



University Hospital  
Southampton  
NHS Foundation Trust



# ANNUAL REPORT AND ACCOUNTS 2022/23

Incorporating the quality account

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University Hospital Southampton  
NHS Foundation Trust

# Annual Report and Accounts 2022/23

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



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# Welcome from the Chair and Chief Executive Officer

University Hospital Southampton NHS Foundation Trust ('UHS' or the 'Trust') experienced another challenging year during 2022/23. Nonetheless, the Trust and its staff have continued to deliver for patients and the wider system in which it operates.

Trust highlights from 2022/23 include:

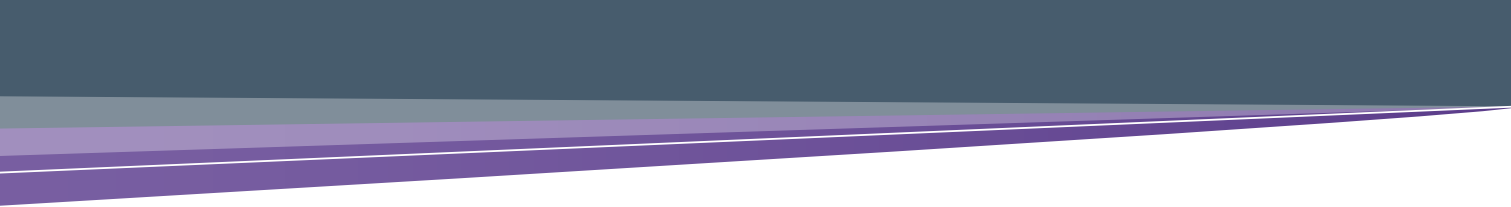
- **Delivering an 8% increase in activity (compared to 2019/20) under the elective recovery programme, which places us as one of the top performing trusts in England.**
- **Being recognised in the NHS staff survey as the seventh highest trust for recommendation as a place to work nationally and the best performing trust in opportunities for career development.**
- **Celebrating 50 years as a medical school with the University of Southampton and continuing to pioneer UK and world-first research studies.**
- **Enhancing the reputation of our specialist care – for example our bone marrow transplant team at UHS have the best patient outcomes in Europe.**

However, as was the picture across the country, UHS had an extremely challenging winter with attendances at our emergency department often in excess of 400 a day. This was driven in part by high prevalence of streptococcus A (strep A) in the community along with other seasonal illnesses such as influenza and high incidences of COVID-19 at times. Moreover, the lack of availability of care home beds and other care packages in the community has resulted in challenges in discharging patients who are ready to leave hospital and therefore we have been operating at or near to capacity throughout the year.

At the time of writing, there continues to be operational pressures due to industrial action by the Royal College of Nursing and British Medical Association. Throughout the disputes, we have attempted to balance the right of our staff to strike with the need to minimise the impact on the Trust's operations and patients and ensure that safety was not compromised. Our leadership team has engaged proactively with the unions to agree, where possible, derogations (i.e. services that will continue to be staffed during strikes) to ensure that the running of our hospitals can continue and that patients remain safe. We would like to express our thanks to all staff who have gone over and above during these periods of industrial action by being willing to do different work to usual, often at anti-social times of the day.

While we cannot influence national negotiations, we are focusing on what we can control within UHS. Our people strategy published last year sets out how we will grow and deploy our workforce of today and the future as part of a thriving community to deliver world-class patient care. Building on this, we have recently launched our inclusion and belonging strategy so that as a leadership team we can deliver what is required for all our workforce to feel they can belong and thrive at UHS.

The Trust achieved its Cost Improvement Plan (CIP) target of £45.6m for 2022/23, the highest in our history but despite this, ended the year with a deficit of £11m. The deficit was driven by a combination of factors including a substantial increase in energy prices, higher costs of medicines and equipment and temporary staffing costs as well as changes in recent years in respect of the NHS funding infrastructure, which adversely impacted the Trust relative to others during the year. In terms of the broader context, the Hampshire and Isle of Wight Integrated Care System, in which the Trust operates, reported an overall deficit for 2022/23 driven in part by a significant increase in staffing numbers when compared to 2019/20 as well as structural factors.



We have continued to make progress on our estates strategy, building new theatres and carrying out improvements to existing facilities, as well as opening a new park and ride for staff at Adanac Park and progressing plans for a new innovation campus there. During 2022/23 we invested over £88m of capital expenditure to meet our ambition of increasing capacity and improving services in order to manage the increasing demand. All development is underpinned by our green plan, which sets out areas of focus for decarbonising UHS and achieving the net zero target set by the NHS.

