inductions.
- Collaboration with the People Partner Team, finding ways to ensure line managers monitor training compliance of their direct reports at such times as local induction, probation, and appraisal.

In 2023-24, we have introduced three new HMT subjects aligned with national agendas on improving patient safety awareness, learning disability awareness and Freedom to Speak Up awareness. In addition, our subject matter experts have been highly responsive to concerns raised regarding national eLearning content. This has led to the launch of bespoke training sessions for Preventing Radicalisation, developed in collaboration with Prevent specialists from Hackney Council to address local safeguarding priorities.

2023-24 marks the second year of our in-person Trust Induction post-Covid, continuing to be well received by our new staff members. The induction begins with a welcoming address by our CEO and senior leaders, underscoring our Trust Values and strategic objectives. The session also aims to raise awareness of key issues that matter deeply to our staff and the communities we serve. These include presentations on Equality, Diversity and Inclusion, People Development, Health and Wellbeing, and Place-based working with local partnerships and communities.

We have introduced electronic questionnaires on tablets to identify eligible learners for various development programmes such as Care Certificate and Preceptorship, taking into account the varying expertise and experience of our staff.

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Developing Our People – Training to secure our future and foster innovation and learning.

A variety of training programmes continued to be delivered on site and remotely by external and internal providers which are regularly reviewed to ensure that the training needs of the Trust are met. These include both clinical and non-clinical courses as well as bespoke training for specific staff groups. These sessions were planned based upon individual and team leader requests as well as in response to themes identified through the Developing Our People Survey..

Following the information provided in the Developing Our People Survey bespoke development has been planned for a range of teams. There is also a broad catalogue of non-clinical training available to all our people.

All our people, including non-clinical and administrative staff, have had additional development made available to them via chartered manager and senior leader apprenticeships. Our Leadership Development Behaviours continue to be embedded across the organisation providing a foundation for leadership development for all people.

In addition to the chartered manager and senior leader apprenticeships Homerton Healthcare continues to offer apprenticeship opportunities as routine for all our band 2 and 3 vacancies, a wide range of apprenticeships are also available to all bands as part of their personal development planning. Apprenticeships provide a unique and valuable opportunity for staff to access education and development that is directly relevant to their work and fully funded.

Functional skills training is now available and widely more accessible to both clinical and non-clinical staff requiring training. Functional skills training offers free qualifications in maths, English and digital skills which are often needed to take the next step into an apprenticeship or higher education. Hosting these sessions on site and online has widened access for all our people.

To improve quality and safety in clinical practice, multiple programmes have been introduced including collaboration with clinical teams to deliver training and development to our staff to increase clinical safety including the annual update which is now one day and available to both nurses and clinical support workers, a practical clinical skills workshop, supervision training for nurses, midwives and allied healthcare professionals, Recognising Early Signs of Patient's Ongoing Needs and Deterioration (RESPOND) for Deteriorating Patients facilitated by the Critical Care Outreach Team.

After a clinical skills training needs assessment with subject matter experts and clinical areas, Additional Mandatory Training (AMT) topics have been introduced to Nursing groups to continue to improve clinical safety, awareness of key priorities and governance. These are visible to local supervisors and provide additional clarity over what training has occurred for each member of staff relevant to their role. They are not Homerton Mandatory Training topics and not reported as part of HMT compliance data.

Work also continues to improve the number of Clinical Support Workers (CSW) completing their Care Certificate. Those with prior experience can also now follow the self-assessment model with a bespoke approach to make learning more accessible. CSWs also have added development opportunities including a streamlined pathway to complete Essential Skills eLearning followed by a practical study day. This learning includes a competency document to support practice-based learning that can be customised to fit the specific needs of an area. CSWs have also benefited from our personal development courses tailored to our bands 2-5 staff.

Nursing, Midwifery and AHP Pipeline and Retention - securing our future and building happy and healthy allied health nurse and midwife teams.

Recruitment and retention of Nurses, Midwives and Allied Health Professionals (AHP) remains a key area of focus.

For Nurses in 2023-24 we have developed our Professional Nurse advocate service to include face to face and online availability, bespoke offerings for specific teams focusing on wellbeing needs, mandatory sessions for student reflection, preceptorship and annual nurses update and continue to promote this role via in person events and online attendance at team meetings.

We have introduced a support hub for newly registered nurses (SHORN), a discovery clinic for staff wanting to access support about career and development next steps, stay conversations or signposting to opportunities.

Our GROW trolley continues to make weekly clinical area visits which focus on Growth, Retention Opportunity, and Wellbeing. There is also now a dedicated trolley with specific information for international recruits which visits the wards multiple times throughout the week.

We continue to recruit via our international and domestic routes for nursing and midwifery and as such have an ongoing pipeline of candidates to fill vacancies as they arise. This has been successful in achieving hugely reduced vacancies for band 5 nursing and band 2 CSW in adult care. We continue to explore new ways to engage with our local community to recruit to these roles. This will further improve our pipeline whilst offering employment to our local community.

At Homerton Healthcare we continue to support increasing numbers of nursing, midwifery, AHP and nursing associate learners in placements. Supporting leaners in this way helps them feel part of our organisation and promotes career pathways at Homerton Healthcare when they qualify.

2023-24 also saw the evolution of the Therapies education and workforce leadership team. Within this progress has been made with onboarding newly qualified therapists on to the multi-professional preceptorship programme, with our first cohort starting in summer 2024. There are also pre-registration apprentices on pathways to qualify as Radiographers, Occupational Therapists and Physiotherapists.

Medical education

In 2023-24 the Trust continued its commitment to the delivery of undergraduate and postgraduate medical education. The results from the national GMC survey of doctors in training were positive. The Trust compared favourably with other trusts in the region (NCEL). Out of 18 domains the Trust was first for four: reporting systems, supportive environment, induction and local teaching; second for seven, and third for five domains. Overall, the Trust was above the national average (England) for 14 out of 18 domains and above the NCEL mean for 16 of 18 domains. The Obstetrics & Gynaecology programme showed continued improvement and other programmes doing particularly well included Core Anaesthetics, Emergency Medicine, Endocrinology and Geriatrics.

Homerton was successful in obtaining NHSE tariff funding for higher training posts in Obstetrics & Gynaecology and Anaesthetics as well as more Foundation Year 1 posts. In addition to the junior doctor induction and regular teaching sessions for all specialties, the Trust hosted the regional gastroenterology ST4 induction. Surgical training at Homerton was congratulated by the regional training programme director as the most popular hospital requested by trainees in NEL.

Medical Education received NHSE funding to run Specialist Grade application & business case skills online workshop for SAS doctors. This proved popular with doctors from other London trusts also joining as delegates. Resources and support for International Medical Graduate (IMG)

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induction continues to embed across the Trust. Shadowing for IMGs is accommodated under the Observation in Clinical Areas policy. The Simulation team also ran a successful pilot course for IMG doctors in paediatrics across the region.

The Trust had a productive Quality Visit from Barts and the London School of Medicine and Dentistry (QMUL). Student feedback has been consistently positive throughout the year. Curriculum changes were successfully implemented in year 4 including combining a number of specialties into a joint module Chronic Conditions and Community. The eduroam network Wi-Fi is now available throughout the Trust for university students. An increasing number of final year medical students are also choosing to come to Homerton for elective placements in various specialties.

As well as running established courses and in situ simulation sessions across the Trust, the Simulation Team developed and ran some new initiatives. This included:

- a course for neuro-rehabilitation allied health professionals (AHPs) in the community around difficult conversations, supported by the psychology clinical lead.
- a leadership course for band 7 midwives, incorporating the themes from the Homerton leadership framework called Delivery suite Co-ordinator (DISCO). This can be tweaked for other senior staff.

Multi-disciplinary in situ simulation scenarios on violence and aggression took place in the emergency department which followed the journey of a patient (professional actor) having contact with reception staff, nurses, doctors, radiographers and the security team. This received great feedback in terms of how it helped to bring the team together with an understanding of each other's roles. Equality, Diversity and Inclusion (EDI) themes have been incorporated into simulation design, delivery and debrief. The simulation team presented five papers at the Association for Simulated Practice in Healthcare (ASPiH) conference in Brighton. The team also won their category at the Trust's first HOSCAR award ceremony for the mental capacity simulation course.

The Newcomb Library supports evidence-based care, research, study and wellbeing, serving all staff and learners. The library continued to provide access to an extensive collection of physical and digital resources, including books, journals, and databases. In addition to providing traditional library services such as document delivery and literature searches, the Newcomb Library took part in various Trust events to foster learning and collaboration and actively promoted staff wellbeing, diversity and inclusion through displays and reading lists. During 2023-24 the newly formed Homerton Book Group met twice with attendance from a varied selection of staff and learners. Overall, the Newcomb Library at Homerton was a vibrant hub of knowledge and engagement throughout the year.

Raising concerns (Freedom to Speak Up)

The Trust is committed to encouraging a climate of openness, honesty and continuous improvement and this is reflected in the Trust Values. Key to achieving this aim is the creation of an environment that enables employees to safely raise concerns about healthcare, and other service-related matters, without fear of victimisation or reprisal. The Trust welcomes speaking up and has committed to listen. By speaking up at work, our colleagues play a vital role in helping the Trust improve our services for all patients and the working environment for our staff.

In early 2024 the Trust implemented the new Freedom to Speak up policy, in line with the national guardian's office. Following the conclusion of the trial of Lucy Letby, NHS England issued a letter to all trusts setting national steps they were taking, as well as learning, expectations and recommendations for every trust in relation to clinical services, freedom to Speak Up

(FTSU) arrangements and fit and proper persons test (FPPT). In November 2023, the board supported the key steps the Trust is taking and will take to implement learning, expectations and recommendations.

Counter fraud, anti-bribery and corruption

The Trust has counter fraud, corruption and bribery policies for dealing with suspected fraud, bribery and other illegal acts involving dishonesty or damage to property. Staff can contact nominated officers in confidence if they suspect a fraudulent act. The nominated officers are the Chief Finance Officer, Chief People Officer and the local counter fraud specialist, provided by TiAA.

Other policies

During the financial year policies were in place and were applied to ensure that full and fair consideration was given to employment applications made by disabled people. The Trust's Recruitment and Selection Policy outlines the process to be followed to ensure fair recruitment for all applicants and the Reasonable Adjustments Policy sets out how disabled applicants can be provided with reasonable adjustments from the point of application.

During the reporting year, policies were also in place for continuing the employment of and arranging appropriate training, career development, and promotion of our people. The Trust policy for Professional Education, Learning and Development outlines the arrangements in place to support education, training and workforce development. The Trust is committed to the development of a learning culture and values the contribution made by each individual member of staff. To this end all managers are expected to apply this policy in an unbiased and consistent manner. During the reporting year, the sickness policy was updated to our Improved Health Policy which aligned our sickness, flexible working and reasonable adjustment policy. We still have our Organisational Change Policy to support consultation with employees so that the view of employees can be considered in making decisions which are likely to affect their interests.

People policies continue to be reviewed and refreshed with a fair and just culture principles working closely with staff side and our staff networks.

