



# Auditor's Annual Report 2023/24

Homerton Healthcare NHS Foundation Trust

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28 June 2024

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## KEY CONTACTS

### Jessica Hargreaves

Director

Jessica.Hargreaves@KPMG.co.uk

### Amy Illidge

#### Senior Manager

Amy.Illidge@KPMG.co.uk

### Kornelija Mikuzyte

#### In-charge Auditor

Kornelija.Mikuzyte@KPMG.co.uk

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This report is addressed to Homerton Healthcare NHS Foundation Trust (the Trust). We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.



# 01 Executive Summary

# Executive Summary

## Purpose of the Auditor’s Annual Report

This Auditor’s Annual Report provides a summary of the findings and key issues arising from our 2023-24 audit of Homerton Healthcare NHS Foundation Trust (the ‘Trust’) This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

## Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:



**Accounts** - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).



**Annual report** - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.



**Value for money** - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust’s use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.



**Other reporting** - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

## Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

<b>Accounts</b>	<p>We issued an unqualified opinion on the Trust’s accounts on 27 June 2024. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust.</p> <p>We have provided further details of the key risks we identified and our response on page 7.</p>
<b>Annual report</b>	<p>Our work over the annual report is in progress.</p> <p>We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust.</p> <p>We confirmed that the Governance Statement had been prepared in line with the Department of Health and Social Care requirements.</p>
<b>Value for money</b>	<p>We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money.</p> <p>We have nothing to report in this regard.</p>
<b>Other reporting</b>	<p>We did not consider it necessary to issue any other reports in the public interest.</p>



# 02 Audit of the Financial Statements

# Audit of the financial statements

## **KPMG provides an independent opinion on whether the Trust's financial statements:**

- Give a true and fair view of the state of the Trust's affairs as at 31 March 2024 and of its income and expenditure for the year then ended;
- Have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in April 2024 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2023/24;
- Have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

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

## **Audit opinion on the financial statements**

We expect to issue an unqualified opinion on the Trust's financial statements before 28 June 2024.

The full opinion is included in the Trust's Annual Report and Accounts for 2023/24 which can be obtained from the Trust's website.

Further information on our audit of the financial statements is set out overleaf.

# Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
<p><b><i>Fraudulent expenditure recognition – completeness and accuracy</i></b> Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk over all of the Trust’s non-pay expenditure excluding depreciation and amortisation.</p>	<ul style="list-style-type: none"> <li>• We evaluated the design and implementation of controls for developing and reviewing manual expenditure accruals at the end of the month;</li> <li>• We inspected a sample of invoices of expenditure and payments made, in the period from 01 March 2024 to 15 June 2024, to determine whether expenditure has been recognised in the correct accounting period;</li> <li>• We selected a sample of year end accruals and inspected evidence of the actual amount paid after year end;</li> <li>• We inspected journals posted as part of the year end close procedures in order to critically assess whether there was an appropriate basis for posting the journal and the value can be agreed to supporting evidence;</li> <li>• We performed a year on year comparison of the accruals made in the prior year and current year and challenged management where there were large movements.</li> </ul>	<p>At the time issuing this report our audit procedures remain ongoing.</p> <p>We raised a recommendation relating to management month end review of accruals posted.</p>
<p><b><i>Management override of controls</i></b> We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.</p>	<ul style="list-style-type: none"> <li>• Assessed accounting estimates for biases by evaluating judgements and decisions in making accounting estimates.</li> <li>• We evaluated the design and implementation of controls over journal entries and post closing adjustments.</li> <li>• Assessed the appropriateness of changes compared to the prior year to the methods and underlying assumptions used to prepare accounting estimates.</li> <li>• Assessed the business rationale and the appropriateness of the accounting for significant transactions that are outside the Trust's normal course of business, or are otherwise unusual.</li> <li>• We have analysed all journals through the year using our journal analysis tools and focussed our testing on those with a higher risk, such as journals impacting expenditure recognition posted during the final close down.</li> </ul>	<p>At the time issuing this report our audit procedures remain ongoing.</p> <p>We raised a recommendation relating to segregation of duties in the journals process.</p>

# Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
<p><b>Valuation of land and buildings</b></p> <p>The Trust is required to record land and buildings in their accounts at fair value. The valuation of hospital buildings is complex because they are required to be valued on the basis of the cost to replace them with a 'modern equivalent asset'. The valuation includes judgemental assumptions regarding the size and location of the modern equivalent asset.</p>	<ul style="list-style-type: none"> <li>• Critical assessment of the Trust valuer, Gerald Eve, including inspecting the instruction issues to the valuers to verify they are appropriate to produce a valuation consistent with the accounting standards.</li> <li>• Testing of the accuracy of data underlying the valuation including floor areas.</li> <li>• Evaluation of the design and implementation of the control for management review of the valuation and the appropriateness of the assumptions used.</li> <li>• Challenge of key assumptions underlying the valuation including material movements from the prior year, relevant indices used. This included utilising KPMG valuation specialists to review the valuation report provided by the Trust's valuers to confirm the appropriateness of the methodology used.</li> <li>• Inquired of the valuer in order to verify the methodology that was used was consistent with RICS Red Book and the Group Accounting Manual.</li> <li>• Agreed the calculations performed of the movements in the value of land and buildings to verify they had been accurately accounted for.</li> <li>• Considered the adequacy of the disclosures concerning key judgements and the degree of estimation involved.</li> </ul>	<p>At the time issuing this report our audit procedures remain ongoing.</p> <p>We considered the estimate to be cautious based on the procedures performed due to the alternative site assumptions.</p>



# 03 Value for Money

# Value for Money

## Introduction

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources or ‘value for money’. We consider whether there are sufficient arrangements in place for the Trust for the following criteria, as defined by the National Audit Office (NAO) in their Code of Audit Practice:



**Financial sustainability:** How the Trust plans and manages its resources to ensure it can continue to deliver its services.



**Governance:** How the Trust ensures that it makes informed decisions and properly manages its risks.



**Improving economy, efficiency and effectiveness:** How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

## Approach

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

We are required to report a summary of the work undertaken and the conclusions reached against each of the aforementioned reporting criteria in this Auditor’s Annual Report. We do this as part of our commentary on VFM arrangements over the following pages.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust.

## Summary of risk assessment

	Financial sustainability	Governance	Improving economy, efficiency and effectiveness
Commentary page reference	7-9	10-11	12-13
Identified risks of significant weakness?	No – but improvement recommendations noted	No – but improvement recommendations noted	No – but improvement recommendations noted
Actual significant weakness identified?	No	No	No
2022-23 Findings	No significant weakness identified	No significant weakness identified	No significant weakness identified
Direction of travel			

# Value for Money

## NATIONAL CONTEXT

### *Financial performance*

The 2023-24 financial year saw a significant increase in the level of financial pressures facing the NHS sector. This followed the end of Covid-19 related financing arrangements. The sector has faced cost pressures from a range of factors, most significantly the impacts of inflation felt during the year and the costs of industrial action.

At the end of January 2024 NHS England forecast that the NHS would record an overspend of £1.1bn against its agreed budgets. This came after additional funding had been made available earlier in the year to support with the costs of industrial action.

### *Operational performance*

In January 2023 the Government announced five pledges for 2023, including reducing NHS waiting lists and the time people wait for procedures. Waiting lists had grown significantly during the Covid-19 pandemic as elective activity was postponed in order to prioritise the treatment of Covid patients and ensure safe working.

According to the Health Foundation the NHS waiting list had grown from 6.2 million patients at the beginning of 2022 to 7.2 million in January 2023. There had also been a significant increase in the number of patients with long waits. At the end of 2023 there remained 355,000 patients that had been waiting over a year for treatment. Income arrangements for the acute sector were revised in year to reimburse providers for elective activity based on the actual number of patients treated.

### *System working*

The Health and Care Act 2022 formally established integrated care systems (ICSs), 42 partnerships within local geographies to promote closer working between the organisations responsible for healthcare delivery. Integrated Care Boards were formed on 1 July 2022, taking over commissioning responsibility from Clinical Commissioning Groups.

