Homerton University Hospital NHS
NHS Foundation Trust

Annual Plan

2009/10

1 Past Year Performance

1.1 Chief Executive Summary for 2008/09

Homerton University Hospital was in the first cohort of 10 hospitals in the country to be authorised as a Foundation Trust in 2004 and we therefore marked our fifth anniversary this year – a significant milestone in our history. Foundation Trust status has been an important driver for service development and improvement.

During these five years the hospital has grown in stature and size. We have always been a high performing Trust but we have grown from being the hospital 'for' Hackney to the hospital 'in' Hackney. We now serve not just the needs the local population but have also developed a range of specialist services for patients from further afield.

The disease profile for Hackney is at variance from the national picture. For example, our population is much more likely to experience major complications of pregnancy than the norm; conditions such as sickle cell disease, HIV and tuberculosis are routine for us, as are 'tropical' infections and conditions; economic hardship contributes to morbidity and there are high levels of alcohol and drug related problems. Hackney has the highest levels of childhood obesity in the country. We have therefore developed services, and often research programmes, that reflect the prevailing local conditions.

The Homerton is not easily compartmentalised. In part this is because the profile of diseases we see is so unusual, but also because we have a much larger specialist base than is the norm for a hospital primarily serving a local area. The national contribution to service development through our innovation and research programmes also exceeds what one might expect for such a hospital.

These are the factors that make the Homerton such an exciting and challenging place to work.

Successes in 2008/9

- We were awarded an **excellent rating** for both service quality and use of resources by the Healthcare Commission.

- We finished the year having **achieved key targets** for MRSA and Clostridium difficile rates. We also met challenging waiting time targets for emergency, cancer and planned care, and were rewarded with a visit from Ben Bradshaw, Minister for Health who commended us on the latter achievement. We benefited from sound financial management.

- **Service quality** for stroke care was demonstrated by our achievement of good scores in the London review of stroke services. Our fertility unit pregnancy rates for women under 35 years are amongst the highest in the country.

- Service **investment and development** continued, with the formal opening of a new fertility centre by the Lady Mayoress of London. We also opened two new single sex wards and a dedicated stroke unit. We have embarked on the construction of an £8 million centre for newborn and maternity care. Our bariatric surgical service (obesity) received preferred provider status and performed approximately 10% of the country's surgical procedures for obesity.

- We went **beyond acute care** in furthering our contribution to the Hackney community. On behalf of the Hackney local strategic partnership we led the 'Reducing Infant Mortality Programme' which received the Health Service Journal national award for addressing health inequalities. We were successful in our bid to run the community pulmonary disease service. A joint collaboration between Homerton and Hackney police led to the opening of one of the

few police stations on a hospital site. It is a source of pride to the local people that Homerton is the hospital for the 2012 Olympic and Paralympic Games.

- **Innovation** by the Trust, particularly in the area of the European Working Time Directive, has achieved wide recognition this year, with national bodies looking to see how Homerton achieved August 2009 compliance targets for trainee doctors two years ahead of the deadline. Our Electronic Patient Records continues to drive clinical and managerial practice; the module introduced this year allows us to record MRSA and C. Diff acquired infections on the system alerting clinicians to patients at risk.

- We had a major **focus on measuring and improving** the experience of patients using the hospital. The Secretary of State for Health, Alan Johnson, visited the hospital in October 2008 to see for himself the Patient Experience Tracker work. We commissioned Ipsos MORI to carry out confidential interviews with patients to obtain a more detailed understanding of how they view our services so that we can better address their needs. Alongside this we continued to measure and monitor statistics which indicate levels of safety in the hospital, such as the hospital standardised mortality ratio, which at 99 provides confidence that the hospital is a safe place to be treated.

- **Teaching and research** continued to be strong. We have actively participated in the central London Clinical Local Research Network and in the development of the North East London Health Innovation and Education (HIEC), a partnership of local universities and NHS Trusts working collaboratively to promote excellence and innovation in the planning and delivery of education and healthcare.

Challenges and Disappointments

These are some of our successes. There is more that we could add, and of course there are disappointments and issues that we must own up to. In December 2008 we received a Hygiene Code Compliance Improvement Notice from the Healthcare Commission (HCC). This was major concern for us. Whilst we have always achieved our targets for healthcare associated infection rates, we did not have evidence of policies, procedures, audits and training programmes that the HCC required – we do now, and we should have done then. This was a failing on our part. On a positive note the improvement notice was lifted within three months.

Homerton along with other London hospitals worked with the HCC this year to try and better understand why responses to the postal questionnaire that the HCC use to measure patient satisfaction across the country tend to reap low response rates and poorer results for London. The response rates for Homerton patients are almost the lowest rates in the country. As stated above we have compensated for this by using tools such as the PET and interview surveys to gain a more detailed understanding of patients' views. In 2008/9 we had 5000 responses to the PET, as opposed to 293 responses to the national survey, and these showed good levels of satisfaction with the hospital.

Of the emerging issues for the Trust, most immediately significant is the Healthcare for London and North East London NHS sector reviews of hospital services. These will be discussed further in this document.

Acknowledgements and Thanks

We remain deeply indebted to the hospital's staff for all they do. It is encouraging that 50% of them responded to the national staff survey, and reported positively about their work. We absolutely could and should do more for the people that work here and the decision made this year to establish a dedicated human resource department and Director of Workforce reflects this.

Our Council of Governors has as ever steered us ably through the year, acting as the ears and eyes of the people we serve and never letting us forget why we exist or for whom.

Against a range of measures 2008/9 has been a good and productive year for us. There is no doubt that Foundation Trust status has played a major part in our success and we are grateful for the opportunities afforded to us over the last five year through it.

1.2 Summary of financial performance

The Trust had a successful year financially, achieving a year-end surplus of £3.9m, ahead of the planned surplus of £2.0m, and better liquidity than expected with a year-end cash balance of £18.3m.

Overall patient activity income was above plan. The Trust over-performed on elective and outpatient activity, particularly in surgical specialties. Non patient activity income was also above plan for education and training, services provided to other Trusts, deferred income, and interest earned on cash balances. In planning for 2009/10 the Trust has worked with City and Hackney PCT to model expected activity and to ensure that planned activity levels have been set at realistic levels.

On expenditure, there were activity-related overspends against surgical and diagnostic budgets, as well as increases in some other non pay costs including energy. The contingency budget allocated at the start of the year was largely unused and there was some slippage on funding earmarked for specific developments. For 2009/10, expenditure budgets have been reviewed and capacity plans have been developed and translated into budgets to bring these into line with contract activity.

A comparison of planned and actual financial performance in 2008/09 is shown below

£m	2008-09 plan	2008-09 actual	2008-09 variance
Income			
- clinical	136.8	139.2	2.4
- non-clinical	21.1	24.3	3.2
Total income	157.9	163.5	5.6
Expenses			
- pay	-101.3	-102.9	-1.6
- non pay	-45.0	-47.9	-2.9
Total Expenses	-146.3	-150.8	-4.5
EBITDA	11.6	12.7	1.1
- Depreciation	-6.4	-6.4	0.0
- PDC Dividend	-3.5	-3.5	0.0
- Interest receivable	0.6	1.3	0.7
- Interest payable on loans	-0.2	-0.2	0.0
- Loss on asset disposals	-0.1	0.0	0.1
Net surplus	2.0	3.9	1.9

The Trust achieved its cost improvement target for the year of £3.8m.

For 2009-10, the Trust has developed a productivity and efficiency programme (PEP) to ensure savings plans deliver agreed amounts. The financial plan for the new year contains £0.5m funding agreed with City & Hackney PCT on a non-recurrent basis, to support 'invest to save' type schemes.

Liquidity has remained positive for two main reasons: a higher surplus than planned, and slippage on the capital programme. The capital expenditure slippage was mainly due to a delay in commencement of the perinatal development following a necessitated change in building contractor.

As a result of the strong liquidity position, the Trust earned £1.3m interest on funds held on deposit, although falling interest rates in the latter part of the financial year mean that this level of investment income will not be repeated in 2009-10, and the plan for investment income has been reduced to £0.2m

The Trust complied with the cap on private patient income and will continue to do so in 2009/10.

Based on the Q4 return to Monitor, the Trust achieved a financial risk rating score of 4 for 2008-09. This is summarised in the table below:

Financial Risk Rating			Mar - 09
			Year to Date
Metric	**Criteria**	**Actual**	**Rating**
EBITDA margin	Underlying Performance	7.8%	3
EBITDA, % achieved	Achievement of Plan	109.7%	5
ROA	Financial Efficiency	5.7%	4
I&E surplus margin	Financial Efficiency	2.4%	4
Liquid ratio	Liquidity	60.0	5
Weighted Average			**4.1**

1.3. Other Major Issues

This year has seen significant changes to the Board of Directors.

We note the departure of Ian Luder, who had been a Non-Executive Director for 6 years and also served as Deputy Chair of the Board for 3 years. We are extremely grateful for all Ian has done for the Trust and wish him all the very best for his tenure as the Lord Mayor of London. His place has been taken by David Stewart with Eric Sorensen taking over as Deputy Chair.

We also bade farewell to Tracey Fletcher, who had worked in a number of roles at Homerton since 1995. Latterly she was the Chief Operating Officer, and has now moved to a similar post in Kent. Simon Weldon was appointed as her replacement and joined the Trust on 1st February 2009. Guy Young, Director of Nursing, also left and his role has passed to Pauline Brown, who is now responsible for Nursing and Corporate Governance. Cheryl Clements has been appointed as Director of Workforce and joins the Trust on 1st June 2009.