Consultancy expenditure

The 2023-24 expenditure on consultancy was £0.68m (2022-23 £1.17m) and this included the cost of consultancy work around development of the Trust's new strategy, support in the set up and running of the Trust's new Delivery Unit, and additional specialist procurement support.

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Reporting of compensation schemes - exit packages 2023-24 (tables 19 and 20)

This information has been subject to external audit.

There were two compulsory redundancies.

Table 19: Staff exit package costs

Exit package cost band (including any special payment element)			
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
<£10,000	-	3	3
£10,000 - £25,000	-	2	2
£25,001 - 50,000	1	1	2
£50,001 - £100,000	1	-	1
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	2	6	8
Total cost £'000	**£107**	**£86**	**£193**

Table 20: Staff exit packages, other

Exit packages: other (non-compulsory) departure payments				
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Contractual payments in lieu of notice	6	86	1	14
Total	**6**	**86**	**1**	**14**

Off-payroll engagements

The Trust has a policy that all substantive staff are paid through the payroll. No executive Board members were engaged on an off-payroll basis in 2023-24.

On 6 April 2017, public bodies became responsible for collecting tax from those contractors subject to HMRC's IR35 rules; all contractors are subject to a review to determine whether they are affected by the rules. The number of contractors engaged as at 31 March 2023 is shown in tables 21, 22 and 23 below where daily rates exceed £245 per day and the engagement has lasted longer than six months.

Table 21: Highly paid off-payroll worker engagements as of 31 March 2024 earning more than £245 per day or greater.

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

Table 22: All off-payroll engagements at any point during the year ended 31 March 2024 earning £245 per day or greater.

	Number
Number of off-payroll workers engaged during the year ended 31 March 2024	3
Of which...	
No. not subject to off-payroll legislation(1)	Nil
No. subject to off-payroll legislation and determined as in-scope of IR35(1)	3
No. subject to off-payroll legislation and determined as out of scope of IR35(1)	Nil
No. of engagements reassessed for compliance or assurance purposes during the year	Nil
Of which: no. of engagements that saw a change to IR35 status following review	Nil

Note (1) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

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Table 23: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024.

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	Nil
Total number of individuals on payroll and off-payroll that have been deemed board members, and/or, senior officials with significant financial responsibility, during the financial year. This figure must include both on payroll and off-payroll engagements	10

Code of Governance disclosures

Disclosures set out in the NHS Foundation Trust Code of Governance

The Board of Directors "the Board" is responsible for the leadership of the Trust and for ensuring proper standards of corporate governance are maintained. The Board accounts for the performance of the Trust and consults on its future strategy with its members through the Council of Governors. The Board also acts as the Corporate Trustee for the Homerton Hope Charity.

The Board attaches great importance to ensuring that the Trust operates to high ethical and compliance standards. Homerton Healthcare NHS Foundation Trust 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 April 2023, is based on the principles of the UK Corporate Governance Code issued in 2018. The Board considers that the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, operations and strategy.

The Board has established governance policies and processes that reflect the principles of the NHS Foundation Trust Code of Governance. For the year ending 31 March 2024 the Trust complied with all the provisions of the Code as set out in NHS England Foundation Trust Annual Reporting Manual 2023-24.

NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

Homerton Healthcare NHS Foundation Trust has been placed in segment 1. This segmentation information is the Trust's position as at 31 May 2024. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: https://www.england.nhs.uk/publication/nhs-oversight-framework-segmentation/

Statement of Accounting Officer's responsibilities

Statement of the chief executive's responsibilities as the accounting officer of Homerton Healthcare 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 England.

NHS England has given Accounts Directions which require Homerton Healthcare 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 Homerton Healthcare NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, 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 and Social Care 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
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 them 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.

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

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

Basirat Sadiq

Chief Executive and Place Based Leader
27 June 2024

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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 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 NHS foundation 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.

This Annual Governance Statement is an accountability statement from the Board to our stakeholders describing the governance framework and internal controls in place to achieve strategic objectives during the period 1 April 2023 to 31 March 2024.

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 Homerton Healthcare NHS Foundation 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 Homerton Healthcare NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Risk management is integral to Homerton Healthcare's strategy and to the achievement of our long-term goals. Our success as an organisation depends on our ability to identify and manage operational and strategic risks inherent in the provision of healthcare and arising from the context in which we are working.

Risk management is a key role of the Board which has overall accountability for the management of risk, and for reviewing the effectiveness of the Trust's risk management and control system. The Board has established a clear organisational structure with well-defined accountabilities for the principal risks that Homerton Healthcare faces through the Trust's Risk Management Policy. This organisational structure and distribution of accountabilities and responsibilities ensures that divisions and teams have clear procedures for assessing, mitigating, and escalating risk.

The Board reviews principal risks to the Trust's strategic priorities in the Board Assurance Framework, which includes consideration of population health, collaboration, workforce, governance, and capital infrastructure matters. The Board Assurance Framework sets out the principal risks to delivery of the Trust's strategic objectives, the key controls, and assurances available to the Board on management of these significant risks. It is updated by the executive directors and is formally reviewed by the relevant sub-committees; Board of Directors, and by the Audit and Risk Committee to ensure that appropriate controls and mitigating actions are in place for each risk. The Board also consider risk when reviewing reports. The Board retains responsibility

for determining the nature and extent of the significant risks that Homerton Healthcare is prepared to take to achieve its strategic objectives.

The Chief Nurse and Director of Clinical Governance is the Executive lead for risk management, and the Chief Finance Officer is the Executive lead for financial risk. All Executive Directors are also responsible for identifying, managing, and mitigating risk within their designated areas of work. The Executive Directors assess key risks, mitigations and ongoing actions and highlight any new risks in a dedicated monthly executive risk session. This provides an additional level of assurance and oversight of key risks owned by corporate teams. The meeting also includes a review of the risk governance arrangements in each of the corporate teams.

Homerton Healthcare's approach to delivering its strategy is framed by our purpose and values (see page 8). A comprehensive set of policies including the Standards of Business Conduct help to manage risk and set out the standards of behaviour that we expect all staff to adhere to. Day-to-day responsibility for managing risk and ensuring principles are applied rests with senior management across Divisions and teams. Senior managers have risk management as a defined responsibility within their job descriptions and actively participate in the risk and control framework. Divisions have allocated Divisional Quality and Patient Safety Managers who report regularly via the Head of Quality and Patient Safety to the Chief Nurse and Director of Clinical Governance. Divisions present their highest risks in Performance Review meetings on a regular basis.

A network of operational committees supports the activities necessary to communicate our policies and standards, to deliver training, maintain processes, and to provide assurance through the Board committees that risk mitigations are effective and that the risks are adequately controlled and monitored. Clinical audits, the internal and external audit plan, and any external assessments and reviews are also sources used to provide assurance to the organisation that there is effective risk management.

The Audit and Risk Committee provides assurance to the Board that the Trust has effective risk management processes. The Committee has also considered the effectiveness of any remedial actions taken for the year covered by this Annual Report and Accounts and up to the date of its approval by the Board. Details of the activities of the Audit and Risk Committee in relation to this can be found in the Report of the Audit Committee on page 52. The Board, through the Audit and Risk Committee has reviewed the assessment of risks, internal controls and disclosure controls, and procedures in operation within Homerton Healthcare.

The corporate induction programme ensures that all new staff receive information on the Trust's quality systems and processes. This includes the comprehensive induction of all junior doctors about key policies, standards, and practice before starting work in clinical areas. The mandatory training programme ensures that essential training is delivered to staff including risk management processes such as health and safety, manual handling, resuscitation, infection control, safeguarding patients, blood transfusion and information governance.

In addition, specialist risk training is identified by managers for individual job roles and agreed with staff through personal development plans.

The Trust is committed to continuous improvement and learning from incidents, complaints, outcomes of audits, and the experiences of patients, other service users and staff. Good practice is highlighted and shared across the Trust's Divisions through relevant divisional leads, the Improving Patient Safety Committee, the Improving Patient Experience Committee, the Improving Clinical Effectiveness Committee, and their respective sub-committees. We seek to learn from both internal and external sources of good practice.

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A significant programme of work has been underway throughout 2023-24 to prepare the organisation for the introduction, in February 2024, of the Patient Safety Incident Response Framework (PSIRF), which has replaced the Serious Incident Framework.

The risk and control framework

The Trust understands that healthcare provision and the activities associated with caring for patients, employing staff, providing premises and managing finances will always involve an inherent degree of risk. Good risk management practice requires that identified risk is analysed, evaluated, treated and actions followed up for the purposes of monitoring and review to further improve.

The Risk Management Policy was approved by the Board of Directors in February 2023. It describes the Trust's overall risk management approach, corporate and divisional responsibilities for risk, the risk management process, and the organisation's risk appetite. The policy is available to all staff via the Trust's intranet.

Divisional senior leadership teams and other relevant senior managers are responsible for the day-to-day management of risk within the workplace. Together they foster a culture of risk awareness throughout their divisions and ensure that risk assessments for work-based activity are conducted. The policy includes guidance on the risk assessment matrix used to evaluate risks for inclusion in the Trust's risk registers. The Head of Quality and Patient Safety is responsible for the maintenance of the Trust's risk register.

Acceptable risk within Homerton Healthcare NHS Foundation Trust is defined as the risk remaining after controls have been applied to associated hazards that have been identified, quantified to the maximum practicable, analysed, communicated to the appropriate level of management and after evaluation, accepted.

Risk registers are held within the divisions and corporate teams and reviewed regularly.

The Risk Management Policy confirms which risks need to be escalated to the next management level and describes the risk escalation route. Risks are classified as low, moderate, major, and catastrophic, based on a consequence and likelihood matrix approved by the Board. While the Board recognises that risk is inherent in the provision of healthcare and its services, the Trust has a low-risk appetite for risks that could affect patient safety. A risk report focused on the highest risks is regularly discussed at the Audit and Risk Committee and reported to the Board.

During the year the Trust's Board Assurance Framework process was reviewed by internal audit. The review concluded that the Board could take reasonable assurance about the effectiveness of the Board Assurance Framework process.

Quality governance arrangements

Homerton Healthcare NHS Foundation Trust is registered with the CQC' under the Health & Social Care Act 2008.

The Trust is fully compliant with the registration requirements of the CQC. One condition remains attached to this registration, which relates to Mary Seacole Nursing Home as reflected below:

1. The registered provider must only accommodate a maximum of 43 service users at Mary Seacole Nursing Home.

Quarterly engagement meetings continue with our CQC partners to build relationships, discuss challenges and successes across the organisation. Compliance with meeting our maternity, 'should

and must do's' continues to be monitored internally through their governance meeting, divisionally at their Maternity and Neonatal Oversight group and then regularly through the Trust's Quality Committee.

A range of mechanisms are in place to provide assurance of compliance with the CQC's registration requirements, the Health and Social Care Act 2008 (Regulated Activities) and Regulations 2010, as set out in the CQC's guidance for providers. These include the Trust's well-established arrangements for quality governance and clinical audits. The audits enable staff to spot and rectify issues and support a consistent evidence-based view of quality across the Trust. This is enhanced through the Trust's dedicated Improvement team, who provide support and focused training to staff, strengthening the Trust's ability to implement and sustain quality improvements in response to issues identified.