In their first full year of operation ICSs have continued to work to develop and embed governance arrangements both within the ICBs themselves and as systems.

## LOCAL CONTEXT

Homerton Healthcare NHS Foundation Trust is an integrated care trust which provides hospital and community health services for Hackney, the City and surrounding communities. The Trust consists of one main site in Homerton, along with a number of smaller locations providing clinics and specialist treatments across the area.

The Trust is part of North East London (NEL) Integrated Care System (ICS) alongside four other NHS Trusts and Foundation Trusts. NEL is part of North East London Health and Care Partnership.

The NEL system has faced significant financial challenges during 2023/24 and these are predicted to continue throughout 2024/25. An Improvement Director was appointed to the system during the financial year.

The Trust has achieved a breakeven position for 2023/24 however the Trust did not fully deliver on its planned CIP target. CIP achieved in the current year is primarily non-recurrent. As part of the 2024/25 planning round, the Trust has agreed its largest ever CIP plan, as part of supporting the NEL system to achieve its budgeted position.

The Trust has entered into a jointly owned Pathology Partnership (East and South East London Pathology Partnership) with Barts Health and Lewisham and Greenwich NHS Trusts, hosted by Barts Health, with laboratories across seven hospital sites. The purpose of the partnership is to provide a cost effective service for Trusts, and to improve patient care and experience, by operating as a single network on a single shared laboratory information system.

The Trust introduced a new strategy in year, Homerton Healthcare NHS Foundation Trust Strategy 2023-2028 which took input from across the Trust and is linked directly to the ambitions of the ICS. There have been changes to the Executive team at the Trust in the year including a new CEO, Bas Sadiq, replacing Louise Ashley in February 2024.

# Financial Sustainability

## ***How the Trust plans and manages its resources to ensure it can continue to deliver its services.***

We have considered the following in our work:

- How the Trust ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- How the Trust identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans

For the 2023/24 financial year, the Trust agreed a breakeven budget. Throughout the 23/24 financial year, the Trust identified risk in their ability to achieve their budgeted position due to additional costs from industrial action and under-achievement of planned CIP. The potential for a deficit was identified early by the Trust which indicates strong processes around monitoring actual performance, and reporting was excluding potential additional Elective Recovery Fund (ERF) income. The Trust reported a £5k surplus at the end of the financial year. The breakeven position was achieved through receipt of ERF income based on month 9 projections.

The annual budget setting process for 2024/25 has included the use of divisions in budget setting, to ensure appropriate staff who have adequate details about operations in their divisions have been able to feed into the budget. A third round of 2024/25 budget setting was being completed by the Trust in March 2024. Draft planning guidance was issued to Trusts for 2024/25, which includes the additional savings requirements as well as Clinical Negligence Scheme for Trusts (CNST) premiums cost pressures which may result in a substantial CIP target for 2024/25.