The Trust has continued to support the Hampshire and Isle of Wight Integrated Care System, which was formed on 1 July 2022 to facilitate integration and collaboration across health and social care partners in the region. In particular, UHS has worked closely with the Integrated Care Board and other providers in the development of the operating plan for 2023/24. We have also continued to work with other partners in the region, including local authorities and the University of Southampton.

The 13,000 staff of UHS are our greatest asset and we would like to express our gratitude to them for continuing to go above and beyond to put patients first under very challenging circumstances. Without our staff, we would be unable to fulfil our ambition to be a world-class organisation with world-class people delivering world-class care.



**Jenni Douglas-Todd**  
Chair  
26 June 2023



**David French**  
Chief Executive Officer  
26 June 2023



# PERFORMANCE REPORT

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# Performance report

## Introduction from the Chief Executive Officer

**The Trust experienced another challenging year with the need to balance the delivery of quality patient care with a significant increase in demand for the Trust's resources and the need to do so whilst maintaining a sustainable financial position.**

The Trust saw the number of patients on a waiting list under the 18-week referral to treatment pathway increase to just over 55,000 patients at the end of the year. Despite this, however, the Trust was successful in reducing the number of patients waiting more than 104 weeks to nil and in reducing the number of patients waiting more than 78 weeks to 14 by the end of the year.

In addition, the Trust's performance under the elective recovery programme placed it as one of the top-performing trusts in the country.

Demand for non-elective care also significantly increased during the year with the emergency department seeing more than 400 attendances per day at some points, especially during the winter months.

The industrial action seen in the latter part of 2022/23 placed further pressure on the Trust and resulted in a need to cancel elective procedures and outpatients appointments. However, on balance, the Trust was able to manage these events through effective planning and the engagement and support of its staff.

Although the Trust was successful in recruiting to substantive roles, especially in terms of reducing the number of Health Care Assistant vacancies, the anticipated reduction in use of bank and agency staff was not seen. This, among other factors, such as the substantial increase in energy costs and the rate of inflation, posed a significant challenge in terms of the Trust's financial position. Despite achieving savings of £45.6m, the Trust reported a deficit of £11m for 2022/23.

## Overview About the Trust

### Our services

University Hospital Southampton NHS Foundation Trust is one of the largest acute teaching trusts in England with a turnover of more than £1 billion in 2022/23. It is based on the coast in southeast England and provides services to over 1.9 million people living in Southampton and south Hampshire and specialist services, including neurosciences, respiratory medicine, cancer care, cardiovascular, obstetrics and specialist children's services, to more than 3.7 million people in central southern England and the Channel Islands. The Trust is also a designated major trauma centre, one of only two places in the south of England to offer adults and children full major trauma care provision.

As a leading centre for teaching and research, the Trust has close working relationships with the University of Southampton, the Medical Research Council, National Institute for Health and Care Research (NIHR), Wellcome Trust and Cancer Research UK. The Trust is consistently one of the UK's highest recruiting trusts of patients to clinical trials and one of the top nationally for research study volumes as ranked by the NIHR Clinical Research Network.

#### Every year the Trust:

treats around <b>160,000</b> inpatients and day patients, including about 75,000 emergency admissions	sees over <b>650,000</b> people at outpatient appointments	deals with around <b>150,000</b> cases in our emergency department	delivers more than <b>100</b> outpatient clinics across the south of England, keeping services local for patients
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#### The Trust provides most of its services from the following locations:

- **Southampton General Hospital** – the Trust's largest location, where a great number of specialist services are based alongside emergency and critical care and which includes Southampton Children's Hospital.
- **Princess Anne Hospital** – located across the road from Southampton General Hospital and providing maternity care and specialist care for women with medical problems during pregnancy and babies who need extra care around birth across the region.
- **Royal South Hants Hospital** – although the Trust does not operate this site near the centre of Southampton it provides a smaller number of services from this location.
- **New Forest Birth Centre** – located at Ashurst on the edge of the New Forest and run by experienced midwives and support staff it acts as a community midwifery hub.

The services provided by the Trust are commissioned and paid for by the Hampshire and Isle of Wight Integrated Care System (ICS) and, in the case of more specialised services (such as treatments for rare conditions), by NHS England.