Our CQC Readiness Group was re-launched in November 2023 and has a collective membership of stakeholders across the organisation, who are working together to prepare for assessments using the CQC new single assessment framework and quality standards. The platform is used to share updates, support teams in understanding the new framework, share improvement work and challenges and escalate concerns, so that early action can be taken.

The usage of audits and peer review walk rounds, continue to play a key part in the day-to-day monitoring of all services, as they enable teams to easily pick up on areas that need improvement, or to celebrate good work and share the learning with the wider teams. More recently, we are piloting Ward Accreditation in five of our clinical areas, with aim of rolling out to other areas in the Trust. A huge part of ward accreditation is getting our multidisciplinary teams to become more familiar with quality improvement initiatives and continuous learning as part of continuous improvement with support from our Quality Improvement Leads.

The quality governance arrangements within the Trust are organised through the divisional structure with each division headed by an operational and clinical lead, and with a governance structure in place that supports the achievement of quality priorities. The divisions review quality governance and performance information on a regular basis, including incidents and serious incidents; patient experience feedback including Friends and Family Test; survey reports; complaints; Patient Advice and Liaison Service (PALS) enquiries; litigation; clinical audit data and NICE compliance. Divisional performance is monitored and reviewed each month against a range of performance measures including quality and safety at divisional performance review meetings with the executive directors.

The Trust Leadership Team meeting, chaired by the Chief Executive, meets weekly and focuses on quality, internal governance, risk and compliance, finance and performance, and on developing our approach to working collaboratively within the local integrated care system. The Improving Patient Safety Committee, the Improving Patient Experience, and the Improving Clinical Effectiveness Committee play a role in ensuring quality standards are in place and providing assurance that aspects of quality are implemented across the Trust. These groups report to the Quality Committee which has oversight for quality on behalf of the Board. During 2023-24 the Quality Committee met six times.

The Board committees and their subgroups ensure information for decision-making flows from the wards, departments, and divisions to the Board and vice versa. This approach supports delivery of improvement action at the point of care while also providing a route for escalation of concerns and mitigating actions to the Trust Board. In addition, two non-executive directors are assigned to each division to gain an understanding of their priorities and issues, for triangulation, and to establish closer working links with the Board of Directors. The reporting lines and accountabilities between the board, its committees and the executive team are illustrated in the Board Committee section on page 51.

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Assessing the quality of performance information

At every meeting the Board reviews an integrated monthly performance report and a separate finance report to evaluate the Trust's performance. This ensures that all Board Directors are kept adequately appraised of performance and provides an opportunity for full Board scrutiny of performance across the Trust. The report is designed around the six strategic priorities of the Trust and provides metrics and commentary on progress against the Trust's key performance indicators including:

- national targets, including infection control, A&E waiting times, cancer access and referral to treatment (RTT) standards. Improvement plans are included if there are concerns about specific targets.
- patient safety and clinical effectiveness including falls and pressure ulcers, VTE assessment rates, and standardised hospital mortality ratios amongst others.
- exception reports from the maternity services dashboard.
- patient experience data, including Friends and Family Test, PALS and complaints data.
- key people metrics, such as agency spend, vacancy rates, turnover and sickness absence.
- key financial performance data, including income and expenditure and a summary of delivery against the Trust's savings target.
- dedicated central tracking and validation teams are in place for cancer and referral to treatment performance data, with local divisional arrangements for other standards. Monthly validation takes place of all key external data submissions.

Major risks

The Board Assurance Framework sets out the principal risks to delivery of strategic objectives and the key controls and assurances available to the Board on management of these significant areas of risk. It incorporates three lines of assurance comprising day-to-day management controls; oversight, review, and monitoring functions; and external and independent review.

In-year risks 2023-24

During 2023-24, in addition to the Board Assurance Framework, the Board identified significant risks in respect to:

- Capacity and capability of the Estates and Facilities workforce.
- Physical infrastructure, compartmentation, and protection systems in case of fire.
- Trust compliance with (estates related) statutory regulations.
- Quality of the service from the Pathology Partnership
- Core Mandatory and Role Specific Training
- Affordability of the multi-year capital plan
- NEL ICB performance and impact
- Cyber Security
- Hard to recruit areas (roles, teams and services)
- Identification and delivery of £17.8m efficiency plan 23/24
- Temporary suspension of the Homerton Fertility Centre's HFEA licence (see below)

- Histopathology waiting times.
- Reduced ICU capacity during unit refurbishment
- Current ITU environment does not meet HB04-2 standards.
- Consultant shortage within the Radiology team
- Increase in MRI scanner downtime due to faults related to age and usage
- Elective caesarean slots not matching need.
- Lack of fully integrated digital records
- Patients residing longer than 4 hours in the Emergency Department.
- The increasing length of stay and disparity in care for patients with mental health illness in the Homerton Emergency Department.
- Lack of space for staff, patients and equipment in Lung function
- Paediatric ENT emergency pathway
- Non-compliance around BAPM and failure to meet CNST safety action 3

All of the above risks are fully assessed as per the Trust's established risk management processes outlined above the Board oversees the management of all principal risks and ensured, via its supporting executive committees, that effective mitigation plans were in place and actively progressed. Key controls and assurances, and any identified gaps, were continually reviewed, and action plans developed and implemented accordingly. Delivery against agreed actions was monitored through the relevant committees as well as the Audit and Risk Committee.

Three separate incidents within our Fertility services in 2023 resulted in a small number of embryos either not surviving or being undetectable altogether. The Trust has been open and transparent and reported every incident in a timely manner to Human Fertilisation and Embryology Authority (HFEA). The Trust followed its internal governance processes and registered the incidents via the Trust's Serious Incident Review process. All identified patients involved in each incident have been contacted and appointments offered with the clinical team. The Trust appointed external experts, and informed the HFEA of their appointment, to investigate the incidents. Findings from the investigations have indicated a need to review a number of processes. We have made changes in the unit to prevent the re-occurrence of such incidents. As part of this investigation, we have looked at every possible cause for problems with the storing of embryos.

Since there is still not a full explanation for the causes of all the incidents, the HFEA have temporarily suspended the Trust's licence to operate fertility services until July 2024 when they will review the situation. We are reviewing our controls of the service, and reporting lines. Currently, this is a standing item taken to each Private Board and Quality Committee meeting for update and review.

Future risks 2024-25

As with all NHS organisations, we face continual challenges in balancing the delivery of high-quality care with demand, rising acuity and the need to increase both productivity and efficiency. We recognise that strategic and transformational change internally and across our local health economy will be required to address risks that we identify, and that our organisation and staff will need to develop to meet obligations arising from the statutory establishment of Integrated Care Systems including the aim of improving population health.

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The key strategic risks for 2024/25 have been identified by the Board in a review of the Board Assurance Framework; the risks have been grouped according to the six strategic priorities. The highest risks identified are:

- There is a risk that due to operational failures, we fail to deliver excellent quality standards and meet regulatory requirements, resulting in poor patient outcomes and regulatory action being taken, which could include closure of services.
- There is a risk that the financial challenges we face as an organisation and a system mean we are unable to achieve the ambitions set out in the strategy leading to a reduction in care quality and operational performance.
- There is a risk that we are not able to maintain and improve our estates core/capital infrastructure in line with the needs of our population, due to underinvestment, poor governance and limited options to secure investment. This could impact on our ability to deliver modern and safe care.
- There is a risk that partners fail to work collaboratively and innovatively to plan for and address the significant change in population across north east London over the coming years, with a weakening of our health and care infrastructure, poorer health and wellbeing outcomes and impacts on social and economic development for our whole.

NHS England well-led framework

In 2018, the Trust received a 'good' rating following the CQC's well-led inspection. In 2021-22, the Board participated in a development session led by an independent facilitator to develop a targeted action programme in areas of leadership and governance for the Board to work on in order to deliver our vision and mission and sustain future performance. One of the actions from this work was to renew the organisation's, strategy and the new strategy was launched in March 2023. In November 2022, the Board participated in an externally facilitated workshop evaluating the Board's readiness against important aspects of the Well-Led Framework for the organisation, for example the strategic ambitions for the next three to five years; how the Board would operate and develop, and the skills, knowledge and experience required; and on the suitability of the Board and Board committee structure. The Board will carry out a self-assessment against the Care Quality Commission's criteria for organisation's being well led in 2024, and an externally facilitated review will also take place.

Risks to foundation trust governance

The Board sets the vision, values and strategic direction of the Trust and is collectively responsible for its performance.

The Board is supported by six committees with a remit to monitor the effectiveness of risk management, quality, performance, financial sustainability, internal control, and assurance arrangements. The Board of Directors receives regular assurance reports from its committees.

Embedding risk management and incident reporting

The ways in which risk management is embedded in the Trust are covered in the risk and control framework above.

Staff are encouraged to report incidents and near misses as part of an open and fair culture. Training is given to all staff at induction and the electronic incident reporting system provides feedback when an incident is investigated if the member of staff wishes to receive this. Our aim

is to involve all patients and families in the incident review process as appropriate so that they are aware of the risks identified, and those that impact on public stakeholders and staff are prompted by the incident reporting system to follow the 'duty of candour' process.

During 2023-24, the Trust has continued to demonstrate a healthy incident reporting culture with a high reporting rate, but most incidents reported were of no, or low, harm. The number of incidents reported across the Trust increases each year, which is an indication of a strong safety culture, providing assurance that staff know how and why to report incidents, and feel confident and safe in doing so.

In 2023-24, the Trust reported no 'Never Events'. All reported incidents are fully investigated to ensure the lessons are learnt and shared across the Trust. Themes are identified, so that future recurrence can be prevented.

Equality, diversity and inclusion

This section should be read together with the Equality and Diversity sections of the 'Staff Report' and the Chief Executive's Review.

The Trust's lead for equality and diversity is the Director of People, supported by the Head of Culture and the Equality, Diversity and Inclusion Lead. The latest Equalities Report, performance against the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), the Gender Pay Gap (GPG) and our equality objectives are available on the Trust's website. All publication duties have been met. Our gender pay gap report is also on the Government website at https://gender-pay-gap.service.gov.uk/

Control measures are in place to ensure that the Trust is compliant with equality, diversity and human rights legislation.

An equality impact assessment is completed for all new and revised policies, which is considered by the relevant committee and the Trust's Policy Group. The People and Culture Committee is responsible for progressing actions to advance equality in the Trust and meet the standards set out in the NHS Equality Delivery Systems (EDS2).

Public stakeholders' involvement in managing risk

The Trust provides information and assurance to the public on its performance against its principal risks and objectives in several different ways including:

- Homerton Healthcare NHS Foundation Trust had over 6,570 members at the end of March 2023. They are represented by a Council of Governors that comprises public, staff and stakeholder Governors.
- The Council of Governors receives regular updates on clinical and financial performance, service delivery and issues raised at the Audit and Risk Committee through the Board papers and agenda items. Meetings are held regularly, and members of the public can raise issues directly with the Governors at these meetings and at the annual members meeting.
- Governors meet jointly with the Board to assist Governors to discharge their duties to hold the non-executive directors to account for the performance of the Board.
- Consultation with the public is undertaken in developing new services and where key changes are proposed to existing services which may impact upon them.
- The Trust has an agreed process to advise and engage with City and Hackney's overview and scrutiny sub-committees when there are proposed changes that may impact on service users.