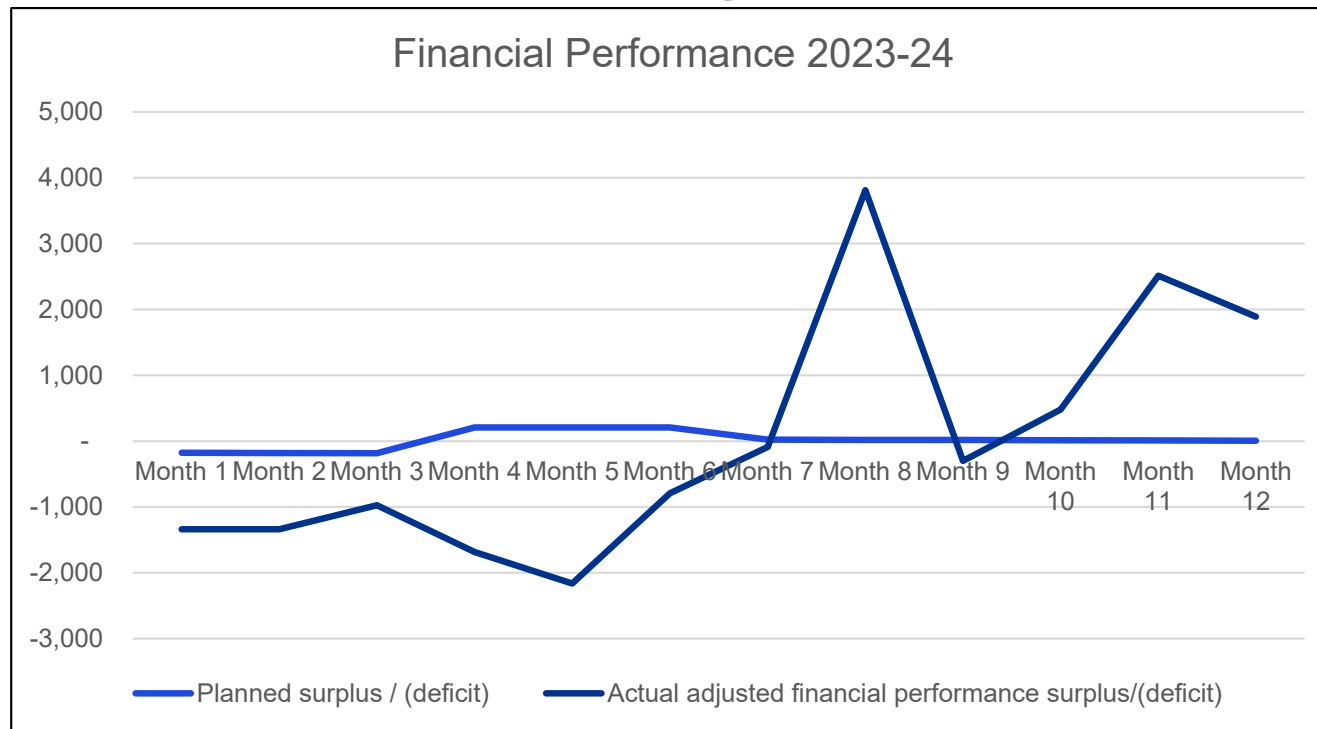
Monitoring of the budget is through regular reporting at key levels of the governance structure, which includes the Finance, Investment and Performance Committee and Board, in line with what we would expect. Examples of papers received at these Committees are divisional budgets and cash flow forecasts.

CIP performance at the end of the year was £15m against a plan of £18m, meaning £3m of shortfall in savings expected to be achieved. Variances have been identified early across the year by Homerton, and communicated to us during our regular liaison meetings, alongside the expected closing deficit position as described above.

In the current year the Trust has more frequently discussed efficiencies and cost improvements at Finance, Investment and Performance Committee meetings. The level of discussions increased across the year with the addition of CIPs as a regular agenda item.

North East London Integrated Care Board (NEL ICB) were forecasting a year end deficit total position of £55m, meaning that it is subject to regulatory intervention. There have been no significant impact on the Trust as a result of this intervention. Homerton has worked closely with the NCL system through the NEL finance recovery board to take actions to address the underlying system deficit.

# Financial Sustainability



Key financial and performance metrics:	2023-24	2022-23
Planned surplus	£170k	£nil
Actual surplus	£5k	£31
Planned CIP as a % of spend		
- Recurrent	2.1%	2.0%
- Non-recurrent	2.1%	2.0%
Actual CIP as a % of spend		
- Recurrent	1.2%	1.3%
- Non-recurrent	1.8%	1.6%
Year-end cash position	£77,726k	£80,581k

The graph above shows the plan and actual financial performance (adjusted financial performance surplus / (deficit) of the Trust each month. The Trust was forecasting a position of close to break-even at the end of the year.

The financial performance of the Trust was below plan for the first 7 months of the year. This was the case for the Trust and the ICS, and an updated plan was submitted to NHSE. The amended plan reflected forecast costs for industrial action. In month 8 the Trust had income additional to Plan of £6.6m, and further income above plan in months 11 and 12, including achievement of ERF. The resulting impact is an overall breakeven position at the end of the financial year for the Trust.