There is no doubt that the current economic difficulties will have a major impact on NHS funding and we will not be exempt from this. We will have to face some quite significant challenges over the next few years.

We are mindful of the current reviews of health services taking place across London, with the types of hospitals and their roles being redefined in an attempt to improve outcomes, patient

experience and cost effectiveness. In addition to the wider London work, the North East London health sector, of which Homerton is part, is also looking at services at a more local level. Our Medical Director, John Coakley, has been appointed as joint Clinical Director to take this work forward.

2. Future Business Plans

2.1 Overall vision

2.1.1 Vision statement

We were authorised as a Foundation Trust in 2004 within the context of the vision set out in our Service Development Strategy* at that time. This vision included the following components and commitments: to serve the people of Hackney; to provide a defined range of specialist services; to be thriving and sustainable; to improve performance continuously; to be characterised by modern high quality systems and processes supported by excellent technology; and with a comprehensive infrastructure of services and buildings.

These facets of this vision remain intact but for 2009 and beyond have been updated to take particular account of the changing economic situation and potential organisational changes in London. We aim to be:

- A thriving and sustainable NHS Foundation Trust, which demonstrates consistent and reliable levels of service quality and performance
- A landmark site in Hackney recognised by local people as their hospital
- An organisation providing major health programmes and services tailored to the needs of an inner city population with origins from many ethnic, linguistic and cultural communities
- A perinatal and neonatal specialist centre, providing not just for the complex maternity health needs of the local population but for those from further afield
- A place of learning, playing a full part in preparing the capital's next generation of doctors, nurses and health professionals
- An institution with a national profile in service innovation and clinical research

We are a hospital serving the immediate and prevailing health needs of a deprived inner city community while offering services to those further afield where we have the expertise to do so. Our service profile developed to meet a local health need. We now provide a portfolio of specialist services, predominately in the arena of perinatal care but also in neuro-rehabilitation, obesity surgery, tuberculosis and HIV, which both support our community but also serve a much wider one. It seems logical that we continue on this route and to date, there has been little reason to alter our path.

We cannot however assume that our destiny lies entirely in our own hands. National and regional reviews designed to address questions of quality and cost will impact upon us and we must consider both the opportunities and risks they afford.

Our corporate objectives for the year ahead are designed to reflect the above, but also to focus on areas where we must demonstrate productivity and quality advancement.

1. Productivity and Efficiency Programme: to deliver a level of efficiency and productivity sufficient to sustain the organisation, whilst adding to patient quality
2. Quality and Risk: to achieve strong performance against selected quality metrics, national targets and regulatory requirements
3. Strategic Direction: to develop a plan for the future that is both realistic and achievable and allows for the future success of the Homerton.

2.1.2 Formation

The corporate objectives were developed by the Board of Directors but shared with and shaped by input from governors, management board and staff. They have not proved contentious in themselves – there is wide acceptance that quality matters and the financial situation must be

responded to. Similarly there is no dispute about the need to consider the Trust's future, it is what that future might be and who and how this is determined that exercises the mind.

Relations with our host PCT, NHS City and Hackney and the Hackney GPs and practice based commissioners remain firm, and their support for the hospital has always been tangible. They are of course all party to the regional reviews referred to in section 2.2.1 below and elsewhere in this document and are aware of the potential significance for Homerton.

* Homerton University Hospital Foundation Trust Application Service Development Strategy 2004

2.2 Strategic Overview

2.2.1 National and Local Challenges

This section outlines the challenges facing the Trust in the current economic, commissioning and reporting climate.

a. The Economic Climate

The global financial position cannot be denied and whilst healthcare may be afforded some protection in the short term, definite measures must be taken now in preparation for this. In the following section details are given of the Productivity and Efficiency Programme being commenced this year and its target gains for forthcoming years.

b. NHS London and North East London NHS Sector Review

NHS London's Healthcare for London (HCL) and North East London NHS sector review is in progress and has the potential to impact on all hospitals, including Homerton. The HCL review has led to the designation process for Stroke and Trauma services, which we have participated in. Completion of this process in north east London has been deferred pending the outcome of the North East London (NEL) review. The NEL review was initiated primarily to address issues relating to performance and quality within the context of HCL plans. Since that time the scale of the economic outlook has become starker and affordability has become a greater consideration. It is not yet clear what level of service reconfiguration will be proposed or whether changes to organisational configuration are to be considered. Across London mergers are taking place and the case for change in north east London may be considered.

Consultation on the NEL review is planned to commence in early summer. These reviews pose potentially significant opportunities and risks for the Homerton.

c. The Commissioner

Significant here is that our long term relation with NHS City and Hackney (previously known as City and Hackney teaching PCT) will alter with the advent of new Inner North East London sector commissioning hub This is designed as part of the World Class Commissioning programme to bring greater sophistication to the commissioning process, and to enable service reconfiguration.

We must be equipped to respond positively to the new commissioner to ensure a strong contract base and meet the health needs of people in Hackney.

d. Activity, reporting and recompense

2009/10 sees changes to the tariff structure and more onerous contract reporting requirements, including for the first time the linking of payments to the achievement of quality standards.

e. Accreditation and regulation

Regulation of Trusts, in terms of legislative compliance, the financial regime, and clinical and education service standards, will continue to increase in demand, as will the significance of regulatory breach. The Care Quality Commission comes into force this year with a new regulatory framework.

f. Competition and Cooperation

The Trust will have to consider the impact of the new principles of competition and cooperation and the role of the Competition and Cooperation Panel (CCP), launched earlier this year. These will impact on the way PCTs procure services and they seek to ensure the provision of good value for money and patient choice. The CCP also has the ability to assess the impact of mergers and initiatives such as vertical integration. The impact of the changes above is considered further in relevant sections of the plan.

2.2.2 Quality

One of our key objectives in 2009/10 is, in relation to quality and risk, to achieve strong performance against selected quality metrics, national targets and regulatory requirements and to achieve continuous quality improvement. This year we will introduce a Quality Report as part of the 2008/09 Annual Report and Accounts. We will be reporting on the three quality domains of safety, clinical effectiveness and patient experience with selected indicators highlighted in each domain. These indicators are in addition to a core set of information defined by our reporting framework and required by our regulators and commissioners which we already measure and monitor. These standards are set out in the table below:

Quality standards 200809

Safety measures

- Number of serious untoward incidents resulting in harm
- Number and rate of falls per 1,000 bed days
- Medication errors

Clinical outcome measures

- 30 day Readmission rate
- Reduction in the Hospital Standardised Mortality Rate (HSMR)
- Patient Reported Outcome Measures (PROMS)

Patient experience measures

- Overall do you feel you were treated with dignity and respect?
- (PET, Patient, Survey)
- Kindness and compassion (PET)
- Number of complaints referred to Ombudsman
- Mixed sex accommodation breaches

For 2009/10, the Trust will focus on quality and ensuring that processes are in place to meet the reporting requirements for Quality Accounts. The introduction of Quality Accounts in 2010 gives us the opportunity to engage local stakeholders and staff in a dialogue to determine local improvement priorities and measure and report on what matters to them. We will take the following steps to achieve this:

- Develop a working definition of quality and its main dimensions.
- Work to refine and develop a set of indicators which we will report on through 2009/10 ready to publish in 2010/11.
- Further develop and systemise our safety and quality metrics.
- Further develop quality metrics that are relevant to each clinical service.

- Establish a Quality Improvement Development Group to oversee the development of the Quality Account
- Engage with stakeholders to capture user inputs, develop new indicators and test existing performance indicators.

The Quality Account we publish in 2010 will be based on the measures we identify this year and will include, Care Quality Indicators, Commissioning for Quality and Innovation (CQUIN) targets, local targets and stakeholder priorities where the relevant data is already available.

To achieve our quality objectives in 2009/10 we have outlined our primary goals and deliverables in relation to safety, effectiveness and patient experience and these are described in the tables below:

Safety

Primary goal: Safety of patients, staff and visitors
Key deliverables:
- Target reductions in healthcare associated infections
- Maintain NHS Litigation Authority Clinical Negligence Scheme for Trusts (CNST), standard level 2 for acute care and maternity standards
- Care Quality Commission registration and compliance with the Hygiene Code
- Reduction in number of falls as measured by Falls Care Pathway (commissioner CQUIN stretch target)
- National Patient Safety Agency (NPSA) Peri-Operative Care initiative

Clinical effectiveness

Primary goal: Effective treatment with good outcomes
Key deliverables:
- Reduction in avoidable mortality as measured by Hospital Standardised Mortality Ratio
- Stroke care (commissioner CQUIN stretch targets)
- Systems in place to collate and audit data
- National audit compliance

Patient experience

Primary goal: A good experience for patients and staff
Key deliverables:
- A good experience for patients and staff with improved patient and staff satisfaction as measured by a range of patient feedback mechanisms
- Deliver action plan on patient and staff survey results
- Review and redesign outpatients to maximise efficiency and improve the patient experience
- Maternity services (commissioner CQUIN stretch targets)
- Develop "Ward to Board" key quality improvement metrics to include:
    - Falls assessment
    - Pressure sore incidence
    - Privacy and dignity
    - Infection prevention and control
    - Medicines administration
    - Food and nutrition
    - Patient observations
    - Pain management
- Introduction of Patient Reported Outcome Measures (PROMS)

The quality priorities identified in the plan are derived from a range of sources. They have been derived from externally raised challenges and in response to what matters for patients. For

example, mortality is widely accepted indicator of quality of care. Healthcare acquired infection and hygiene are important concerns for our commissioners, governors and patients. The development last year of infection prevention and control metrics and reporting these to the Board was a major contributor to improving compliance with the Hygiene Code. We have done considerable work this year to introduce a new falls pathway and we want to further develop clinical outcome measures this year. Other indicators reflect public concern, information gathered from reported incidents and stakeholder feedback. We expect to make considerable progress to improve quality during 2009/10.