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- Healthwatch Hackney is represented on the Trust's Council of Governors.
- Briefings are circulated to Governors and information provided at meetings on current risks including this year on appointment of the Chief Executive.

Staffing assurance and compliance with developing workforce safeguards recommendations.

Our Homerton People Plan is aligned to the overarching aims of the NHS People Plan. One of the key aims is to prioritise urgent action on nursing shortages. A governance structure is in place to oversee and support delivery of People and Culture Plan including a People and Culture Committee.

The Quality Committee receives regular reports on the Trust's staffing levels. The reports include information on the Trust's compliance with the 'Developing Workforce Safeguards' recommendations. The assessment of nursing and midwifery staffing levels is based on agreed tools and quality metrics in line with National Quality Board guidance. The Trust uses care hours per patient day (CHPPD) information to assess the number of care hours provided on the wards. This assessment is benchmarked against all trusts to compare the Trust's performance.

Following the most recent inpatient ward nursing staff establishment review it highlighted in a number of areas the need for an uplift in substantive establishment to meet the acuity and dependency of the patients and activity in that area. This has been actioned and all adult inpatient areas are fully established.

During the year the Board has reviewed the impact of recruitment and retention initiatives and actions on the overall nursing and midwifery staffing levels. Positive action has led to some improvement in nursing and midwifery vacancy and turnover rates. The Trust continues to engage in international nurse and midwifery recruitment. The Trust continues to work to ensure safe staffing in all clinical areas.

Compliance statements

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

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

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

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

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

The Board keeps under review the Trust's use of resources, financial performance and cost effectiveness through the monthly finance report, reviewed in detail by the Finance, Investment and Performance Committee and also received bimonthly by the Board. Where key risks and issues in relation to the Trust's use of resources are identified, 'deep dive' reviews are conducted to ensure that a sufficient degree of assurance is obtained.

The oversight role of the Board and the Finance, Investment and Performance Committee is supplemented by the annual Internal Audit Programme, which includes a comprehensive review of the Trust's financial systems and controls. The detail of the key actions of the internal audit programme can be found at the 'review of effectiveness' section below.

External auditors carry out the audit of financial systems and comment specifically on the use of resources and Going Concern in their reports to the Audit and Risk Committee and the Board.

The governance structure at Executive level and below provides opportunities for specific divisions and service lines to be challenged on their use of resources within the respective services which they provide.

Information governance

The Trust's information governance (IG) work is led by the Chief Medical Officer, as the Caldicott Guardian and the Director of Information Technology (IT) and Systems as the Senior Information Risk Owner.

The Head of Information Governance is the Trust's designated Data Protection Officer (DPO), deputy Caldicott Guardian, IG and Freedom of Information Lead. The Information Governance Committee is responsible for monitoring risks relating to data security and protection, it also makes decisions and approves developments in relation to the Trust's IG framework. The Information Governance Committee reports to the Audit and Risk Committee, which in turn reports to the Board.

All staff receive information governance training in the following ways, firstly as part of corporate induction on joining the Trust, then via the national eLearning module accessed through their ESR accounts and additionally some staff may use other bespoke methods during the year, they are mandated to refresh their training annually. Named Information Asset Owners for each department, are supported by IG and information security staff. Information Asset Registers, data flows and uses are maintained and are reviewed and updated in-year, this is certified by each service IAO via a signed declaration to the SIRO.

Records and management of information assets are a mandatory requirement of the Data Security and Protection Toolkit. Information Asset Owners receive external certified training on the creation and management of their registers.

During the reporting period, one information governance data breach was reported to NHSE which automatically reports any incidents graded as reportable to the Information Commissioner's Office (ICO). This incident was risk assessed in line with Data Security and Protection Toolkit incident reporting guidance and reported via the DSPT Reporting Tool. This incident related to a staff member accessing the records of a patient known to them and has resulted in disciplinary action towards the member of staff concerned; the ICO has acknowledged receipt of this incident and awaits a submission of the Trust's investigation prior to considering whether to pursue a further investigation of its own.

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The Trust uses the NHS Digital Data Security and Protection Toolkit, an online self-assessment tool that enables the Trust to provide assurance that it has appropriate data security and protection practices in place, and that personal information is handled correctly. The toolkit also allows us to measure and publish our performance against the National Data Guardian's ten data security standards.

Data quality and governance

The Trust continues to ensure that high quality information is available to support the delivery of safe, effective and efficient clinical services. The Board understands that accurate and timely data is essential to provide robust intelligence and to facilitate sound clinical and strategic decision making.

To assure the Board that appropriate controls are in place to ensure the accuracy of data the Trust has established a Data Quality Committee chaired by the Head of Information Services which meets every two months i.e. one month acute and one month community. The role of the Committee is to provide assurance that robust processes for creating and managing accurate information within the organisation are in place, and to ensure that information submitted externally by the Trust is of the highest quality.

The Data Quality Committee reports to the Informatics Committee. The Director of IT and Systems is the Trust's Senior Information Risk Officer and member of the Information Governance Committee which reports to the Audit and Risk Committee.

Using data quality indicators for both acute and community services, the Committee monitors data quality and promotes improvement and awareness within the Trust. The steps taken by the Trust to maintain and improve the quality of data are:

- Developed new data quality indicators.
- Provided staff with additional training and developmental support (required or identified) to maintain skills, knowledge and data management.
- Implemented a formal internal rolling programme of audit.
- Maintained close working relationships with clinical services.
- Continued to use benchmarking data to enable the Trust to identify areas of opportunity i.e. where the Trust is benchmarked as being a negative outlier.
- Developed an internal programme of quality improvement to ensure the availability of clinical information is enhanced, thus ensuring clinical coders have easy and quick access to all relevant clinical information.
- Investment in clinical information systems and electronic patient records.
- Engaged an external auditor to undertake a comprehensive independent review of the Trust's clinical coding.

Data quality assurance of elective waiting time data

The Trust's Data Quality function maintains regular monitoring of key quality indicators (contractual, safety, and clinical). Deep-dive audits are periodically conducted within specific areas with reports produced on status and key recommendations. Regular daily, weekly, and monthly processes are in place to monitor key areas such as the recording of patient demographics, the timely production of discharge summaries, and the correct recording and coding of clinical events.

External assurance is also provided by the Commissioning Support Unit in relation to activity data as part of the monthly data challenge process.

An annual independent clinical coding audit is undertaken as part of the Data Protections and Security Toolkit submission to ensure that clinical data submitted to Secondary Uses Services aligns with clinical documentation. Finally, an annual data quality audit is undertaken by the Trust's internal auditors and is reported to the Audit and Risk Committee. The outcome of these audits is generally positive.

The timeliness of outpatient appointments outcomes is regularly monitored and discussed at the Elective Oversight group. Data Quality Committee for acute and community services discusses local and national DDQ metrics. The data quality metrics are also tabled and discussed at the Informatics Committee.

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 NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on 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 Risk Committee and Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In addition, I gain assurance from the following third-party sources:

- reports from the internal and external auditors and the local counter fraud specialist
- patient and staff surveys
- Care Quality Commission review reports.

The Trust's regular reporting to NHS England provides additional assurance about compliance with our licence conditions.

The key considerations of my review of the effectiveness of the system of internal control can be summarised as follows:

- The Board has been actively involved in reviewing the Trust's risk management processes and the Board Assurance Framework. The Board has played a key role in reviewing risks to the delivery of performance objectives through monitoring and discussion of the Integrated Performance Report.
- The Audit and Risk Committee has overseen the effectiveness of the Trust's risk management arrangements, the on-going development of the risk register and key clinical and non-clinical risks highlighted by other committees.
- The Audit and Risk Committee has overseen the system of internal control, especially in relation to corporate risk and counter fraud, and it has actively engaged in the oversight of the Trust's key financial challenges.
- The Audit and Risk Committee membership comprises three independent non-executive directors. The Committee has provided reports to the Board after each of its meetings, and through that process identified areas it wished to draw to the Board's attention.

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- Internal Audit has reviewed and reported on several financial and operational systems, as well as the Board Assurance framework, based on an audit plan approved by the Audit and Risk Committee. Where scope for improvement was found, recommendations were made, and appropriate action plans agreed with management.
- The Audit and Risk Committee considered nine reports from the Internal Auditors that sought to provide assurance to the Trust on the overall adequacy and effectiveness of the risk management, control and governance processes. The Internal Auditors provided one positive "Moderate Assurance", six positive "Reasonable Assurance" opinions and two "Partial Assurance" opinions.
- The Trust received a partial assurance opinion for two audit reports namely Fertility Services and Theatre Utilisation with management actions identified to address the recommendations.
- Internal Audit has reviewed the system of internal control and have found that the organisation has an adequate and effective framework for risk management, governance and internal control. However, their work has identified some weaknesses in the application of some internal controls. Management actions to address these weaknesses have been agreed with the Trust.

Conclusion

In conclusion, to the best of my knowledge, no significant internal control issues were identified during 2023-24.

Basirat Sadiq

Chief Executive and Place Based Leader
27 June 2024

Homerton Healthcare NHS Foundation Trust

Annual Accounts 2023-24

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Foreword to the accounts

Homerton Healthcare NHS Foundation Trust

These accounts, for the year ended 31 March 2024, have been prepared by Homerton Healthcare NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Basirat Sadiq

Chief Executive and Place Based Leader

27 June 2024

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF HOMERTON HEALTHCARE NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Homerton Healthcare NHS Foundation Trust ("the Trust") for the year ended 31 March 2024 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2024 as being relevant to NHS foundation trusts and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

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However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit and Risk Committee and internal audit and inspection of policy documentation as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Reading Board and Audit and Risk Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We identified a fraud risk related to the completeness and accuracy of expenditure recognition in response to pressure to meet performance targets and conditions set by external regulators and funding bodies.

We performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals which reduced accruals posted in the two weeks before accounts submission to NHSE and unusual account code combinations.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- Agreeing a sample of year-end accruals to relevant supporting documents, including actual invoices after year end where applicable.
- Performing a year-on-year comparison of the accruals made in the prior year and current year and challenged management where the movement is not in line with our understanding of the entity.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer and other management (as required by auditing standards), and discussed with the Accounting Officer and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations We did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2023/24. We have nothing to report in this respect.