During the year the Trust implemented controls to reduce spending, including a double lock control so that items over £50k in value required Finance Director approval at the ICB. Homerton also have a Financial Recovery Board at NEL ICB, attended by Chief Finance Officers from each Trust/Foundation Trust and Charitable Funds, and HR/Chief Operating Officers, so that it included representation from each of the Executive positions across the system. The ICB also recruited an Improvement Director as an external consultant during the year to support the CIP identification process. The ICS has CIP monitoring systems in place such as fortnightly meetings with Chief Finance Officers, monitoring CIP achieved and progress on identified schemes.

# Financial Sustainability

The Trust was underspending against their capital plan for months 1 to 7.

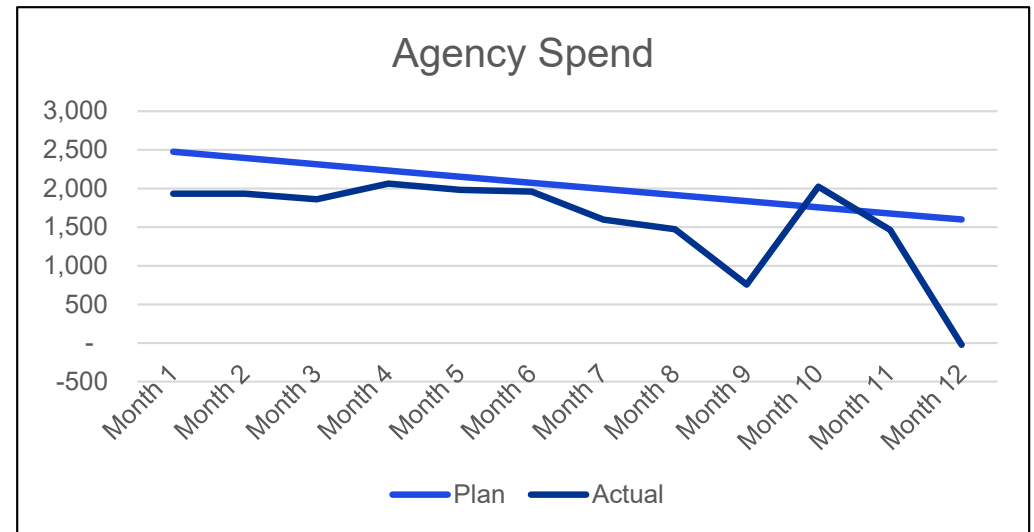
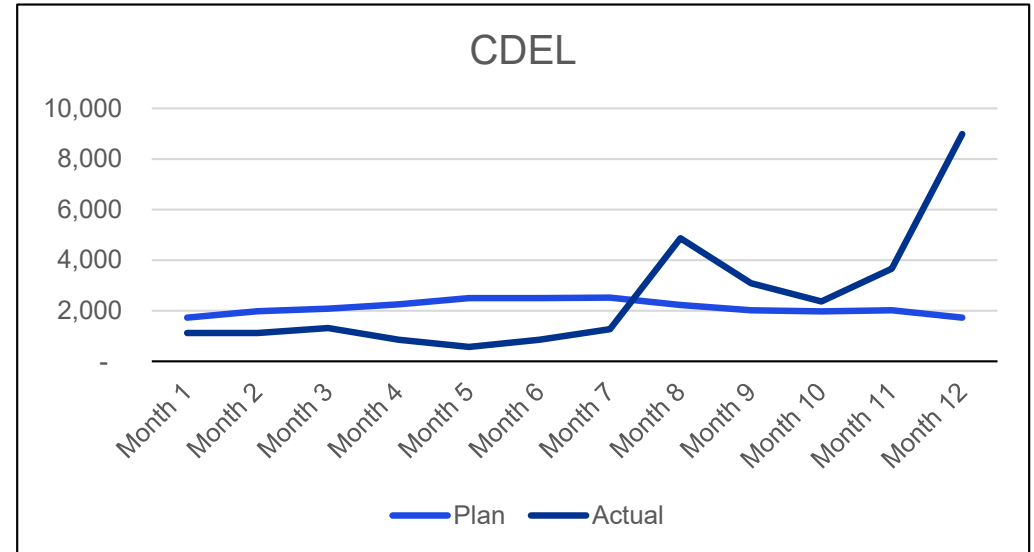
A large amount of spend was incurred in months 8 to 12, with a majority of spend in month 12 itself. The Trust knew they would take this approach and forecast to spend over their original plan by year end overall. This is due to how the approved capital schemes were forecast to fall at the Trust.