2.2.3 Key Actions

This section introduces the main initiatives that the Trust believes it will have to develop in 2009/10 order to achieve its corporate vision. These are as follows:

- Medium term financial planning and Productivity & Efficiency Programme (PEP)
- Responding to strategic reviews
- Business development opportunities
- Response to tariff and contacting changes
- Quality and safety framework
- Capital investment plan
- Olympic and Paralympic planning
- Workforce strategy
- Research, development and innovation
- Education plans

Medium term financial planning and Productivity & Efficiency Programme (PEP)

The Trust anticipates that the base case for the growth in PCT allocations in 2010/11 will be consistent with the figures agreed in the comprehensive spending review, namely 2.2% growth. From 2012 onwards the position is not clear but the base case could reflect 0% growth. Tariff growth for 2009/10 has been set via HRG 4. The position for 2010/11 will not be published until later this year but the expectation is that, when inflationary costs are factored in, tariff funding will contract from this point onwards. As a consequence, the Trust anticipates having to find cost improvement plans to at least the level of 5% of turnover from 2010 onwards.

In response to this, the Trust will have to further develop the PEP programme it has put in place for this year. The programme strategy for 2009/10 has three main elements. These are:

- Reducing length of stay
- Reducing procurement and pharmacy costs
- Improving theatre efficiency

These programme workstreams will be underpinned by the further roll out of service line reporting. In addition, the programme has begun workstreams that will be developed during the current financial year in the expectation that they will yield savings from 2010 onwards.

These include:

- The modernisation of pharmacy and the introduction of a pharmacy robot to better manage stock levels of drugs.
- A review of back office functions
- A strategic review of non-pay costs to achieve greater value for money on contracts with suppliers.

This approach will be essential to maintain the Trust's record of successfully meeting performance standards and targets and ensuring that the quality of patient care improves.

However the North East London sector review also necessitates that the Trust models its income in some detail to understand the consequences of any options for service reconfiguration that are proposed.

In particular, the Trust needs to understand in detail the contribution that individual specialties make to the income and expenditure position. The Trust anticipates that this process will be achieved via the use of service line reporting.

Responding to strategic reviews

At the time of writing the North East London NHS sector review is well underway with the intention that options for consultation for the future configuration of services are presented to the public later this summer.

There are two principle goals for the review: first, to ensure that all patients who come into contact with health services are treated on a clinical pathway that is most appropriate to their needs and secondly, to ensure that a financially sustainable model can be created for the sector.

There is much that still remains uncertain about the review in terms of the outcomes that will be proposed. However, the fact that is taking place and in such a challenging economic climate requires the Trust to respond by:

- Developing and refining its vision for clinical services. This includes consideration being given to options for local consolidation of services and how the Trust can further develop organisational partnerships in Hackney.
- Developing its capability to understand the economic impact of the models proposed on the service base
- Sharing with key partners in Hackney the process and outcomes of the review and seek to ensure their issues are fed into the process
- Playing an active part in shaping future options for the provision of health care in the sector, including giving the consideration being given to organisational mergers where these can be demonstrated to improve the way in which health care is delivered.
- Running alongside the North East London NHS sector review is the Healthcare for London review with its current focus on polyclinic development and service realignment. This is referenced further in the service development section.

Business development / market management plan

The Trust plans to strengthen its Business Development Unit. The Unit will increase its focus on managing the contracts that the Trust has with the PCTs across London and specialist commissioners as well as look for opportunities to bid for new services

A number of opportunities are presenting to the Trust to expand its business base and in the year ahead the merits of progressing with each of these will be given careful consideration. Key amongst these are:

- Bidding for community services as tenders arise. The Trust believes that it is well placed to further develop models of joint working that exist.
- Developing its plans to develop HIV services for local people. This exciting project will involve new partnerships with the third sector and will aim to provide a one stop environment for people living with HIV.
- Developing its bariatric surgical service on the successful foundations that have been built.

- Promoting the new perinatal facilities as the building development nears conclusion. The Trust will provide a purpose built, completely modernised facility that will provide state of the art healthcare to mothers and new born babies.
- These perinatal facilities will be further enhanced by the partnership being developed with GE, the Olympic sponsor to help equip the new unit.

Response to tariff and contracting changes

The Trust has signed the national standard contract for 2009/10. This is the first year that the Trust has adopted this contractual framework and as such there will be new reporting requirements that the Trust has to meet.

As a consequence, the Trust needs to further develop its informatics and coding capability during the year to meet the demands of contract monitoring and compliance arrangements. The Trust has a plan in place to develop its coding capabilities to ensure that all patient data is recorded accurately and in a timely fashion

The Trust continues to develop the use of information in clinical practice and is well placed to achieve this based on a strong relationship with its information systems provider, Cerner.

Quality and safety framework

Section 2.2.2 above describes in detail the new regime around quality that the NHS is introducing nationally.

The Trust supports and endorses this approach fully and has actively sought and will continue to seek the involvement of its constituents to develop these approaches. The Trust has a strong track record in developing patient focussed measures on quality having successfully introduced Patient Experience Trackers. The learning from this is that introducing these measures successfully is as much a cultural change as a structural one and attention needs to be paid to securing the support of clinical staff that need to lead these changes.

In addition to Trust-wide approaches to quality and safety the Trust will also begin the processes of accreditation of specific services groups. These are:

- **Regional Neurological Rehabilitation Unit** (RNRU): the Trust is preparing to meet the accreditation standards and is confident that it will do so. This will require the unit to achieve specific standards in terms of patient outcomes.

- **Bariatric surgical service**: over the last two years the Trust has developed a successful bariatric practice which has greatly expanded its workload. The Trust expects the designation process to begin this year and again, believes the service is well placed to achieve this.

- **Neonatal service**: the specialist commissioner has given a provisional indication that they will introduce a process for accreditation across London this year. We welcome this and would be confident of a successful accreditation process.

Capital investment plan

Section 2.3 presents the Trust's view of its capital investment plans for 2009-12.

During the current year the main priority will be to ensure that the major perinatal development is completed and the benefits from that investment begin to be realised. Further, the Trust expects to invest in its endoscopy and decontamination facilities to ensure that the Hygiene Code compliance will be maintained.

In the following two years the Trust expects to undertake a major upgrade its pathology laboratories to enable them to take advantage of the business opportunities that are available.

In addition, the Trust expects to undertake investment in its core infrastructure in both patient areas and facilities.

London 2012 Olympic and Paralympic games

As the designated hospital for the Olympic Park the Trust has an exciting role to play in helping the London Organising Committee for the Olympic Games (LOCOG) and NHS London prepare and provide health services for the Games period. LOCOG will provide comprehensive health facilities on the Olympic Park, with support provided by the Homerton for accredited Games personnel requiring hospital care. Experience from previous Games shows that hospital attendances and admissions are unlikely to be high, but planning is underway to ensure we are fully prepared. One of our senior doctors has been appointed by LOCOG to help develop the medical facilities on the Olympic Park.

The Trust recognises that there will be some disruption to local transport services over the next year as infrastructure is put in place to support the Games and is actively engaged with Transport for London so that easy access to the hospital is maintained for both patients and the public.

Workforce strategy

The Trust plans to develop its human resources capabilities during 2009/10. To lead this process the Trust has successfully appointed a Director of Workforce and will develop a new department of Human Resources. The Trust has made a significant investment in the personal development of its clinical directors as it develops their role in the leadership of the organisation. The Trust will continue to develop this approach for all of its key leaders in the organisation.

Research, development and innovation

The Trust will continue to develop partnerships and engage with academic institutions to enhance service development and innovation through research in areas relevant to local health need. We have established research programmes in neonatal medicine, HIV, TB, colorectal surgery, asthma and immunology. A close affiliation with Barts and the London School of Medicine continues, our role with the Central and East London Comprehensive Local Research Network is confirmed and this year we were named as a partner in the University College London Partner Academic Health Science Centre programme in research into infectious diseases.

Education plans

The Trust is pleased to be a partner in the bid to become a Health Innovation and Education Cluster in North East London (HEIC). The Trust endorses and supports the vision set out by HEIC which is to design and deliver health care, education and research with the aim of overcoming the currently profound health inequalities that disadvantage the people of North East London and looks forward to being a partner in this programme.

Homerton is one of the few hospitals in the country to have achieved compliance with the 2009 EU Working Time Directive which limits the hours of a trainee doctor to 48 hours a week.

This coming year we will focus on achieving the new national standards set for the educational and clinical supervision of doctors in training.

2.2.4 Activity Analysis and Service Development Plans

This section provides an activity analysis for the Trust in 2008/09 and then by Clinical Division, analyses the activity undertaken and the service development plans for 2009/10. The Trust has three clinical Divisions as follows:

- Children, Woman & Sexual Health
- General & Emergency Medicine
- Diagnostic, Surgical & Outpatients

Trust Activity Analysis 2008/09

The following table contains an overview of the Trust's activity 2008/09 performance as compared to the contract baseline. The 2009/10 plan is provided for comparison. Sections below analyse these activity levels by Division.

Activity Type	2008/09 Plan	2008/09 Out-turn	2009/10 Plan
Elective	13,069	14,049	15,018
Non-Elective	24,999	23,456	27,438
Outpatients	187,737	192,119	215,532
A&E Attendances	109,791	109,032	109,169
Other[1]	794,108	834,690	794,534

Commentary

The Trust over-performed on elective and outpatient activity, particularly in surgical specialties, while non-elective activity and income were below planned levels but similar to the previous year's out-turn. As a consequence the 2009/10 plan has been set in line with 2008/09 month 8 projected outturn, with additional activity planned for specific specialist services.