Remuneration and staff reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2023/24.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 96 of the Annual Report, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 108 of the Annual Report, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

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 Council of Governors of the Trust, as a body, 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 Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Homerton Healthcare NHS Foundation Trust for the year ended 31 March 2024 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Jessica Hargreaves
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

28 June 2024

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Statement of comprehensive income

	Note	**2023/24 £000**	2022/23 £000
Operating income from patient care activities	3	**433,439**	409,724
Other operating income	4	**27,036**	26,352
Operating expenses	7, 9	**(459,653)**	(432,793)
Operating surplus from continuing operations		**822**	**3,283**
Finance income	11	**4,081**	1,646
Finance expenses	12	**(471)**	(436)
PDC dividends payable		**(4,709)**	(4,895)
Net finance costs		**(1,099)**	(3,685)
Other losses	13	**-**	(725)
Deficit for the year from continuing operations		**(277)**	(1,127)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	**(2,205)**	(11,479)
Revaluations	17	**111**	972
Total comprehensive expense for the period		**(2,371)**	(11,634)

Statement of financial position

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	14	**12,055**	14,665
Property, plant and equipment	15	**189,147**	172,036
Right of use assets	18	**41,143**	44,413
Receivables	21	**3,398**	3,695
Total non-current assets		**245,743**	234,809
Current assets			
Inventories	20	**3,313**	2,771
Receivables	21	**23,082**	27,359
Cash and cash equivalents	22	**77,726**	80,581
Total current assets		**104,121**	110,711
Current liabilities			
Trade and other payables	23	**(63,287)**	(67,484)
Borrowings	25	**(4,653)**	(4,071)
Provisions	27	**(2,000)**	(2,063)
Other liabilities	24	**(10,187)**	(9,391)
Total current liabilities		**(80,127)**	(83,009)
Total assets less current liabilities		**269,737**	262,511
Non-current liabilities			
Trade and other payables	23	**(2,927)**	(3,476)
Borrowings	25	**(35,559)**	(39,478)
Provisions	27	**(809)**	(874)
Total non-current liabilities		**(39,295)**	(43,828)
Total assets employed		**230,442**	218,683
Financed by			
Public dividend capital		**128,855**	114,725
Revaluation reserve		**51,046**	53,140
Income and expenditure reserve		**50,541**	50,818
Total taxpayers' equity		**230,442**	218,683

The notes on pages 125 to 166 form part of these accounts.

Basirat Sadiq
Chief Executive and Place Based Leader
27 June 2024

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Statement of changes in equity

For the year ended 31 March 2024

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**114,725**	**53,140**	**50,818**	**218,683**
Deficit for the year	**-**	**-**	**(277)**	**(277)**
Impairments	**-**	**(2,205)**	**-**	**(2,205)**
Revaluations	**-**	**111**	**-**	**111**
Public dividend capital received	**14,130**	**-**	**-**	**14,130**
Taxpayers' and others' equity at 31 March 2024	**128,855**	**51,046**	**50,541**	**230,442**

For the year ended 31 March 2023

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	110,068	63,647	50,003	223,718
Implementation of IFRS 16 on 1 April 2022	-	-	1,942	1,942
Deficit for the year	-	-	(1,127)	(1,127)
Impairments	-	(11,479)	-	(11,479)
Revaluations	-	972	-	972
Public dividend capital received	4,657	-	-	4,657
Taxpayers' and others' equity at 31 March 2023	114,725	53,140	50,818	218,683

Information on reserves

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

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

Statement of cash flows

	Note	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus		**822**	3,283
Non-cash income and expense:			
Depreciation and amortisation	7.1	**16,720**	17,288
(Increase) / decrease in receivables and other assets		**5,421**	(10,329)
(Increase) / decrease in inventories		**(542)**	325
Increase / (decrease) in payables and other liabilities		**(3,182)**	16,352
Increase / (decrease) in provisions		**(128)**	(1,280)
Net cash flows from / (used in) operating activities		**19,111**	25,639
Cash flows from investing activities			
Interest received		**4,081**	1,646
Purchase of intangible assets		**(2,507)**	(10,984)
Purchase of PPE and investment property		**(27,605)**	(17,718)
Net cash flows from / (used in) investing activities		**(26,031)**	(27,056)
Cash flows from financing activities			
Public dividend capital received		**14,130**	4,657
Movement on loans from DHSC		**(292)**	(292)
Movement on other loans		**(83)**	(83)
Capital element of finance lease rental payments		**(3,601)**	(2,869)
Interest on loans		**(135)**	(147)
Interest paid on finance lease liabilities		**(310)**	(347)
PDC dividend paid		**(5,644)**	(4,937)
Net cash flows from / (used in) financing activities		**4,065**	(4,018)
Decrease in cash and cash equivalents		**(2,855)**	(5,435)
Cash and cash equivalents at 1 April - brought forward		**80,581**	86,016
Cash and cash equivalents at 31 March	22.1	**77,726**	80,581

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Notes to the accounts

1. Accounting Policies

NHS England, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Going Concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case. Provision of services by the Trust are an integral part of the overall delivery of healthcare services within North East London and the Trust has been a key partner in the planning of activity to be delivered within the North East London Integrated Care System. The Trust continues also to have a pivotal role in the development of integrated care within the City and Hackney Integrated Care Partnership.

1.2. Accounting Convention

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

1.3. Basis of Consolidation

NHS Charitable Fund

The Trust is the corporate trustee to Homerton Healthcare NHS Foundation Trust Charitable Fund, however the Charity's results have not been consolidated with those of the Trust in 2023/24 on the grounds of materiality. The Charity's accounts for 2023/24 will be published in September and can be found at https://www.homerton.nhs.uk/homerton-hope.

The Trust has no subsidiaries, associates or joint ventures.

Joint operations

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

In May 2021, Homerton Healthcare NHS Foundation Trust, Barts Health NHS Trust and Lewisham and Greenwich NHS Trust set up a shared pathology service, the NHS East and South-East London Pathology Partnership, hosted by Barts Health NHS Trust. Its purpose is to provide patients and clinicians with a high-quality, cost-effective service that ensures the long-term sustainability of NHS pathology services. The arrangement is a joint operation as defined by IFRS11.

1.4. Critical accounting judgements and key sources of estimation of uncertainty

In the application of the Trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.4.1. Critical judgements in applying accounting policies

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The notes to the accounts set out the critical judgements, apart from those involving estimations that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Key areas where management estimates have been made within the accounts are the valuation of the Trust's estate. Critical judgement of the Gerald Eve LLP valuation of land and buildings has been relied upon when using depreciated replacement cost on a modern equivalent asset basis for specialised assets as the appropriate basis of valuation.

1.4.2. Sources of estimation uncertainty

The Trust's management determines the estimated useful lives and depreciation charges for all property, plant and equipment assets (with the exception of land). These estimates are based on past experience and practice across the health sector, as well as drawing on the technical expertise within the Trust. Management will increase the depreciation charges where useful lives are less than previously estimated lives, or it will write off or write down assets that are obsolete, abandoned or sold. Useful lives for land, buildings and dwellings are determined by Gerald Eve LLP and management reviews these for reasonableness.

The determination of the carrying values of some assets and liabilities may require estimation of the effects of future uncertain events. Examples include the estimation of the recoverable amount of plant, property and equipment in the absence of recently observed market prices, or the assumptions underlying the estimation of material provisions.

Other sources of estimation uncertainty are:

- Income and expenditure accruals
- Provision for injury benefit claims, early retirements, impairments of receivables, and others (notes 22.2, 24.2 & 28.1 to the accounts)
- Estimates for partially completed patient episodes.

1.5. Transfer of functions

As public sector bodies are deemed to operate under common control, business reconfigurations within the DH group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the GAM requires the application of 'absorption accounting'. Absorption accounting requires that entities account for their transaction in the period which they took place. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Income and is disclosed separately from operating costs.

1.6. Pooled budgets

The Trust has not entered into any pooled budget arrangements.

1.7. Operating segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the Trust.

1.8. Revenue from contracts with customers

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

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for healthcare services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

Where income from excluded high costs drugs and devices is material, high costs drugs and devices are excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In limited cases NHS England may have approved a system variation to income entitlement under the variable element as described above. Where this is the case providers should locally tailor the policy above to reflect how consideration for elective services is linked to actual activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets within 'aligned payment and incentive' contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

1.9. Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

1.10. NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.11. Other forms of income

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

1.12. Apprenticeship service income

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

1.13. Expenditure on employee benefits

1.13.1. Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid. 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.

1.13.2. Pension costs

NHS Pension Scheme

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

Additional pension liabilities arising from early retirements are not funded by the scheme except where

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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.

NEST Pension Scheme
Where staff are not eligible for, or choose to opt out of, the NHS Pension Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme. NEST is a government-backed, defined contribution pension scheme set up to make sure that every employer can easily access a workplace pension scheme. The employer's contribution rate in 2023/24 was 3% (2022/23: 3%).

1.14. Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that, the goods or services 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

1.15. Value added tax

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

1.16. Corporation tax

The Trust is not liable to pay corporation tax.

1.17. Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

1.18. Property, plant and equipment

1.18.1. 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 and either
- it individually has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

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

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part

replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Right of use assets
Right of Use Assets arise from the implementation of IFRS 16 standard as modified for use in the Public sector see note 1.23

1.18.2. Measurement

Valuation
All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets are measured subsequently at valuation. Assets that are 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 subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definition of investment properties or assets held for sale.

Revaluations of property, plant and equipment 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 in existing use are determined as follows:
- Land and non-specialised buildings – market value for existing use
- Specialised buildings - depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use 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. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institution of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

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

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

Depreciation
Items of property held at current value, are depreciated over their remaining Useful Economic Lives (UEL) as assessed by the NHS Foundation Trust's professional valuers in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have infinite life and is not depreciated. Leaseholds are depreciated over the primary lease term. Plant and Equipment initially held at current cost, is depreciated over the estimated UEL.

Property, Plant and Equipment which has been reclassified as 'Held for Sale' cease to be depreciated. Assets in the course of construction are not depreciated until the asset is brought into use.

The following UELs apply to each individual asset category based on standard asset lives adjusted for local use and expected technology changes:

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- Land - Land is not depreciated because it is considered to have an infinite life
- Buildings excluding dwellings - 15 to 75 years
- Plant and Machinery - 5 to 30 years
- Transport Equipment - 5 to 15 years
- Furniture and Fittings - 5 to 30 years
- Information Technology - 3 to 15 years

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

It is impracticable to disclose the extent of the possible effects of an assumption on another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of the Trust's land, property, plant and equipment could require a material adjustment to the carrying amount of the asset recorded in note 16.1.

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

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

1.18.3. De-recognition
Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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 useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.18.4. Donated and grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

1.19. Investment properties

Investment properties are measured at fair value, changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

1.20. Intangible assets

1.20.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it's probable that the future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

(i) 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;
- the way in which intangible assets will generate probable future economic or service delivery benefits e.g. the presence of a market for its output or, where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical or other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can reliably measure the expenses attributable to the asset during development.

(ii) Software

Software which is integral to the operation of hardware e.g. 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 e.g. application software, is capitalised as an intangible asset. Costs associated with maintaining software are recognised as an expense when incurred.

Capitalised computer software is amortised over the expected useful economic life or 10 years, whichever is the shorter.

1.20.2. Measurement

Intangible assets acquired separately are initially recognised 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. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period which it is incurred.

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

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valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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 lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

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

	Min life Years	Max life Years
Software licences	3	10

1.21. Depreciation

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

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

Right of Use Assets are depreciated over the shorter of the lease term and the estimated useful life.