There was a large spend in the final month of the year which increases the risk that approval processes for spending are not appropriately followed, or that decisions are not based on value for money. However we have not identified any indications of this in our audit testing. The Trust took similar action in the previous year, and this was a conscious decision made by the Trust.

The Trust has performed well against plan for agency spend, with a trend below plan for 11 out of 12 months.

We can also see a general downward trend in agency spend which indicates the success of plans put in place by the Trust to mitigate the level of agency spend, such as a requirement for additional approval of agency spending and an increase in bank rates, vacancy freezes for non-clinical agency staff, and reductions in the usage of non-framework agency.

Agency staff is still a large cost for the Trust but the trend indicates positive movements to reduce these costs.



# Governance

## ***How the Trust ensures that it makes informed decisions and properly manages its risks.***

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust approaches and carries out its annual budget setting process;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

The Trust has acknowledged that it identifies the importance of assessing and analysing risks, highlighting the moral, financial and good practice reasons for identifying and managing both clinical and non-clinical risks. Management of risks is primarily through the Risk Management Policy and the Risk Register.

The Risk Management Policy aims to underpin the strategic objectives of the Trust, and was approved by the Board in February 2023. The Trust Chief Executive is responsible for the implementation of the policy, however management of specific risks is the responsibility of individuals at the Trust.

Management of specific risks is conducted through the risk register. Our review of the April 2024 risk register has identified a number of points which indicate the data included is low quality. For example there are risks where information is incomplete, and 22 of the risks in the risk register did not describe the proposed actions to be taken to reduce the risk level. Our review also identified that 57 risks on the register have had no change in risk scores since they were added to the register, and 17 have had increased scores. This may indicate that the risk management procedures at the Trust are ineffective at reducing the risk scores to the desired level of risk appetite, or may be reflective further of the quality of the data in the risk register itself and the need to update and review the scores, as we also noted ten risks overdue for review.

There are appropriate risk assessment processes in place and communication and monitoring of the effectiveness of internal controls is appropriate.

The Trust have a programme underway to link the Board Assurance Framework (BAF) to their risk registers. We have identified some elements of good practice including reporting of the BAF to Audit and Risk Committee in the current year, triangulation the NEL ICB BAF, and use of internal audit to revisit the BAF and risk registers during the year to identify key areas for improvement.

# Governance

The Trust introduced a new strategy in year, Homerton Healthcare NHS Foundation Trust Strategy 2023-2028, which took input from across the Trust and is linked directly to the ambitions of the ICS. The strategy does not contain any significant changes in service, but it does draw out actions to address existing issues with staff retention, and the expected future capital spend on the ageing areas of the estate.

There has been no change in the governance structure at the Trust from the prior year. The Committee structure includes key committees who report into the Board. The Audit and Risk Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the Trust, oversees internal and external audit and compliance with the Standing Financial Instructions, and reviews losses. The Trust governance structure is set up in a way that would be able to effectively identify risks and report them to the appropriate senior leadership for action.

During the year internal audit conducted a review over theatre utilisation. The report included limited assurance due to poor documentation around cancelling procedures, overscheduled procedures and delays in start times. Theatre Management Committee action plans are not being appropriately monitored and updated, and there is not a Theatre Management and Utilisation Policy. This brings in risks around patient experience and challenges in meeting local needs. Therefore we will obtain an update on progress against these findings at the year end.

There are some areas within our governance assessment which require follow up at year end including CQC actions and monitoring of legislation.