The introduction of new tariffs through HRG4 and the respective Payment by Results (PbR) rules for Contract Monitoring has meant that the 2009/10 plan is significantly different in a few key areas as described below:

In 2008/09 Community Midwifery outpatient attendances (including Home Visits) was a non-PbR service identified as Community Contacts. For 2009/10, the Department of Health has published a mandatory outpatient national tariff for this activity. As a result of this change, the 2009/10 plan for outpatients is higher than the 2008/09 outturn position. For the same reason, there is also now a corresponding decrease in the 2009/10 plan under the 'Other' activity type category.

The other main variance between 2008/09 outturn and 2009/10 plan is the non-elective activity. The antenatal tariff, previously classified as an outpatient attendance is now assigned to the non-elective tariff and this accounts for the increase in the value of the 2009/10 plan.

[1] Other refers to generic activity such as bed days, diagnostic tests etc.

The following sections analyse activity undertaken by the Divisions in 2008/09 and describe their service development plans for 2009/10.

Diagnostics, Surgery and Outpatients Division (DSO)

DSO: Activity Analysis

Activity Type	2008/09 Plan	2008/09 Out-turn	2009/10 Plan
Elective	6,161	7,380	8,085
Non-Elective	2,040	2,248	2,265
Outpatients	51,647	61,044	63,815
Other	687,686	713,845	698,771

Commentary

In 2008/09, there was significant over-performance against contract across our surgical specialties and outpatients. In 2009/10 we are expecting to increase our activity further in these areas. This is because there has been a steady increase in the number of surgical referrals received at the Trust. The main areas of growth are particularly in trauma & orthopaedics, maxillo-facial surgery and ENT services. As we have achieved preferred provider status for our specialist bariatric surgical service (obesity surgery) our referrals also continue to grow in this area by on average 60 referrals each month. The patient pathways and the new support services linked to bariatric patients (e.g. sleep studies) continue to develop further and hence we anticipate additional growth. As a consequence, activity in diagnostic services also continues to grow and so we would expect to over perform against the 2009/10 contract plan.

DSO: Service Development Plans

Bariatric surgical service

There is significant growth planned in 2009/10 for the bariatric surgical service. During the year we will be ensuring the service capacity and patient pathway can deliver the planned increase in activity. At the same time developmental work will be continued done to ensure the service overall is robust in order to retain designated preferred provider status and service accreditation.

Trauma & Orthopaedics (T&O)

The T&O service has demonstrated a year on year increase in referrals and is actively involved in the development of the sports and exercise medicine services.

Theatres

There has been substantial work already to improve theatre capacity and utilisation over the past two years. This year will see this area of work taken forward and will include undertaking a feasibility study to assess the viability of a ninth theatre. This is in response to the increased demand from obstetrics, orthopaedics and bariatric surgical services.

Outpatient Department (OPD) restructure

OPD is an important ‘gateway’ service for the Trust, the central entry point for elective patients to the Trust. An ambitious programme to improve administrative services in OPD has commenced and is due to be completed this year. Modernisation and service redesign are essential to meet the needs of the increasing number of patients referred into the department. This work will improve services for patients significantly, both in terms of the booking of appointments and the experience on site while attending clinics for appointments.

2009/10 will see the Homerton go live with Choose & Book, enabling GPs to electronically book specific appointments for their patients from their surgeries during consultations.

Pathology Modernisation

It is recognised that the current pathology facilities are not optimal and need modernisation. The planned developments will deliver increased automation; faster turn a round times; compliance with accreditation bodies and an expansion of specialist testing in an expanding market. Pathology is well placed to define its market beyond the primary care boundaries and this is an area we will look at in 2009/10.

General and Emergency Medicine Division (GEM)

GEM Activity Analysis

Activity Type	2008/09 Plan	2008/09 Out-turn	2009/10 Plan
Elective	3,197	3,123	3,364
Non-Elective	10,653	10,269	9,918
Outpatients	40,960	44,622	47,143
A&E Attendances[2]	109,791	109,032	109,169
Other	59,468	62,686	62,027

Commentary

The key trend currently impacting upon General and Emergency medicine is a growth in outpatient demand. The cumulative growth in referrals across all specialties during 2008/09 was 28% with growth rates in excess of this in Cardiology, Dermatology, Neurology, Respiratory and Rheumatology. Ongoing growth is expected for 2009/10 particularly in specialties where active joint-working is occurring with GPs through Practice Based Commissioning (PBC) initiatives. This will consequently necessitate an increased focused on capacity management in order to deliver the twin goals of increased activity levels and maintenance of low waiting times. As activity was set at month 8 levels projected, non-elective activity appears to be lower for 2009/10. However, actual activity in quarter 4 indicates that the outturn for 2008/09 would be a more realistic projection.

There has been a significant growth above 2008/09 planned levels in the Rehabilitation and Stroke rehabilitation bed days. This activity will be sustained in 2009/10 and has particular significance for the Trust due to the Healthcare for London process for designation of stroke services, and our bid to become a Stroke Unit and TIA service provider.

In the elective work undertaken by the Division activity growth has been experienced in sleep studies with an increase of 29% during 2008/09. This is directly associated with the expansion in bariatric surgical provision at Homerton and is therefore anticipated to continue in 2009/10.

Non-elective and day-case endoscopy activity remains broadly consistent as does the number of A&E attendances. These trends are anticipated to continue during 2009/10.

[2] This activity includes 30K attendances referred to the Primary and Urgent Care Centre (PUCC)

GEM Service Development Plans

Stroke

Under the Healthcare for London process for the designation of stroke services Homerton bid to become a Stroke Unit and TIA service provider. The assessment of our bid was very positive and we were deemed to sufficiently fulfil their criteria. We are now waiting for the outcome of the provider review in NE London before our status is finalised. It is vital that we are designated as providing these kinds of services in order to preserve our status as a comprehensive provider of major rehabilitation services. Currently we are working with City and Hackney PCT and their investment of £700k recurrently to expand the workforce. The stroke unit has already been refurbished and provided with new equipment as part of this programme

Regional Neurological Rehabilitation Unit (RNRU)

This unit is one of the major specialist services at the Trust and one of the few of its kind in London. We are developing our RNRU in preparation for the expected designation process for neuro-rehabilitation in 2010/11. We will be developing additional services to demonstrate our specialist provider status. Specifically this includes developing the capability to accept tracheotomy patients.

Diabetes

Homerton has been working with City and Hackney PCT on an investment package worth in excess of £500,000 for diabetes care. The revised service model enhances the well established consultant service and will headed by a Nurse Consultant and run by Diabetes Specialist Nurses and Dieticians and will focus on ensuring high-quality and responsive community-based chronic disease management across Hackney. Each GP practice will be aligned with a Specialist Nurse who will offer patient management through direct consultations, advice, training and support. Homerton Consultants will also hold specific sessions with GPs during 2009/10 based on case-reviews of complex patients so as to improve education and awareness across the patient pathway. It is envisaged that this multi-disciplinary care model will offer a template for chronic disease management across other specialties during future years.

Chronic Obstructive Pulmonary Disease (COPD)

Homerton has won a tender from City & Hackney PCT to provide a community based COPD service based on a dedicated team of nurses and physiotherapists specialising in COPD. The focus is on preventing admissions, getting earlier discharges, supporting GP practices to manage their COPD patients more effectively by linking a named nurse to each practice and running community clinics to move routine outpatient activity out of the hospital. We are developing a tariff during the first 12 months and there is potential for income growth in the future.

Cardiology

Currently we are working with local GP leads and NHS Elect on re-designing Cardiology outpatient services. This will mean all cardiology outpatient activity will be managed via a one stop service with all diagnostics available and a maximum wait of two weeks. This will improve the patient experience and also allow for a slicker patient pathway in terms of the 18 weeks target. The proposal is to reach a local agreement with the PCT in order to fund additional costs. Once this service is established we plan to grow activity levels from outside the local borough and use the service model in other specialties.

Continuous Positive Airway Pressure (CPAP)

We are developing a new CPAP service. The Trust currently provides a sleep study service but patients requiring CPAP are referred on to other providers. The establishment of CPAP at the Trust will mean patients are treated for the entire pathway in the Trust, avoiding onward referral to other Trusts that are geographically distant and have significant waiting times. In addition to being more convenient for patients, a Homerton based CPAP service will provide better continuity of care for patients. It also links in well with other specialties – ENT and bariatric surgical services.

Endobronchial Ultrasound Service (EBUS)

This year we plan to develop an endobronchial ultrasound service (EBUS) for the secondary staging of lung cancer in order to replace current more invasive and high risk techniques. The benefits will include a more localised service for patients, shorter waiting times and the opportunity for the Trust to become the sole provider of this service in North East London.

Children, Women & Sexual Health Division (CWSH)

CWSH Activity analysis

Activity Type	2008/09 Plan	2008/09 Out-turn	2009/10 Plan
Elective	3,710	3,467	3,569
Non-Elective	12,306	10,939	15,255
Outpatients	95,130	86,453	104,574
Other	46,955	58,159	33,737

Commentary

Activity was largely stable across the Division in 2009/10. There has been an under-performance in non-elective and outpatient attendances in Obstetrics for 2008/09 which we attribute to the transitional period while new buildings are constructed. However, with the new delivery suite and Perinatal Centre due to open in early 2010 expect that there will be growth in this service. The Trust is developing extensive marketing plans to target referrers and women informing them of the new facilities that will be available.