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

1.22. Donated non current assets

Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.23. Leases

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

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

The Trust as a lessee

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

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

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

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

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

The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

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

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

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Initial application of IFRS 16 in 2022/23
IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee
For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination. For leases incepting in 2023/24 the borrowing rate used was 3.51% until 31 December 2023 and 4.72% thereafter as directed by the Treasury (2022/23: 3.51%)

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was reassessed with reference to the right of use asset.

The Trust as lessor
Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

1.24. Inventories

Inventories are valued at the lower of cost and net realisable value, using the first-in first-out cost method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.25. Cash and equivalents

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

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.26. Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

1.27. Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2024:

Early retirement provisions and injury benefit provisions (note 24.2) both use the HM Treasury's pension discount rate of 2.45% in real terms (prior year 1.70%). All other provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A short term-rate of 4.26 % (2022-23: 3.27%) for expected cash flows up to and including 5 years.
- A medium-term rate of 4.03% (2022-23: 3.20%) for expected cash flows over 5 years up to and including 10 years.
- A long-term rate of 4.72% (2022-23:3.51%) for expected cash flows over 10 years up to 40 years.
- A very long-term rate of 4.40% (2022-23: 3.00%) for expected cash flows exceeding 40 years.

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2024 (GAM chapter 4 Annex 7):

Year 1 - 3.60% (2022-23: 7.40%)
Year 2 - 1.80% (2022-23: 0.60%)
Into perpetuity - 2.00% (2022-23: 2.00%)

1.28. Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 28.2 but is not recognised in the Trust's accounts.

1.29. Non-clinical risk pooling

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

1.30. 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, none have been disclosed.

Contingent liabilities are not recognised, but are disclosed in note 29, 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.

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1.31. Financial assets and financial liabilities

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

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

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

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described in note 1.25.

Financial assets are classified as subsequently measured at amortised costs, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

1.31.2. Financial assets and financial liabilities at fair value through other comprehensive income
A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

1.31.3. Financial assets and financial liabilities at fair value through income and expenditure
Financial assets measured at fair value through income and expenditure are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading)

and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

1.31.4. Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

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

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.31.5. Derecognition

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

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

1.32. Public dividend capital (PDC) and PDC dividend

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

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

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

(i) donated and grant 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 and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the pre-audit version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

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1.33. Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.34. Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.35. 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 the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

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.

1.36. 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.

1.37. Transfers of functions to / from other NHS bodies / local government bodies

For functions that have been transferred to the Trust from another NHS / local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer by absorption. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / (loss) corresponding to the net assets/ liabilities transferred is recognised within income / expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS / local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net (loss) / gain corresponding

to the net assets/ liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the Trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

1.38. Climate change levy

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

1.39. Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24

1.40. Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 18 was issued in April 2024 and applies to periods beginning on or after 1 January 2027. The standard has not yet been adopted by Financial Reporting Advisory Board for inclusion within the Financial Reporting Manual and therefore it is not yet possible to confirm how this will impact on our accounts in the future.

Note 2 Operating segments

All activities of the Trust are considered to be one segment, Healthcare. There are no individual reportable segments on which to make disclosures. Income and expenditure is not reported on a segmental basis to the Trust Board and as such the Trust is managed as a single segment.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.8

Note 3.1 Income from patient care activities (by nature)

	2023/24 £000	2022/23 £000
Acute services		
Income from commissioners under API contracts - variable element*	**59,035**	-
Income from commissioners under API contracts - fixed element*	**334,466**	353,769
High cost drugs income from commissioners	**6,605**	5,994
Other NHS clinical income	**1,924**	2,934
Community services		
Income from other sources (e.g. local authorities)	**18,685**	18,716
All services		
Private patient income	**403**	270
Elective recovery fund	**-**	9,603
Additional pension contribution central funding**	**11,335**	10,283
National pay award central funding***	**166**	7,378
Other clinical income	**820**	777
Total income from activities	**433,439**	409,724

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*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation. https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2023/24 £000	2022/23 £000
NHS England	61,959	68,777
Clinical commissioning groups (comparative only)	-	74,055
Integrated care boards	349,648	245,694
Other NHS providers	1,924	1,435
Local authorities	18,685	18,716
Non-NHS: private patients	403	270
Non-NHS: overseas patients (chargeable to patient)	267	224
Injury cost recovery scheme	553	553
Total income from activities	433,439	409,724
Of which:		
Related to continuing operations	433,439	409,724
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2023/24 £000	2022/23 £000
Income recognised this year	**267**	224
Cash payments received in-year	**148**	123
Amounts written off in-year	**46**	104

Note 4 Other operating income

	2023/24			2022/23		
	Contract income £000	**Non-contract income £000**	**Total £000**	Contract income £000	Non-contract income £000	Total £000
Research and development	**1,069**	**-**	**1,069**	1,120	-	1,120
Education and training	**16,308**	**-**	**16,308**	14,776	-	14,776
Non-patient care services to other bodies	**6,014**	**-**	**6,014**	4,991	-	4,991
Reimbursement and top up funding				1,179	-	1,179
Charitable and other contributions to expenditure	**-**	**119**	**119**	-	782	782
Revenue from operating leases	**-**	**3,408**	**3,408**	-	3,383	3,383
Other income	**118**	**-**	**118**	121	-	121
Total other operating income	**23,509**	**3,527**	**27,036**	22,187	4,165	26,352
Of which:						
Related to continuing operations			**27,036**			26,352
Related to discontinued operations			**-**			-

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2023/24 £000	2022/23 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	**9,391**	7,699

Note 5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	**31 March 2024 £000**	31 March 2023 £000
within one year (note 25)	**10,187**	9,391
Total revenue allocated to remaining performance obligations	**10,187**	9,391

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

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Note 5.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, 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 licence 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:

	2023/24 £000	2022/23 £000
Income from services designated as commissioner requested services	**349,648**	319,749
Income from services not designated as commissioner requested services	**83,791**	89,975
Total	**433,439**	409,724

Note 5.4 Profits and losses on disposal of property, plant and equipment

	2023/24	2022/23
	£000	£000
	Nil	Nil

Note 5.5 Fees and charges

The following disclosure is of income from charges to service users where the full cost of providing that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2023/24 £000	2022/23 £000
Income	**3,563**	4,023
Full cost	**(18,645)**	(18,313)
Surplus / (deficit)	**(15,082)**	(14,290)

This disclosure only relates to the NHS East and South-East London Pathology Partnership service that is hosted by Barts Health and other partner is Lewisham and Greenwich NHS Trust. The expenditure relates to the Trust's contribution for operating the service and the income is in relation to additional charges not covered by the agreement.

Note 6 Operating leases - Homerton Healthcare NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where Homerton Healthcare NHS Foundation Trust is the lessor.

The Trust has for many years, leased space to East London NHS Foundation Trust (ELFT) and receives income from its occupancy. There are no material risks associated with this arrangement as the Trust is responsible for all site repairs and maintenance. ELFT have indicated that they intend to occupy the site until 2030 although this may change in the future and the Trust would utilise the vacated space.

Note 6.1 Operating lease income

	2023/24 £000	2022/23 £000
Lease receipts recognised as income in year:		
Variable lease receipts / contingent rents	**3,408**	3,383
Total in-year operating lease income	**3,408**	3,383

Note 6.2 Future lease receipts	31 March 2024 £000	31 March 2023 £000
Future minimum lease receipts due in:		
- not later than one year	**3,383**	3,383
- later than one year and not later than two years	**3,383**	3,383
- later than two years and not later than three years	**3,383**	3,383
- later than three years and not later than four years	**3,383**	3,383
- later than four years and not later than five years	**3,383**	3,383
- later than five years	**3,383**	3,383
Total	**20,298**	20,298

Note 7.1 Operating expenses	2023/24 £000	2022/23 £000
Purchase of healthcare from NHS and DHSC bodies	**3,749**	3,257
Purchase of healthcare from non-NHS and non-DHSC bodies	**4,457**	3,847
Staff and executive directors costs	**313,419**	291,265
Remuneration of non-executive directors	**136**	120
Supplies and services - clinical (excluding drugs costs)	**36,620**	34,751
Supplies and services - general	**15,597**	15,510
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**20,522**	19,366
Inventories written down	**3**	-
Consultancy costs	**688**	1,169
Establishment	**6,621**	6,707
Premises	**18,134**	17,249
Transport (including patient travel)	**2,157**	2,206
Depreciation on property, plant and equipment	**12,646**	13,769
Amortisation on intangible assets	**4,074**	3,519
Movement in credit loss allowance: contract receivables / contract assets	**(444)**	111
Change in provisions discount rate(s)	**-**	3
Fees payable to the external auditor		
Audit services- statutory audit	**120**	108
Internal audit costs	**79**	63
Clinical negligence	**18,990**	17,736
Research and development	**588**	451
Education and training	**1,497**	1,538
Other	**-**	48
Total	**459,653**	432,793
Of which:		
Related to continuing operations	**459,653**	432,793
Related to discontinued operations	**-**	-

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Note 7.2 Other auditor remuneration	2023/24 £000	2022/23 £000
Other auditor remuneration paid to the external auditor:	**Nil**	Nil

Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2022/23: £1 million).

Note 8 Impairment of assets

	2023/24 £000	2022/23 £000
Net impairments charged to operating deficit resulting from:		
Impairments charged to the revaluation reserve	**2,205**	11,479
Total net impairments	**2,205**	11,479

Note 9 Employee benefits

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	**196,818**	180,039
Social security costs	**26,689**	23,434
Apprenticeship levy	**1,169**	995
Employer's contributions to NHS pensions	**37,446**	33,864
Pension cost - other	**54**	56
Temporary staff (including agency)	**52,931**	54,352
Total staff costs	**315,107**	292,740
Of which		
Costs capitalised as part of assets	**1,100**	1,024

Note 9.1 Retirements due to ill-health

During 2023/24 there were two early retirements from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is 0k (£13k in 2022/23).

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

Note 10 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

c) National Employers Saving Scheme (NEST)

This government backed pension scheme is offered by the Trust to employees as an alternative to the NHS Pension scheme.