# Governance

During the year the Trust has had their Human Fertilisation and Embryology Authority (HFEA) license suspended, impacting the Women’s and Neonatal Services that can be provided at the Trust. The issues identified were also identified by the Trust as part of an internal audit completed during the year which identified gaps in assurance such as overdue risk assessment procedures and no centrally maintained training file. Internal audit noted that each of these factors had the risk of causing a HFEA regulatory breach and reputational damage for the Trust.

The Trust had previously recognised risks around this service on their risk register and these risks were revisited on notification of the suspension. The Trust is focussing their initial efforts on finding alternative services for the relevant patients. At the date of issuing our report, the Trust is still awaiting confirmation from the HFEA regarding the reasons for the suspension and actions they require the Trust to take to be able to lift the suspension. The Trust has commenced developing an action plan in response to the findings of the 23/24 Internal Audit report in this area and the Trust’s own internal investigations. The action plan will be finalised once confirmation is received from the HFEA

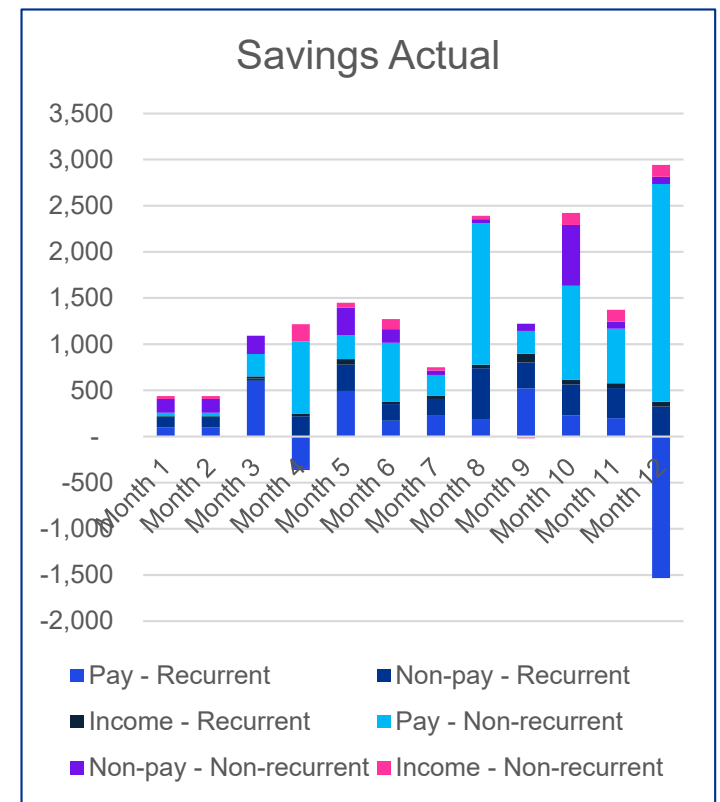
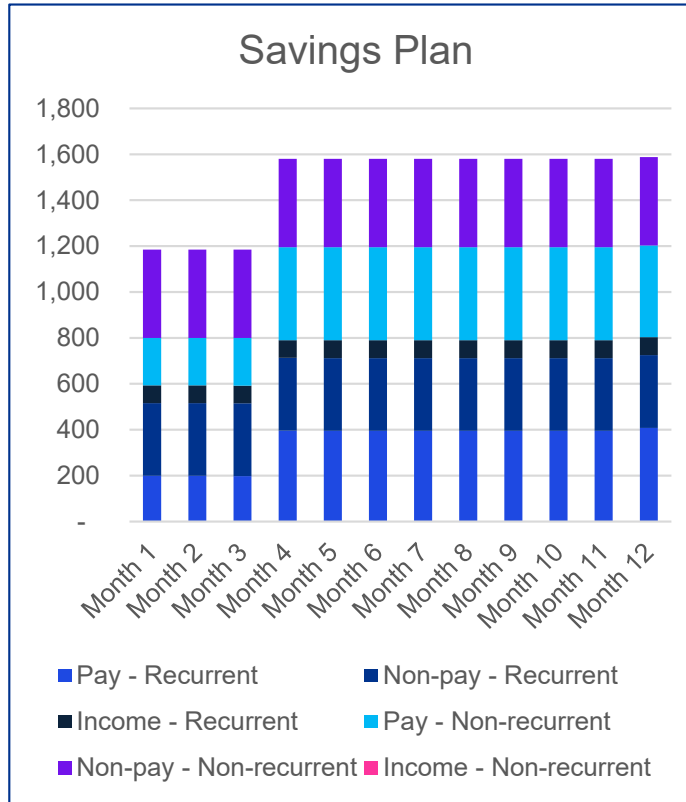
	2024	2023
Control deficiencies reported in the Annual Governance Statement	No significant internal control issues have been identified.	No significant internal control issues have been identified.
Head of Internal Audit Opinion	The organisation has an adequate and effective framework for risk management, governance and internal control. However our work has identified some weaknesses in the application of some internal controls.	The organisation has an adequate and effective framework for risk management, governance and internal control. However our work has identified some weaknesses in the application of some internal controls.
Oversight Framework segmentation	1	1
Care Quality Commission rating	Good	Good