There were 4,747 babies born which equates to a decrease of 190 on the previous year. We suspect there are two reasons for this; a decrease in the local birth rate and publicity about new facilities in adjoining areas. Further analysis to inform of the relative impact of these two factors will be carried out when market share and birth rate data for the final quarter of the year is published. This situation was further compounded by the on-going perinatal building and refurbishment works being carried out at the Homerton.

We are developing a marketing strategy for the new delivery suite and neonatal unit due to open in early 2010. We anticipate this strategy and the publicity associated with the opening of the unit will result in an increase from quarter 3 onwards, and we anticipate having in the region of 5000 babies born in 2009/10. We also anticipate this upward trend to continue, resulting in 5,300 babies born in 2011/12 and remaining at this level until 2018/19.

First appointments in the department of sexual health were the same as in 2007/8, however, follow up appointments fell by 25% as a result of service improvement with more patients having their treatment completed on their first appointment. This is line with clinical targets set for the department aimed at improving the patient experience and the level of clinical care. Substituting for the fall in follow ups, new services such as sexual health outreach to the Olympic Park building site will be developed for 2009/10. The reduced income to the department has been further mitigated by cost improvement programmes.

The Paediatric service has continued to experience a high level of outpatient referrals. Paediatric dermatology, gastroenterology and allergy services experienced an increase in demand in 2008/9 and we expect this trend to continue in 2009/10. In order to meet demand we will be looking at developing additional capacity in these specialties over the course of the year.

Our new Fertility Centre opened in September 2008 which resulted in an increase in activity in the last quarter of the financial year. In 2009/10 we are expecting to undertake in the region of 700 IVF/ ICSI cycles which represents an increase in activity of around 40%. The majority of this activity will be from additional cycles funded from PCTs across North East London.

CWSH Service Development Plans

Perinatal development

This year the Trust will continue to develop as a centre of excellence in high dependency neonatal and maternity services with the opening of the centre for newborn and maternity care. The expanded level 3 neonatal unit will be complete in early 2010 and will have a total of 40 cots. The additional capacity has been created in recognition of the need within the North East sector and the increasing demand we have experienced over the last 12 months. Our increased focus on intensive care provision will enhance our status as a neonatal centre of excellence and put the unit in a strong position to be re-designated as a level 3 unit in 2009/10.

In addition to the additional cots the neonatal unit will increase in size to over 1000m2 making it 70% bigger than the current unit. This additional space will provide the unit with significantly enhanced facilities for parents and families including residential facilities for parents, a children's play area and counselling rooms; additional space for medical staff including expanded training facilities; a designated eye treatment facility and extensive environmental improvements to support the development of the babies.

The new delivery suite will also be completed in early 2010. The number of beds in the delivery suite will expand from nine to sixteen. Four of the beds will be in a dedicated midwife led care unit, which will include two rooms with birthing pools. The new unit will also have a five bed obstetric assessment unit and designated high risk beds. The new unit will ensure that women will have the full range of support and facilities for the birth of their choice. Women and their babies at high risk of complications or poor outcomes will have access to expert services and specialist support, supported by neonatal services. Women at low risk of complications will have a range of options for care including full midwifery led care, a home birth service and other low risk midwifery care options for birth.

As part of the business planning for 2009/10, a full review of the financial business case for the new unit was undertaken. The most significant changes that have occurred since the original business plan was signed off in March 2008 are as follows:

- Activity in neonatal intensive care and high dependency care have increased whereas special care activity has declined
- Midwifery and Obstetric tariff changes have increased planned income by around £700,000 for 2009/10
- Planned births for 2009/10 have reduced by 125 from the original base line

Once the above factors have been taken into account the unit is projected to make a surplus of £660,000 in 2009/10.

Maternity Services

We will be investing heavily in our maternity services in 2009/10. City and Hackney PCT have provided us with additional funding to enable new mothers to have one to one care during labour. Our award winning Reducing Infant Mortality Programme (RIMP) will become a mainstream service in 2009/10 with ongoing funding provided by CHPCT. The RIMP programme includes a midwifery group practice covering the Shoreditch area; maternity telephone helpline; bi-lingual maternity support workers and the Labour Support Volunteer programme.

Fertility Services

The new fertility centre continues to flourish. Opened in autumn 2008, this year the service will focus on developing both paying and NHS patient numbers. The centre will further develop ways of managing waiting times in line with the 18 weeks target.

Information and IT Services

The Trust is investing resources in transforming these vital services. A key part of our ability to grow new services and respond to patient need is a good understanding of our activity, capacity and resources.

Information Technology

Significant work is planned in developing the IT infrastructure in 2009/10. The phased replacement of 600 personal computers will significantly improve the ability of front line clinical staff to access key systems rapidly when. This will be accomplished by the introduction of service level agreements with key departments and performance will be monitored against them. To enable this to happen successfully we plan to merge the EPR and IT Helpdesk teams in 2009/10.

Information

In order to meet the data requirements of the Trust's contracts with PCTs we are overhauling current information processes and reporting functions. The data analyst and contracting team will be expanded to support this work. In addition we are developing a data warehouse and setting up a team to target data quality.

The Trust recognises that it needs to continue to invest and develop in its activity coding. Accurate, contemporaneous coding is vital to secure our income and also to provide clinicians with good quality outcome information on their patients. The Trust plans to restructure the department and strengthen its leadership capability.

Productivity and Efficiency

In 2009/10 the Productivity and Efficiency Programme (PEP) will look at a range of cross-Trust initiatives. This includes projects such as theatres efficiency, pharmacy, and length of stay. The focus of this programme will be on modernising and redesigning services and departments to improve the experience for patients as well as ensuring that as a Trust we are working as effectively and efficiently as possible. In this year the Trust aims to save £1M from these efficiencies and these are summarised in the table below:

Project	Saving
Reduction in bed utilisation	£300k
Procurement – saving on budget lines through negotiated price reductions	£350k
FP10's – reduction in FP10 expenditure by reintroduction of interfacing prescribing policy and monitoring	£100k
Reduction in temporary staffing	£250k
	£1m

The £1m savings above are on top of £4.7m of cost improvement programmes which are already agreed and built into budgets, nearly half of these CIPs will come from the extra contribution generated by surgical specialties and bariatric surgical income is a major part of this. Total CIPs planned in 2009/10 are £5.7m. The programme will also focus on preparing the Trust for the significant reduction in costs within the NHS that are expected to be required in future years by initiating a number of longer term productivity schemes that will deliver efficiency savings for the Trust in 2010 and beyond. Clearly, the extension of the schemes described above will continue to form an important part of these programmes. The Trust is making the assumption that 5% efficiency savings will be required from 2010 onwards and as part of the PEP programme is developing workstreams to meet this challenge.

Strategic capability

To deliver these service development plans the Trust needs to understand the capabilities that it needs to maintain and develop over the next year. These are summarised in the table below:

Staff

- We will continue to invest in its clinical and managerial leadership
- We will further develop its management structure focussing on robust performance, service development and clinical engagement

Information & IT

- The Trust will develop the use of clinical outcome tools such as Dr Foster in everyday clinical practice
- The Trust will strengthen its coding department to ensure that all clinical activity can be captured accurately and in a timely fashion
- The Trust will invest in its IT infrastructure to ensure that all clinicians have access to up to date equipment.

Investment

- Significant capital investment in a new Perinatal Centre will enable Homerton to continue to provide high quality maternity and neonatal services for patients across NE London
- Review of community midwifery services and considerable investment in additional midwives will enable on going and sustained improvement in maternity services to the women of Hackney
- The Trust will complete plans to modernise and update its pathology laboratories.

Partnerships

- The Trust will continue to build on its effective working relationship with City & Hackney PCT which has resulted in additional investment of £1m in diabetes and stroke
- The Trust will further develop its relationships with Practice Based Commissioners in Hackney which is leading to increased referral rates, the commissioning of additional services and the joint-development of innovative new service models
- The Trust will tender for community services as the PCT moves to divest itself of service provision.
- The Trust will continue the development of its Business Development Unit, strengthening its focus on market development and contract management.

Performance

- The Trust will continue to achieve all performance standards and targets
- The Trust will implement a quality report and ensure that this approach is embedded in day to day running of the clinical divisions.

Revenue impact of service developments

This table outlines the revenue impact of some of the key service developments detailed above.

Initiative	Activity included in 2009/10 contract	Financial and activity implications in annual plan 2009/10		Financial & activity implications excluded from annual plan 2009/10
		Capital	Revenue	
Fertility	700 cycles		0.5m additional income and £80k in additional staff costs	
Neonates	ICU 2777 HDU 1946 SCUBU 5562	£8.3m of capital will be spent on the perinatal development in 2009/10	New facility to open for last 2 months of the year but plan assumes full income growth starts in 2010/11	
Maternity	5000 births	As above	£2m additional investment in maternity service from PCT	
Bariatric surgery	350	£70k stack system	Business case approved in 2008/09 expected income growth of c£1.3m over 2008/09 outturn	Capital & revenue plan is based on achieving a surgical case load of 350. Variation form this target will be monitored in year

2.3 Summary of Financial Forecasts

A summary of the Trust's activity and I&E position for 2008/09, together with the 2009/10 plan and forecast for the following two years, is shown below. The key assumptions used in making the 2010-12 forecasts are listed in a separate table below. The expectation is for a challenging financial climate in 2010-11 and 2011-12 with, for both years, zero net tariff growth and a Cost Improvement Programme requirement of 5%, taking into account national and local requirements

2.3.1 Activity plans

For 2009/10, the Trust has agreed contracts for patient services with all commissioning PCTs, setting planned activity levels based on 2008-09 outturn, adjusted for areas of known growth, such as bariatric surgery.