Trust services are supported by clinical income, of which 55% is paid for by NHS England and 43% by the Hampshire and Isle of Wight Integrated Care Board. These are provided under a standard NHS contract, which incorporates ongoing monitoring of the Trust and the quality of the services provided.

## Our structure

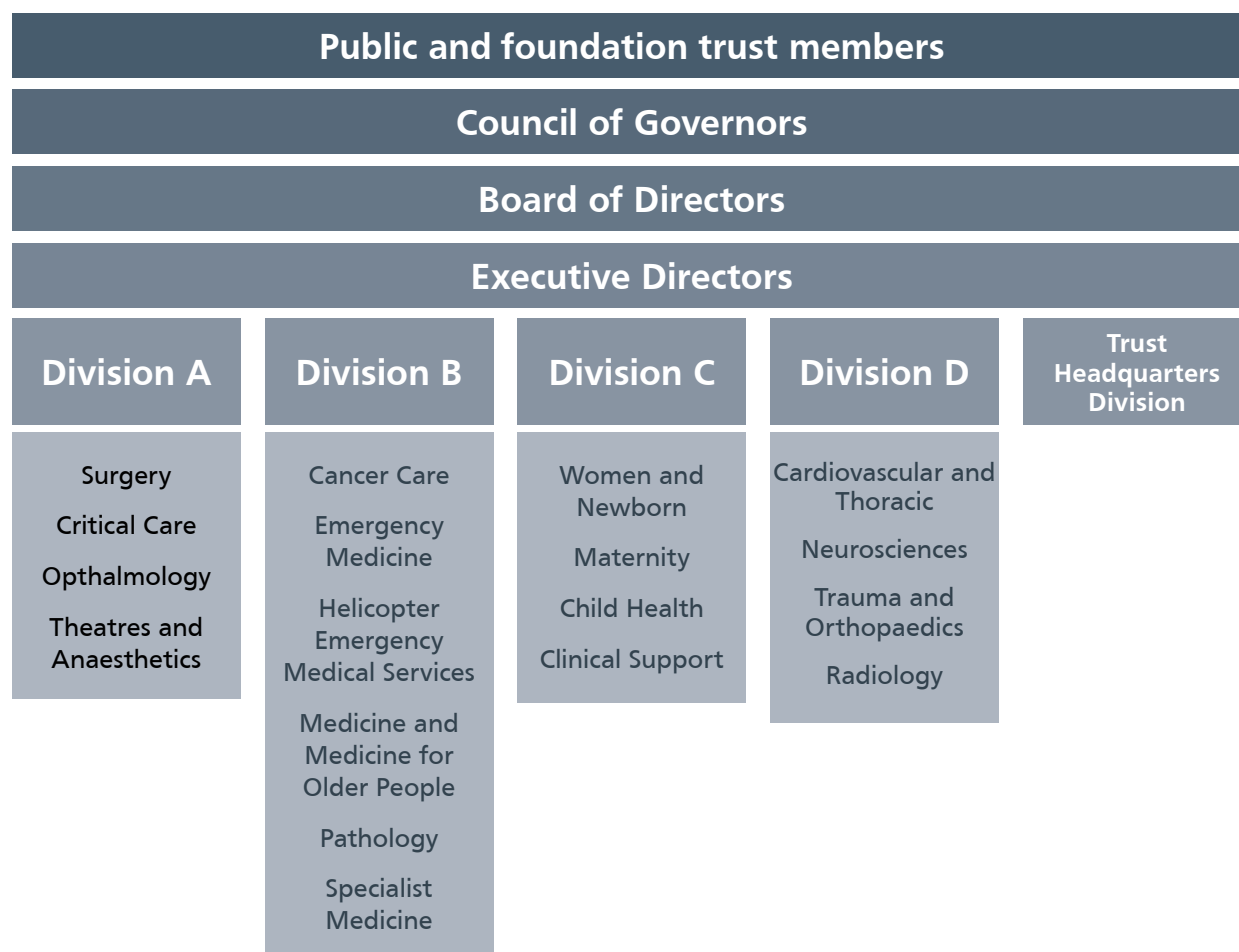
UHS gained foundation trust status on 1 October 2011. A foundation trust is a public benefit corporation providing NHS services in line with the core NHS principles: that care should be universal, comprehensive and free at the point of need. The Trust is licensed as a foundation trust to provide these services by NHS England and the healthcare services we provide are regulated by the Care Quality Commission.