	2023/24 £000	2022/23 £000
Employee contributions (5%)	**73**	74
Employer contributions (3%)	**54**	56
Total	**127**	130

Note 11 Finance income

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

	2023/24 £000	2022/23 £000
Interest on bank accounts	**4,081**	1,646
Total finance income	**4,081**	1,646

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Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24 £000	2022/23 £000
Interest expense:		
Interest on loans from the Department of Health and Social Care	**133**	144
Interest on lease obligations	**338**	291
Total interest expense	**471**	435
Unwinding of discount on provisions	**-**	1
Total finance costs	**471**	436

Note 13 Other gains / (losses)

	2023/24 £000	2022/23 £000
Losses on disposal of assets	**-**	(725)
Total other gains / (losses)		(725)

Note 14.1 Intangible assets - 2023/24

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	**28,768**	**52**	**28,820**
Additions	**-**	**1,464**	**1,464**
Reclassifications	**1,010**	**(1,010)**	**-**
Disposals / derecognition	**(8,177)**	**-**	**(8,177)**
Valuation / gross cost at 31 March 2024	**21,601**	**506**	**22,107**
Amortisation at 1 April 2023 - brought forward	**14,155**	**-**	**14,155**
Provided during the year	**4,074**	**-**	**4,074**
Disposals / derecognition	**(8,177)**	**-**	**(8,177)**
Amortisation at 31 March 2024	**10,052**	**-**	**10,052**
Net book value at 31 March 2024	**11,549**	**506**	**12,055**
Net book value at 1 April 2023	**14,613**	**52**	**14,665**

Note 14.2 Intangible assets - 2022/23

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2022	24,977	503	25,480
Additions	-	3,340	3,340
Reclassifications	3,791	(3,791)	-
Valuation / gross cost at 31 March 2023	28,768	52	28,820
Amortisation at 1 April 2022	10,636	-	10,636
Provided during the year	3,519	-	3,519
Amortisation at 31 March 2023	14,155	-	14,155
Net book value at 31 March 2023	14,613	52	14,665
Net book value at 1 April 2022	14,341	503	14,844

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Note 15.1 Property, plant and equipment - 2023/24

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2023 - brought forward	**24,444**	**132,513**	**2,431**	**57,060**	**161**	**11,726**	**1,910**	**230,244**
Additions	**-**	**-**	**27,968**	**-**	**-**	**-**	**-**	**27,968**
Impairments	**(1,514)**	**(691)**	**-**	**-**	**-**	**-**	**-**	**(2,205)**
Revaluations	**-**	**(8,387)**	**-**	**-**	**-**	**-**	**-**	**(8,387)**
Reclassifications	**-**	**3,316**	**(8,074)**	**2,667**	**-**	**1,887**	**204**	**-**
Disposals / derecognition	**-**	**(247)**	**-**	**(24,338)**	**(97)**	**(8,032)**	**(1,514)**	**(34,228)**
Valuation/gross cost at 31 March 2024	**22,930**	**126,504**	**22,325**	**35,389**	**64**	**5,581**	**600**	**213,392**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**8,387**	**-**	**38,311**	**119**	**9,508**	**1,883**	**58,208**
Provided during the year	**-**	**3,650**	**-**	**4,269**	**6**	**656**	**71**	**8,652**
Revaluations	**-**	**(8,387)**	**-**	**-**	**-**	**-**	**-**	**(8,387)**
Disposals / derecognition	**-**	**(247)**	**-**	**(24,338)**	**(97)**	**(8,032)**	**(1,514)**	**(34,228)**
Accumulated depreciation at 31 March 2024	**-**	**3,403**	**-**	**18,242**	**28**	**2,132**	**440**	**24,245**
Net book value at 31 March 2024	**22,930**	**123,101**	**22,325**	**17,147**	**36**	**3,449**	**160**	**189,147**
Net book value at 1 April 2023	**24,444**	**124,126**	**2,431**	**18,749**	**42**	**2,218**	**27**	**172,036**

Note 15.2 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2022	28,208	126,452	8,549	52,820	161	10,984	1,894	229,067
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	(1,740)	(3,326)	-	-	-	-	-	(5,066)
Additions	-	-	20,331	-	-	-	-	20,331
Impairments	-	(11,479)	-	-	-	-	-	(11,479)
Revaluations	(2,625)	-	-	-	-	-	16	(2,609)
Reclassifications	601	20,866	(26,449)	4,240	-	742	-	-
Valuation/gross cost at 31 March 2023	24,444	132,513	2,431	57,060	161	11,726	1,910	230,244
Accumulated depreciation at 1 April 2022	-	7,182	-	34,001	113	8,785	1,815	51,896
Provided during the year	-	4,577	-	4,310	6	723	68	9,684
Revaluations	-	(3,372)	-	-	-	-	-	(3,372)
Accumulated depreciation at 31 March 2023	-	8,387	-	38,311	119	9,508	1,883	58,208
Net book value at 31 March 2023	24,444	124,126	2,431	18,749	42	2,218	27	172,036
Net book value at 1 April 2022	28,208	119,270	8,549	18,819	48	2,199	79	177,171

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Note 15.3 Property, plant and equipment financing - 31 March 2024

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	22,930	123,101	22,325	16,200	36	3,449	160	188,200
Owned - donated/ granted	-	-	-	947	-	-	-	947
Total net book value at 31 March 2024	22,930	123,101	22,325	17,147	36	3,449	160	189,147

Note 15.4 Property, plant and equipment financing - 31 March 2023

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	24,444	124,126	2,431	17,802	42	2,218	27	171,090
Owned - donated/ granted	-	-	-	947	-	-	-	947
Total net book value at 31 March 2023	24,444	124,126	2,431	18,749	42	2,218	27	172,036

Note 16 Donations of property, plant and equipment

There were no donations of property, plant or equipment in the year (2022/23 Nil).

Note 17 Revaluations of property, plant and equipment

The buildings have been valued as at 31 March 2024 using a Modern Equivalent Asset basis of valuation, as discounted for wear and tear.

Land has been revalued at 31 March 2024 at market value for existing use.

The desktop valuation was carried out by Gerald Eve LLP whose address is 72 Welbeck Street, London, W1G 0AY.

Buildings have estimated useful economic lives ranging up to **90 years** (2022/23 - 75 years).

Assets held at market value

At 31 March 2024 the Trust held land assets at market value for existing use of **£22.93m** (31 March 2023, £24.44m).

Note 18 Leases - Homerton Healthcare NHS Foundation Trust as a lessee

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

The Trust has leased tenancies mainly with NHS Property Services Ltd and Community Healthcare Partnership Ltd at various sites in close proximity to the main hospital site to provide/deliver healthcare services within the community. There is also a leased Corporate Administrative Hub.

Note 18.1 Right of use assets - 2023/24

	Property (land and buildings)" £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: £000
Valuation / gross cost at 1 April 2023 - brought forward	**45,456**	**3,025**	**17**	**48,498**	**32,043**
Additions	**-**	**1,098**	**115**	**1,213**	**-**
Remeasurements of the lease liability	**(600)**	**-**	**-**	**(600)**	**(600)**
Revaluations	**111**	**-**	**-**	**111**	**-**
Disposals / derecognition	**-**	**(57)**	**-**	**(57)**	**(57)**
Valuation/gross cost at 31 March 2024	**44,967**	**4,066**	**132**	**49,165**	**31,386**
Accumulated depreciation at 1 April 2023 - brought forward	**3,931**	**149**	**5**	**4,085**	**2,976**
Provided during the year	**3,874**	**92**	**28**	**3,994**	**2,846**
Disposals / derecognition	**-**	**(57)**	**-**	**(57)**	**(57)**
Accumulated depreciation at 31 March 2024	**7,805**	**184**	**33**	**8,022**	**5,765**
Net book value at 31 March 2024	**37,162**	**3,882**	**99**	**41,143**	**25,621**
Net book value at 1 April 2023	**41,525**	**2,876**	**12**	**44,413**	**29,067**
Net book value of right of use assets leased from other NHS providers					**220**
Net book value of right of use assets leased from other DHSC group bodies					**25,401**

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Note 18.2 Right of use assets - 2022/23

	Property (land and buildings)" £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-	-
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	5,066	-	-	5,066	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	37,145	651	17	37,813	28,392
Additions	-	2,415	-	2,415	-
Remeasurements of the lease liability	3,761	-	-	3,761	3,692
Revaluations	209	-	-	209	-
Disposals / derecognition	(725)	(41)	-	(766)	(41)
Valuation/gross cost at 31 March 2023	45,456	3,025	17	48,498	32,043
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	-
Provided during the year	3,931	149	5	4,085	2,976
Accumulated depreciation at 31 March 2023	3,931	149	5	4,085	2,976
Net book value at 31 March 2023	41,525	2,876	12	44,413	29,067
Net book value at 1 April 2022	-	-	-	-	-
Net book value of right of use assets leased from other NHS providers					243
Net book value of right of use assets leased from other DHSC group bodies					28,824

Note 18.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 25.1.

	2023/24 £000	2022/23 £000
Carrying value at 31 March	**39,081**	-
IFRS 16 implementation - adjustments for existing operating leases		35,871
Lease additions	**1,213**	2,415
Lease liability remeasurements	**(600)**	3,761
Interest charge arising in year	**338**	291
Early terminations	**-**	(41)
Lease payments (cash outflows)	**(3,911)**	(3,216)
Carrying value at 31 March	**36,121**	39,081

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Income generated from subleasing right of use assets in £0k and is included within revenue from operating leases in note 4.

Note 18.4 Maturity analysis of future lease payments

	Total 31 March 2024 £000	**Of which leased from DHSC group bodies: 31 March 2024 £000**	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	**4,260**	**3,214**	4,309	3,427
- later than one year and not later than five years;	**12,225**	**8,400**	17,281	12,195
- later than five years.	**19,636**	**14,627**	19,896	15,554
Total gross future lease payments	**36,121**	**26,241**	41,486	31,176
Finance charges allocated to future periods	**-**	**-**	(2,405)	(1,605)
Net lease liabilities at 31 March 2024	**36,121**	**26,241**	39,081	29,571
Of which:				
Leased from other NHS providers		**237**		256
Leased from other DHSC group bodies		**26,004**		29,315

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Note 19 Disclosure of interests in other entities

	31 March 2024 £000	31 March 2023 £000
	Nil	Nil

Note 20 Inventories

	31 March 2024	31 March 2023
	£000	£000
Drugs	**1,327**	1,306
Consumables	**1,600**	951
Energy	**76**	89
Other	**311**	426
Total inventories	**3,313**	2,771
of which:		
Held at fair value less costs to sell	**-**	-

Inventories recognised in expenses for the year were £21,224k (2022/23: £19,458k). Write-down of inventories recognised as expenses for the year were £3k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £119k of items purchased by DHSC (2022/23: £782k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 21.1 Receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables	**20,107**	25,617
Allowance for impaired contract receivables / assets	**(3,254)**	(3,761)
Prepayments	**1,993**	2,939
PDC dividend receivable	**847**	-
VAT receivable	**1,381**	732
Other receivables	**2,008**	1,832
Total current receivables	**23,082**	27,359
Non-current		
Other receivables	**3,398**	3,695
Total non-current receivables	**3,398**	3,695
Of which receivable from NHS and DHSC group bodies:		
Current	**10,026**	16,493
Non-current	**123**	171

Note 21.2 Allowances for credit losses

	2023/24 Contract receivables and contract assets	2022/23 Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	**3,761**	3,804
New allowances arising	**-**	111
Reversals of allowances	**(444)**	-
Utilisation of allowances (write offs)	**(63)**	(154)
Allowances as at 31 March 2024	**3,254**	3,761

Note 21.3 Exposure to credit risk

	£000	£000
	Nil	Nil

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Note 22.1 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.