Clinical activity	2008-09 plan	2008-09 actual	2009-10 plan	2010-11 plan	2011-12 plan
elective spells	13,069	14,049	15,018	15,303	15,541
non elective spells	24,999	23,456	27,438	27,922	28,173
outpatient attendances	187,737	192,119	215,532	218,072	220,434
other	794,108	834,690	794,534	805,408	812,656
A&E * attendances	75,610	74,690	74,969	74,969	74,969

*** NOTE**: PUCC attendances of c 34.500 pa not included in above A&E figures

For 2009-10 the activity levels shown summarise agreed planned levels of activity included in contracts with PCTs. For 2010-11, the forecast figures include estimated population growth of 0.9%, as well as the impact of the perinatal development, which is expected to be operational from the start of 2010-11, and an anticipated increase in bariatric surgery (150 cases). 2011-12 figures include a 0.9% population growth and a further increase of 100 bariatric cases.

2.3.2 Key assumptions

In modelling the I&E plans for 2010-11 and 2011-12, the following assumptions have been made:

Key assumptions	2010-11	2011-12
PbR tariff inflation	0.0%	0.0%
Non PbR clinical income	0.0%	0.0%
Other income	0.0%	0.0%
Reduction in MFF	- £2.4m	0.0%
Non recurrent income in 0910	- £0.6m	0.0%
Education & training, Research	- £0.6m	- £1.0m
Pay inflation	2.25%	1.5%
Drugs inflation	5.0%	5.0%
Other cost inflation	1.5%	2.0%
CIP savings (%)	5.0%	5.0%
CIP savings (£m)	8.60	8.70

The expectation is for zero net tariff increase, with the requirement to meet inflationary and other cost pressures through efficiency savings, estimated to be 5%. The assumptions on levels of tariff growth are more pessimistic than the planning figure of 1.2% previously released by Monitor and also by NHS London, but these were prior to the recent budget.

The Dept of Health has announced that centrally-funding education and training allocations are moving to a tariff based system from 2010-11, and while details are not yet available, some reduction from current levels is forecast as a result of this change.

There was a capped reduction in the Trust's Market Forces Factor (MFF) income for 2009-10, and it is anticipated that a further reduction will be made in 2010-11, down to the reduced, uncapped value already issued by the Dept of Health.

2.3.3 Income and expenditure

The impact of the activity and financial assumptions described above on planned income and expenditure levels, and overall surplus position, is shown in the following table:

£m	2008-09 plan	2008-09 actual	2009-10 plan	2010-11 plan	2011-12 plan
Clinical income					
elective	16.4	18.3	21.9	22.9	24.1
non elective	44.9	43.5	46.2	45.9	46.3
outpatient	27.6	28.4	27.7	27.3	27.5
other	40.4	41.4	46.3	49.8	50.3
A&E	7.5	7.7	7.3	7.3	7.3
Total Clinical income	136.8	139.3	149.4	153.2	155.5
Non clinical income	21.1	24.3	20.3	19.1	18.3
Total income	157.9	163.6	169.7	172.3	173.8

£m	2008-09 plan	2008-09 actual	2009-10 plan	2010-11 plan	2011-12 plan
Operating expenses					
Pay	101.3	102.8	110.6	112.3	112.6
Drugs	7.7	8.1	8.3	8.8	9.1
Other	37.3	39.9	38.5	38.3	38.3
Total operating expenses	146.3	150.8	157.4	159.4	160.0
EBITDA	11.6	12.8	12.3	12.9	13.8
- Depreciation	-6.4	-6.4	-6.4	-6.8	-7.1
- PDC Dividend	-3.5	-3.5	-4.0	-4.3	-4.5
- Interest receivable	0.6	1.2	0.2	0.2	0.2
- Interest payable on loans	-0.2	-0.2	-0.2	-0.2	-0.2
- Loss on asset disposals	-0.1	0.0	0.0	0.0	0.0
Net surplus	2.0	3.9	1.9	1.8	2.2
CIP savings	-3.8	-3.8	-5.7	-8.6	-8.7
CIP %			-3.4%	-5.0%	-5.0%

For 2009-10, the national tariff for payment of clinical activity is based on HRG 4, which recognises the complexity of cases in more detail than the version it replaces. In order to be paid at the correct tariff for all clinical activity, it is essential that the Trust's data recording and reporting systems are geared up to accommodate the new tariff currency. A considerable amount of planning and resource have been focussed to ensure this happens, and this is an area that will be monitored closely in-year.

2009/10 also sees the Trust move to the new format national contract with commissioners, which includes financial penalties for under-achieving against two key targets: reducing rates of C difficile, and meeting the 18 week referral to treatment target.

Also with the new contract comes the requirement to report and reconcile contract activity and payments on a monthly basis, rather than quarterly. This change requires clinical coding of activity to be competed within a shorter timescale than before and measures have been put in place to ensure that activity is coded within forty eight hours so that the new reporting deadlines can be met.

2009/10 contracts with commissioners also include a CQUIN element worth 0.5% of total contract value, which is payable only if agreed quality standards are met.

PCT-led work underway on the NE London provider landscape is likely to lead to significant service reconfiguration in 2010-11 and beyond. The intention is that options will be drawn up for public consultation in July. At this stage a steady state scenario is assumed in the plan.

A programme of productivity and efficiency measures has been developed, aimed at achieving savings of £5.6m in 2009-10. Schemes to achieve £4.6m if this have been agreed already, and the PEP project is targeted with identifying ways of achieving the remaining balance of £1m.

Budgets reflecting agreed activity levels have been agreed with clinical divisions and corporate directorates.

£m	2008-09 plan	2008-09 Actual	2009-10 plan	2010-11 plan	2011-12 plan
Operating expenses					
Pay	101.3	102.8	110.6	112.3	112.6
Drugs	7.7	8.1	8.3	8.8	9.1
Other	37.3	39.9	38.5	38.3	38.3
CIP savings	3.8	3.8	5.7	8.6	8.7

During 2009-10 it is planned to change the key financial performance measures for directorates, from performance against direct cost budgets to contribution. As a result clinical directorates will become accountable for income and indirect costs as well as direct costs, enabling them to develop a better understanding of their net trading position.

2.3.4 Investment and disposal strategy

We are planning another year of substantial capital investment in 2009/10 with expenditure totalling £14.6m.

INVESTMENT and DISPOSAL STRATEGY

£m	2008-09 plan	2008-09 actual	2009-10 plan	2010-11 plan	2011-12 plan
Capital Investment	11.0	8.5	14.6	9.1	7.7

The perinatal and maternity redevelopment business case was agreed by the Board last spring and the project is now well underway after a delayed start when the selected contractor went into administration. £8.3m is expected to be spent in 2009/10 with a small balance the following year. Works are expected to be completed in May 2010 and additional capacity for both

maternity and neonatal care will be available in 2010. The investment will provide better quality accommodation for women giving birth and extra neonatal cot capacity so that NE London babies do not have to be sent outside the sector or be treated in units without Level 3 NICU accreditation. Once the unit is fully open it will generate nearly £4m extra income pa and a surplus of some 11%. We also have the possibility of a legacy investment from one of the 2012 Olympic sponsors to utilise the second floor of this development and expect this will be confirmed by July 2009.

Another important scheme relates to the improvement of endoscopy provision and other works to ensure maintenance of Hygiene Code requirements. The business case for this is expected to be approved by the Board in June.

In 2009/10 a business case for the redevelopment of pathology, to provide adequate working space and ensuring continuing compliance with legislation, will be finalised and this work will be the next major development for the hospital with an investment currently estimated at £6m.

We have recently started a 'Positive Life' campaign to raise charitable funds for an HIV development to provide new accommodation and integrated health and social support for Homerton's unique HIV patient mix which includes a high proportion of women and children from a wide variety of ethnic backgrounds. We aim to work in partnership with local third sector organisations to complement existing services and to avoid duplication. The project will also include a research component focusing on the specific needs of this patient population. The aim is to raise £4m with £2m being contributed from NHS funds in 2011/12.

During 2009/10 we will also work up proposals to modernise the hospital's boiler which we expect to deliver significant savings on energy costs and so contribute to meeting future efficiency requirements and reducing our harmful impact on the environment.

We will also assess theatre capacity to determine whether additional theatre is required.

Our capital programme will continue to be funded from depreciation funding in tariff, surpluses and our healthy cashflow.

2.3.5 Loans and working capital

The Trust has a working capital facility of £11m for quarter 1 and expects to reduce this to £7M from quarter 2 onwards. We await the possibility that the FT Financing Facility maybe able to provide working capital facilities in the future to reduce the cost and use of commercial banks. No new loans will be taken out in 2009/10.

3. Risk Analysis

3.1 Governance Risk

3.1.1 Governance commentary

Homerton foresees minimal risk against the seven governance elements defined in the Monitor Compliance Framework. Having examined each of the governance risk areas, the self-assessment risk rating is considered to be green, as robust plans are in place to mitigate the risks.

Legality of constitution: the Trust's constitution is legally compliant with no amendments made in 2008/09.

Representative membership: the Trust continues to evaluate the membership in terms of size and constituency and has an effective membership recruitment plan for the coming year. The governors will continue to work to the plan outlined in the Membership Development Strategy 2007-2010.