# Improving economy, efficiency and effectiveness

**How the Trust uses information about its costs and performance to improve the way it manages and delivers its services**

We have considered the following in our work:

- how financial and performance information has been used to assess performance to identify areas for improvement;
- how the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- how the Trust ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives; and
- where the Trust commissions or procures services, how it assesses whether it is realising the expected benefits.



We have considered the savings set out by the Trust in their plan compared to the actual savings achieved, as recorded in the PFR. Overall savings were below plan until Month 8. Large savings were achieved in Month 8, 10 and 12. These are heavily weighted towards non-recurrent savings around pay. Non-pay recurrent savings and income recurrent savings achieved were below plan in the majority of months. A small amount of income non-recurrent savings were also achieved which were not planned. Therefore the Trust has a reliance on non-recurrent savings in the current year. Overall achievement is £15m compared to plan of £17.8m.

# Improving economy, efficiency and effectiveness

The Trust have been identifying challenges around the Pathology Partnership across the year. Delays in implementation of the Partnership were identified as early as July 2022. This initially was in relation to governance challenges including long-term sickness of the Trust Pathology Partnership lead.

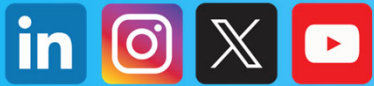
The Trust have moved into their Pathology Partnership in part as a response to United Kingdom Accreditation Service (UKAS) identification of non-conformities with regulations during their accreditation visit to Homerton, and the push to embed the quality standards and obtain a single scheme accreditation in April 2023. It is also noted from the Audit Committee minutes that there is a lack of clarity in the contract, memorandum of understanding and the service level agreements in place, as well as an acute shortage of staffing on the team in the Pathology Partnership (including no consultant scientist in post in biochemistry at RLH and therefore no POCT clinical lead for Homerton).

The Trust have taken some actions to understand the delays and the quality issues identified, including a benefits realisation exercise, meetings with the Pathology Partnership and addition of the Pathology Partnership to the risk register in October 2023. As part of our year-end risk assessment we will consider which Committees these findings are being reported to, and monitored, and whether that is sufficient to allow for timely actions to be taken.

To address the concerns identified the Trust has identified some potential actions including, regular review of the financial reports provided by the Partnership, monthly Pathology meetings, and inclusion of the Pathology Partnership in the 2025/26 internal audit plan.

All contracts have performance monitoring built in. This is monitored via the in-house team and the contractor, depending on the service and the size of the contract. We know from discussions with the Trust that regular contract monitoring meetings take place although these are not formally minuted, and that there is a process in place for addressing underperformance although it hasn't been needed.

The Trust has agreed a CIP target of £21.5m for 2024/25. This is the largest CIP target the Trust has ever set. The Trust are utilising its savings transformation team to create a tangible Trust word programme of savings.



[kpmg.com/uk](https://kpmg.com/uk)

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