	2023/24 £000	2022/23 £000
At 1 April	**80,581**	86,016
Net change in year	**(2,855)**	(5,435)
At 31 March	**77,726**	80,581
Broken down into:		
Cash at commercial banks and in hand	**144**	210
Cash with the Government Banking Service	**77,582**	80,371
Total cash and cash equivalents as in SoFP	**77,726**	80,581

Note 22.2 Third party assets held by the Trust

Homerton Healthcare NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2024 £000	31 March 2023 £000
Bank balances	**34**	6
Total third party assets	**34**	6

Note 23.1 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	**18,897**	19,028
Capital payables	**5,925**	6,605
Accruals	**27,072**	32,190
Receipts in advance and payments on account	**49**	11
Social security costs	**3,483**	3,165
Other taxes payable	**3,549**	2,879
PDC dividend payable	**-**	88
Pension contributions payable	**3,890**	3,501
Other payables	**422**	17
Total current trade and other payables	**63,287**	67,484
Non-current		
Other payables	**2,927**	3,476
Total non-current trade and other payables	**2,927**	3,476
Of which payables from NHS and DHSC group bodies:		
Current	**5,012**	6,578

Note 23.2 Early retirements in NHS payables above

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

31 March 2024 £000	31 March 2024 Number	31 March 2023 £000	31 March 2023 Number
Nil	**Nil**	Nil	Nil

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Note 24 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	**10,187**	9,391
Total other current liabilities	**10,187**	9,391

Note 25.1 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Loans from DHSC	**322**	324
Other loans	**71**	83
Lease liabilities	**4,260**	3,664
Total current borrowings	**4,653**	4,071
Non-current		
Loans from DHSC	**3,325**	3,617
Other loans	**373**	444
Lease liabilities	**31,861**	35,417
Total non-current borrowings	**35,559**	39,478

Note 25.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Lease Liabilities £000	Total £000
Carrying value at 1 April 2023	3,941	527	39,081	43,549
Cash movements:				
Financing cash flows - payments and receipts of principal	(292)	(83)	(3,601)	(3,976)
Financing cash flows - payments of interest	(135)	-	(310)	(445)
Non-cash movements:				
Additions	-	-	1,213	1,213
Lease liability remeasurements	-	-	(600)	(600)
Application of effective interest rate	133	-	338	471
Carrying value at 31 March 2024	3,647	444	36,121	40,212

	Loans from DHSC £000	Other loans £000	Lease Liabilities £000	Total £000
Carrying value at 1 April 2022	4,236	610	-	4,846
Cash movements:				
Financing cash flows - payments and receipts of principal	(292)	(83)	(2,869)	(3,244)
Financing cash flows - payments of interest	(147)	-	(347)	(494)
Non-cash movements:				
Impact of implementing IFRS 16 on 1 April 2022	-		35,871	35,871
Additions	-	-	2,415	2,415
Lease liability remeasurements	-	-	3,761	3,761
Application of effective interest rate	144	-	291	435
Early terminations	-	-	(41)	(41)
Carrying value at 31 March 2023	3,941	527	39,081	43,549

Note 26 Other financial liabilities

	31 March 2024 £000	31 March 2023 £000
	Nil	Nil

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Note 27.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2023	**265**	**512**	**263**	**1,897**	**2,937**
Change in the discount rate	**-**	**-**	**-**	**(27)**	**(27)**
Arising during the year	**9**	**30**	**8**	**368**	**415**
Utilised during the year	**(19)**	**(30)**	**-**	**(69)**	**(118)**
Reclassified to liabilities held in disposal groups	**-**	**-**	**55**	**(55)**	**-**
Reversed unused	**-**	**-**	**(15)**	**(383)**	**(398)**
At 31 March 2024	**255**	**512**	**311**	**1,731**	**2,809**
Expected timing of cash flows:					
- not later than one year;	**31**	**50**	**311**	**1,608**	**2,000**
- later than one year and not later than five years;	**224**	**462**	**-**	**123**	**809**
- later than five years.	**0**	**(0)**	**-**	**(0)**	**(0)**
Total	**255**	**512**	**311**	**1,731**	**2,809**

Pension related provisions as at 31 March 2024 consist of £0.51m in relation to Injury Benefits and £0.26m relating to Early Retirement benefits payable to former employees of the Trust. These benefits are calculated and paid to the individuals concerned by the NHS Business Services Authority (NHSBSA) and the provision represents the future liability of the Trust based on expected lifetime calculations discounted appropriately.

The Clinical Pension Tax reimbursement provision totals £0.12m and is based on the estimated liability arising in future years relating to income tax liabilities arising from clinicians' pension contributions exceeding their annual pension allowance by consultants working additional PAs.

The most significant elements of the other provisions figure are the following: £1.18m in respect of potential data challenges from commissioners relating to clinical contract income, £0.18m in relation to dilapidation provisions and £0.15m in relation to provision for future credit notes.

Note 27.2 Clinical negligence liabilities

At 31 March 2024, £204,835k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Homerton Healthcare NHS Foundation Trust (31 March 2023: £303,796k).

Note 28 Contingent assets and liabilities

	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities		
NHS Resolution legal claims	**(25)**	(29)
Net value of contingent liabilities	**(25)**	(29)

Note 29 Contractual capital commitments

	31 March 2024	31 March 2023
	£000	£000
Property, plant and equipment	**16,795**	34,552
Intangible assets	**-**	80
Total	**16,795**	34,632

Note 30 Other financial commitments

The Trust is committed to making payments under non-cancellable contracts (which are not leases, or other service concession arrangement), analysed by the period during which the payment is made:

	31 March 2024 £000	31 March 2023 £000
not later than 1 year	**1,000**	697
after 1 year and not later than 5 years	**3,093**	3,373
paid thereafter	**645**	1,364
Total	**4,738**	5,434

Note 31 Financial instruments

Note 31.1 Financial risk management

IAS 32 (Financial Instruments: Disclosure and Presentation), IAS 39 (Financial Instrument Recognition and Measurement) and IFRS 7 (Financial Instruments: Disclosures) require disclosure of the role that financial instruments have played during the period in creating or changing the risks an entity faces in undertaking its activities.

The Trust does not have any complex financial instruments and does not hold or issue financial instruments for speculative trading purposes. In light of the continuing service provider relationship 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 non NHS business entities.

The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's financial instruments comprise loans, provisions, cash at bank and in hand and various items, such as trade receivables and trade payables, that arise directly from its operations. The main purpose of these financial instruments is to fund the Trust's operations.

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Note 31.2 Carrying values of financial assets

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial assets as at 31 March 2024			
Trade and other receivables excluding non financial assets	**20,259**	**-**	**20,259**
Cash and cash equivalents	**77,726**	**-**	**77,726**
Total at 31 March 2024	**97,985**	**-**	**97,985**

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial assets as at 31 March 2023			
Trade and other receivables excluding non financial assets	25,617	-	25,617
Cash and cash equivalents	80,581	-	80,581
Total at 31 March 2023	106,198	-	106,198

Note 31.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2024		
Loans from the Department of Health and Social Care	**3,647**	**3,647**
Obligations under leases	**36,121**	**36,121**
Other borrowings	**444**	**444**
Trade and other payables excluding non financial liabilities	**56,490**	**56,490**
Total at 31 March 2024	**96,702**	**96,702**

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2023		
Loans from the Department of Health and Social Care	3,941	3,941
Obligations under leases	39,081	39,081
Other borrowings	527	527
Trade and other payables excluding non financial liabilities	64,237	64,237
Total at 31 March 2023	107,786	107,786

Note 31.4 Maturity of financial liabilities

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

	31 March 2024 £000	31 March 2023 £000
In one year or less	**58,246**	65,509
In more than one year but not more than five years	**14,058**	20,602
In more than five years	**24,649**	24,113
Total	**96,953**	110,224

Note 32 Losses and special payments

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	**5**	**4**	11	20
Bad debts and claims abandoned	**66**	**58**	60	134
Total losses	**71**	**62**	71	154
Special payments				
Ex-gratia payments	**27**	**86**	19	105
Total special payments	**27**	**86**	19	105
Total losses and special payments	**98**	**148**	90	259
Compensation payments received				
Details of cases individually over £300k	**Nil**	**Nil**	Nil	Nil

Note 33 Gifts

Disclosure of gifts given by the Trust is only required if the total value of gifts made exceeds £300,000.

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
	Nil	**Nil**	Nil	Nil

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Note 34 Related parties

There were nil related party transactions with Executive and non-Executive Directors during the financial year (2022/23: nil).

Government Departments and their agencies are considered by HM Treasury as being related parties. During the year Homerton Healthcare NHS Foundation Trust has had a significant number of material transactions with Government Departments and their agencies. The largest of these entities are listed below:

Name **Department of Health and Social Care**	**Relationship** **Parent Department**
East London NHS Foundation Trust	NHS Foundation Trust
Barts Health	NHS Trust
NHS England - core	Commissioner
NHS England - London Regional Office	Commissioner
NHS England - London Specialised Commissioning Hub	Commissioner
North East London ICB	Commissioner
Mid and South Essex ICB	Commissioner
Hertfordshire and West Essex ICB	Commissioner
North West London ICB	Commissioner
South East London ICB	Commissioner
North Central London ICB	Commissioner
NHS Resolution	Other NHS Whole of Government Accounts Body - Insurer
NHS Property Services	Other NHS Whole of Government Accounts Body
Community Health Partnerships	Other NHS Whole of Government Accounts Body
HM Revenue & Customs - VAT	Central Government WGA Body
NHS Business Services Authority	Central Government WGA Body
HM Revenue & Customs - NI Fund & PAYE	Central Government WGA Body
London Borough of Hackney	Central Government WGA Body - Local Authority
The NHS East and South East London Pathology Partnership	Jointly owned with Barts Health NHS Trust and Lewisham and Greenwich NHS Trust
Dr Mark Ricketts Non Executive Director	Board Member of North East London Integrated Care Board

The Trust has also received revenue and capital payments from the Homerton Healthcare NHS Foundation Trust Charitable Fund. The Charity is registered with the Charity Commission (Charity Number 1061659) and the NHS Trust acts as Corporate Trustee. The Charity operates through the Charitable Funds Committee whose members are drawn from the Trust's Board. It produces a set of annual accounts and an annual report (separate to that of the NHS Foundation Trust) and these documents are available on request from the Trust.

Note 35 Intra-Government and other balances

	Receivables: amounts falling due within one year	Payables: amounts falling due within one year
	At 31 March 2024	At 31 March 2024
	£000	£000
Receivable and Payable balances		
English NHS Foundation Trusts	**1,308**	**1,150**
English NHS Trusts	**2,437**	**1,713**
NHS England & Clinical Commissioning Groups	**5,433**	**2,569**
Other Whole of Government Accounts bodies	**1,381**	**10,922**
Total	**10,559**	**16,354**

	Income Year Ended 31 March 2024	Expenditure Year Ended 31 March 2024
	£000	£000
Income and expenditure values for the year		
English NHS Foundation Trusts	**4,285**	**2,136**
English NHS Trusts	**1,516**	**2,788**
NHS England & Clinical Commissioning Groups	**417,580**	**24,863**
Other Whole of Government Accounts bodies	**-**	**66,238**
Total	**423,381**	**96,025**

Note 36 Prior period adjustments

There were no prior year adjustments in 2023/24 (2022/23 Nil).

Note 37 Events after the reporting date

There were no events after the reporting date for 2023/24 (2022/23 Nil).

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Our Values

PERSONAL · RESPECTFUL · SAFE · INCLUSIVE · RESPONSIBLE

NHS

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NHS Foundation Trust

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