Appropriate Board roles and structures: in 2008, the Board recruited to a planned vacancy for finance Non-executive Director. A Chief Operating Officer was also appointed. A restructuring at executive director level created two new posts, a Chief Nurse and Director of Governance and a Director of Workforce. The new Board roles were chosen to complement the existing team and provide a good balance of skills and competences in line with Monitor's Code of Governance. The new Director of Workforce starts in June.

Service performance: the Trust has a good record of achieving national standards and targets. A focus on national core standards and targets within the Trust's corporate objectives enables us to retain an appropriate focus on the delivery of high quality care to patients. Careful review of performance against these key targets will be required to ensure a consistent governance rating of green. The Trust faced difficulties in meeting the emergency care target in the Autumn and the endoscopy diagnostics target in February. The Trust had one 28 day breach in surgery as a consequence of cancellation during the adverse weather conditions. The breach of the Hygiene Code resulted in an amber governance risk rating. The Trust does not consider Hygiene Code compliance to be a key performance risk in 2009/10. However maintaining the year on year target reductions for C difficile and MRSA bloodstream infections remains a risk.

Clinical quality: the Trust has effective arrangements in place for the purpose of monitoring and improving the quality of care provided to patients. This includes patient safety, clinical effectiveness and patient experience. The Board has declared compliance against the Care Quality Commission core standards with the exception of standards C4a and C4c both of which relate to Hygiene Code breaches. The Trust was served with an improvement notice which was lifted in March 2009. The Trust received unconditional HCAI registration. For 2009/10, the Trust will focus on developing it clinical quality indicators and Quality Account.

Effective risk and performance management: Homerton's performance management and risk management arrangements are robust. The Trust has a compliance and regulatory framework to support business delivery, regulatory and compliance requirements. The divisions are supported by information, finance, clinical governance and human resource functions. The risk register is reviewed along with business plans and performance every three months as part of performance review process undertaken by the Performance Committee. Risks are reviewed regularly by the management executive, operational board and Risk Committee. Key strategic risks, controls assurance and gaps in assurance identified in the board assurance framework are reported quarterly to the Board.

Cooperation with NHS bodies and local authorities: Homerton continues to work closely with NHS bodies, specialist commissioners, general practitioners, practice based commissioners,

City and Hackney tPCT and the local authority Safeguarding Children Board. The Trust also works with the Council on safeguarding vulnerable adults. Regular meetings are held with our main commissioners in relation to the monitoring of in year performance in terms of contract performance including clinical quality performance. The relationship with our host borough's Local Strategic Partnership, known as Team Hackney, has gone from strength to strength and has taken forward initiatives that support the local community. We will continue to develop our relationship with LINKs and we will work with our governors, members, partner organisations and Hackney Health Scrutiny Commission to achieve local accountability and public involvement across a wide range of interest groups.

3.1.2 Significant risks

Significant risk issues are included at 3.5.

3.1.3 HCAI targets

Target		Q1	Q2	Q3	Q4
MRSA Commissioner contract	2008/09 target	3	3	3	3
	2008/09 actual	3	4	2	2
	2009/10 target	3	3	3	2
C.difficile Commissioner contract	2008/09 target	15	15	15	14
	2008/09 actual	17	14	12	7
	2009/10 target	15	14	13	13

The MRSA target for 2009/10 is 11 cases and the C. difficile target for 2009/10 is 55 cases.

3.2 Mandatory services risk

3.2.1 Commentary on mandatory services risk

Mandatory services continue to be provided in line with the Terms of Authorisation. There were no significant issues arising in 2008/09. We do not anticipate any significant issues in 2009/10 but we recognise the potential impact of possible organisational reconfigurations arising from the North East London (NEL) Provider Landscape Review which began last autumn and is due to publish its recommendations in July . The review will consider options for redesign based around improving the clinical quality of services and reducing health spend in the health spend in the NEL sector.

3.3 Financial Risk

The key financial risks for 2009/10 include:

- Recording and reporting of all relevant clinical activity within monthly reporting deadlines
- Successful delivery of planned savings through the PEP programme
- Delay in completion of the perinatal development, putting redirection of expected patient flows to Homerton at risk
- Bariatric surgical demand in excess of capacity, leading to increased waiting times and deterring referrals
- Loss of value of fixed assets, due to the economic climate, may exceed revaluation reserves available and impact on the forecast surplus

A more detailed analysis of key risks is included within the financial templates. This includes an estimate of magnitude and likelihood, along with mitigating actions being taken.

3.3.1 Financial risk ratings

These are shown below:

FINANCIAL RISK RATING	2009-10		2010-11		2011-12	
Metric	**Actual**	**Rating**	**Actual**	**Rating**	**Actual**	**Rating**
EBITDA margin	7.3%	3	7.5%	3	7.9%	3
EBITDA, % achieved	109.7%	5	109.7%	5	109.7%	5
Return on Assets	4.8%	3	5.0%	4	5.4%	4
I&E surplus margin	1.1%	3	1.1%	3	1.3%	3
Liquid ratio	18.1	3	21.9	3	21.9	3
Weighted Average		3.2		3.4		3.4
OVERALL RATING		**3**		**3**		**3**

3.3.2 Service line reporting

Service line reports for 20+ specialties have been produced quarterly during 2008-09. We have established an active steering group, chaired by a clinical director, leading the development of Service Line Management in the Trust. We have agreed to change the main measure of financial performance for the eight clinical directorates from spend on direct costs to contribution, from month 2 this year, this will in effect mainstream the service line philosophy. Work will continue to refine the underlying data and processes needed to report in this format on a routine monthly basis. Once the change to the financial management regime has been implemented we will develop a framework for delegated decision–making, incentives, and sanctions.

3.4 Risk of any other non-compliance with the terms of authorisation

There are no other significant non-financial risks identified in addition to those in the risk register presented flow.

3.5 Presentation of non-financial significant risks

Risk	Magnitude	Likelihood	Mitigating action
Uncertainty of impact of NEL review: "Case for Change" and other health service reviews.	**5**	**3**	Medical Director appointed as joint Clinical Director for NEL review. Continued engagement in clinical work streams. Seek to influence the process and discussions. Model and explore a range of future options. Seek views of staff, governors and partners.
Failure to deliver against public expectation and quality metrics in relation to safety, effectiveness and patient experience.	**4**	**3**	Patient Survey action plan. Patient Experience Tracker. Maternity action plan in place. IPSOS MORI survey work Development and monitoring of quality metrics. Mixed sex accommodation initiative to assess feasibility of additional single sex wards.

Disrupted access to the hospital for patients and staff due to TFL Olympic transport closures and developments.	**3**	**4**	Impact assessment underway.
Failure to adequately prepare or manage likely or actual incidents that disrupt the Trust's normal business and service activity.	**4**	**3**	Revise Major Incident Plan launched May 2009. Training table top exercise in preparation. Emergency Planning provision to be reviewed. Full plan in place.
Failure to maintain the annual number MRSA bloodstream infections <11and C difficile infections < 55 as per targets.	**4**	**3**	MRSA screening programme. Root cause analysis for all MRSA bloodstream infections. Antibiotic prescribing policy compliance. Planned infection control audit programme
Governance systems and assurance processes fail to identify significant gaps in compliance.	**4**	**2**	Review of governance arrangements proposed. Review risk management systems to ensure risk management embedded within operational processes. 09/10 internal audit programme to test and evaluate sources of assurance Review of clinical audit function to ensure it provides a comprehensive view of the quality of clinical services.

As noted elsewhere in the Annual Plan, performance management and compliance systems are in place, and directors believe that robust managerial arrangements are in place to ensure that the Trust maintains its strong performance

4. Declarations and self-certification

4.1 Self-Certification

Throughout the year the Board has taken a rigorous and robust approach to self-certification and related assurance processes and procedures. The Board of Directors confirm that the attached declarations and Board's statements are true.

4.1.1 Clinical quality

☒ The board is satisfied that, to the best of its knowledge and using its own processes (supported by Care Quality Commission metrics and local measures, its NHS Foundation Trust has and will keep in place effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

The board can confirm that its NHS foundation trust has met and will continue to meet the requirements for registration with the Care Quality Commission in accordance with the *Health and Social care Act 2008*

4.1.2 Service performance

☒ The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) and national core standards and with all known targets going forwards.

☒ The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Health *Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infections (the Hygiene Code).*

4.1.3 Risk management

☒ Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the board is confident that there are appropriate action plans in place to address the issues in a timely manner;

☒ All recommendations to the board from the Audit Committee are implemented in a timely and robust manner and to the satisfaction of the body concerned;

☒ The necessary planning, performance management and risk management processes are in pace to deliver the annual plan;

☒ A Statement of Internal Control ("SIC") is in place, and the NHS Foundation Trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to most up to date guidance from HM Treasury (www.hm-treasury.gov.uk); and

☒ All key risks to compliance with their Authorisation have been identified and addressed.

4.1.4 Compliance with the Terms of Authorisation

☒ The board will ensure that the NHS Foundation Trust remains at all times compliant with their Authorisation and relevant legislation;

☒ The board has considered all likely future risks to compliance with their Authorisation they face going forwards, the level of severity and likelihood of a breach occurring and the plans for mitigation of these risks; and

☒ The board has considered appropriate evidence to review these risks and has put in place action plans to address them where required to ensure continued compliance with their Authorisation.

4.1.5 Board roles, structure and capacity

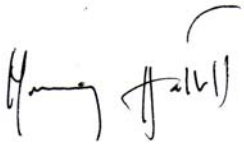
☒ The board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the board;

☒ The board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability;

☒ The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills;

☒ The management team have the capability and experience necessary to deliver the annual plan; and

☒ The management structure in place is adequate to deliver the annual plan objectives for the next three years.



In capacity as Chief Executive & Accounting Officer

In capacity as Chairman

Signed on behalf of the Board of Directors, and having regard to the views of the governors.

5. Membership

Overall membership totals in the public and staff categories have increased over the past year. The Council of Governors have adopted a prudent approach in estimating new membership for 2009/10, with priority being given to increasing the membership with particular attention focused on increasing the number of Outer Constituency members. This is reflective of the Council of Governor's decision to continue to ensure a more balanced membership and maintain the priorities outlined in the Membership Development Strategy.

5.1.1 Membership size and movements

Public constituency	**Last year 2008/09**	**Next year (estimated) 09/10**
At year start (April 1)	4214	4318
New members	244	500
Members leaving	140	100
At year end (March 31)	4318	4718
Staff constituency	**Last year**	**Next year (estimated)**
At year start (April 1)	1449	1778
New members	543	378
Members leaving	172	105
At year end (March 31)	1788	2061

5.1.2 Analysis of current membership

Public constituency	**Number of members**	**Eligible membership**
Age (years):		
0-16	8 (0.18%)	3299 (2%)
17-21	74 (2%)	16339 (8%)
22+	1406 (30%)	176487 (90%)
Not Stated	2830 (66%)	
Ethnicity:		
White	1858 (43%)	121432 (62%)
Mixed	149 (3%)	8165 (4%)
Asian or Asian British	378 (9%)	16182 (8%)
Black or Black British	839 (19%)	44307 (23%)
Other	181 (4%)	6039 (3%)
Not Stated	903 (21%)	
Socio-economic groupings		
ABC1:	3140 (73%)	103476 (53%)
C2	0	18365 (9%)
D	329 (8%)	34108 (17%)
E	803 (19%)	40176 (21%)
Not stated	46 (1%)	
Gender		
Male	1789 (41%)	92741 (47%)
Female	2445 (57%)	103384 (53%)
Not given	84 (2%)	

5.1.2 Analysis of election turnout

Date of election	Constituencies involved	Number of members in constituency	Number of seats contested	Number of contestants	Election turnout %
26th January 2009	Public: Outer	493	1	3	13.8
11th September 2008	Public: Hackney	4130	2	9	17.9
11th September 2008	Staff: Clinical staff	1141	1	2	5.7

Elections will take place in June 2009 and will be held in accordance with the election rules; and will be conducted by the Electoral Reform Balloting Service on behalf of Homerton. The following seven will be contested:

Hackney Public: 3 seats
City Public: 1 seat
Outer Public: 1 seat
Staff Clinical: 2 seats

Three elections have been held during 08/09.

5.2 Membership commentary

5.2.1 Constituencies
The Trust embraces the concept of a wide membership base, with no limit on the number of people who can register.

5.2.2 Public
Membership of the Trust is drawn from three core constituencies. The public constituencies are defined in terms of people, including patients over the age of 16 who live in the borough of Hackney, the City of London and the Outer area. The Outer constituency includes residents from Camden, Islington, Tower Hamlets, Newham, Barking, Havering, Redbridge, Waltham Forest, Haringey, Enfield and Waltham Forest, Westminster, Lambeth, Southwark and Epping Forest District. The Trust has no patient constituency. Current and former patients are eligible to become members in the public constituencies. The Trust is able to identify self-declared patients on the membership database.

No changes have been made to the constituencies for membership of Homerton NHS Foundation Trust this year.

5.2.3 Staff
Staff membership is via an opt-out scheme. Approximately 2200 staff are currently members. The annual turnover of staff in the Trust during 2008-09 has been 10.5%. New employees and leavers are collated monthly and added to the membership database. The staff constituency is divided into two classes, clinical and other staff, to ensure a broad range of staff would be elected to the Council of Governors, to represent the interests of different staff groups. Staff on permanent contracts or those who have worked for the Trust for at least 12 months, including contracted staff, are eligible for membership.

5.2.4 Staff membership profile

Staff clinical: 1540
Staff other: 660
New staff membership is relatively high as this reflects contracted staff and bank and agency staff. Staff membership has been subject to a data clean up exercise this year which accounts for the high staff member attrition rate.

5.2.5 Membership analysis

Gender: Broadly reflects the local population

Age: It is difficult to make meaningful comparison as over 65% of members did not give their date of birth on membership form. The exclusion of age is a particular feature of electronic membership forms. However, there has been an increase in the number of fully completed membership forms and it is expected that this data will improve over time.

Ethnicity: Hackney Census data is used for the comparison as the majority of Homerton's patients live in the borough and over 80% of the public members are in the Hackney constituency. The Trust's membership is broadly reflective of local population. A relatively high percentage of our members do not register their ethnicity when completing the forms on. The completion rate is much higher when the forms are completed at membership events and the need for this information is explained to the potential member.

Socio Economic groupings: The socio-economic groupings figures indicate that most of our members come from category ABC1 (A – higher managerial, administrative or professional, B intermediate managerial, administrative or professional and C1 supervisory or clerical, junior managerial, administrative or professional).

A gap analysis of the membership will be conducted using the 'ACTIVE' systems membership software to enable the governors to identify gas and target recruitment accordingly. Planned initiatives for membership recruitment to improve diversity include:

- Initiatives to attract local young people
- Recruitment drives though our membership newsletter
- Advertisement campaign in local press

5.2.6 Membership growth

The Council of Governors and Board of Directors have given a clear commitment to the development of a membership that is representative of the diverse communities the Trust serves. The governor led Patient and Public Involvement Committee has recently taken over responsibility for membership development from the Membership Development Group and is responsible for membership oversight, development and involvement. The following membership activities are supported in the Trust:

- Design and content of Homerton Members News.
- Membership recruitment
- Governor promotions at hospital and community events
- Membership lectures
- New members meetings

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5.2.7 Future membership

The Membership Development Strategy 2007-2010 has five main objectives. These are to:

- To increase the number of active, informed members who are representative of our patients and local community **(a larger membership)**
- To strive for the composition of membership to reflect the diversity of the local community **(a diverse membership)**
- To engage the locals community through community visits to a wide range of groups and stakeholders **(an inclusive membership)**

- To ensure members receive appropriate communications to improve their understanding about the affairs of Homerton and its relationship with the local community **(an inclusive membership)**
- To ensure that Homerton is accountable for its performance to the members **(an informed membership)**

Each of these objectives has a number of actions that outline the steps that will be taken in order to achieve the objectives. In addition, the governors have begun to develop a range of performance indicators, so that progress and achievement can be tracked throughout the year. Sample indicators include:

- Numbers of new members per month
- Numbers of new members from harder to reach groups
- Number of community visits and events in 20098/10
- % increase in number of outer constituency members
- Improved members webpage and increased hit rate
- Attendance at Annual members meeting and new member events

The Trust has set a fairly prudent membership projection for next year. The aim will be to continue to increase the membership profile in the Outer Constituencies as we did this year and increase the membership profile from the harder to reach groups locally. The number of young members remains low and a more targeted approach to recruiting young members using existing networks and our excellent schools link programme will be considered. The Trust acknowledges that communicating a message of membership promotion within these target areas may not yield a large membership take-up.

5.2.8 Involvement of members

The identification and involvement of members in the activities of the Trust is integral to involvement and successful engagement. There is a wide spectrum of membership involvement from information giving to more formal consultation with governors and members. Member and governor involvement is outlined below:

- Patient and Public Involvement Committee
- Homerton Disability Forum
- Homerton volunteer programme
- Schools Link Initiative
- Focus groups which provide feedback on service delivery and design
- Maternity Services Liaison Committee
- Patient Environment Action Team visits
- Critical reading groups
- Faith group meetings
- Patient Experience Tracker
- Essence of Care initiatives
- Patient user groups

New initiatives for 2009/10 feature:

- Front line staff in outpatient settings to provide information on membership
- Explore NHS discount schemes as a membership incentive
- Explore options for providing membership options for new referrals

5.2.9 Governors

The Council of Governors comprise of twenty six governors under the leadership of the chairman. There are fourteen public governors, six staff governors and six partnership governors. The Council of Governors meet in public at least four times through the year with additional seminars and a joint Board and Council of Governors meetings twice a year. The Governors also host the Annual Members' Meeting. The Governors selected a new finance Non-Executive

Director in the autumn. The Remuneration Committee will review Non-Executive pay during May 2009.

5.2.10 Governor Priorities for the year ahead

Each year the governors spend time reviewing achievements and focus on the priorities ahead, in light of the Trusts strategic plan, corporate objectives and their participation in the Annual Health Check. The governors have prioritised the following areas for the coming year:

Clinical services

- Engage with the Board during the North East London *'Case for Change'* review and consultation, getting actively involved and contributing as appropriate

Customer care, complaints and improving the patient experience

- Improve the visibility and accessibility of the PALS office
- To be aware of complaint trends and what these might reveal about organisational practice
- Improve the patient and service users' experience of care with a focus on customer care, communication and mixed sex accommodation.
- Support and influence the development of the new Quality Account.
- Participate in the Outpatients Review

Food

- Maintain representation on, and involvement with, the catering committee and to improve hospital food provided to staff and the public in the canteen and the café.

Discharge planning

- Ensure that discharge planning is effective. This includes the timely availability of drugs to take away, a comfortable environment for people who no longer need a bed and effective liaison with family doctors, social services and family members that provide back up after discharge.

Involvement of young people in the work of the Trust

- Support initiatives to extend the work already taking place to involve the younger users of Homerton's services in the hospital and its planning

Patient access

- Review the options for fast tracking patients with significant problems

Partnerships

- Develop relationships with neighbouring Trust governors

Communication with members

- Review how governors communicate with members and consider a range of issues for membership consultations.