Since 1 July 2022, the Trust has been part of the Hampshire and Isle of Wight Integrated Care System (ICS) when this was established through the Health and Social Care Act 2022. Each ICS has two statutory elements: an integrated care partnership (ICP) and an integrated care board (ICB).

The ICP is a statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.

The ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down. The Trust has been a university teaching hospital since 1971.

The diagram below provides an overview of the overall organisational structure of the Trust.



## Our values

Our values describe how we do things at UHS and act as a guide to all staff working with colleagues to deliver high quality patient care and a great patient experience every day.

**Our values are:**



**Patients, their families and carers** are at the heart of what we do. Their experience of our services will be our measure of success.



**Partnership between clinicians, patients and carers** is critical to achieving our vision, both within hospital teams and extending across organisational boundaries in the NHS, social care and the third sector.



We will ensure we are **always improving** services for patients through research, education, clinical effectiveness and quality improvement. We will continue to incorporate new ideas, technologies and create greater efficiencies in the services we provide.

## Our strategy 2021-25

The Trust's strategy was updated during 2020/21 to take account of everything our staff had experienced during the COVID-19 pandemic and what we had learnt from this. The vision for UHS is to become an organisation of **world class people delivering world class care**.

Our strategy is organised around five themes and for each of these it describes a number of ambitions we aim to achieve by 2025.

Theme	Ambitions
<p><b>Outstanding patient outcomes, experience and safety</b></p> <p>By 2025 we will strengthen our national reputation for outstanding patient outcomes, experience and safety, providing high quality care and treatment across an extensive range of services from foetal medicine, through all life stages and conditions, to end-of-life care</p>	<ul style="list-style-type: none"> <li>• We will monitor clinical outcomes, safety and experience of our patients regularly to ensure they are amongst the best in the UK and the world.</li> <li>• We will reduce harm, learning from all incidents through our proactive patient safety culture.</li> <li>• We will ensure all patients and relatives have a positive experience of our care, as a result of the environment created by our people and our facilities.</li> </ul>
<p><b>Pioneering research and innovation</b></p> <p>We will continue to be a leading teaching hospital with a growing, reputable and innovative research and development portfolio that attracts the best staff and efficiently delivers the best possible treatments and care for our patients.</p>	<ul style="list-style-type: none"> <li>• We will recruit and enable people to deliver pioneering research in Southampton.</li> <li>• We will optimise access to clinical research studies for our patients.</li> <li>• We will enable innovation in everything we do, and ensure that 'cutting edge' investigations and treatments are delivered in Southampton.</li> </ul>
<p><b>World class people</b></p> <p>Supporting and nurturing our people through a culture that values diversity and builds knowledge and skills to ensure everyone reaches their full potential. We must provide rewarding career paths within empowered, compassionate, and motivated teams.</p>	<ul style="list-style-type: none"> <li>• We will recruit and develop enough people with the right knowledge and skills to meet the needs of our patients.</li> <li>• We will provide satisfying and fulfilling roles, growing our talent through development and opportunity for progression.</li> <li>• We will empower our people, embracing diversity and embedding compassion, inclusion and equity of opportunity.</li> </ul>
<p><b>Integrated networks and collaboration</b></p> <p>We will deliver our services with partners through clinical networks, collaboration and integration across geographical and organisational boundaries.</p>	<ul style="list-style-type: none"> <li>• We will work in partnership with key stakeholders across the Hampshire and Isle of Wight integrated care system.</li> <li>• We will strengthen our acute clinical networks across the region, centralising when necessary and supporting local care when appropriate.</li> <li>• We will foster local integration with primary and community care as well as mental health and social care services for seamless delivery across boundaries.</li> <li>• We will build on our successful partnership with University of Southampton (UoS), growing our reputation as a national leading university teaching hospital.</li> </ul>

# OVERVIEW AND PERFORMANCE

Theme	Ambitions
<b>Foundations for the future</b> Making our enabling infrastructure (finance, digital, estate) fit for the future to support a leading university teaching hospital in the 21st century and recognising our responsibility as a major employer in the community of Southampton and our role in broader environmental sustainability.	<ul style="list-style-type: none"> <li>• We will deliver best value to the taxpayer as a financially efficient and sustainable organisation.</li> <li>• We will support patient self-management and seamless care across organisational boundaries through our ambitious digital programme, including real time data reporting, to inform our care.</li> <li>• We will expand and improve our estate, increasing capacity where needed and providing modern facilities for our patients and our people.</li> <li>• We will strengthen our role in the community as an employer of choice, a partner in delivery of services to our population and by leading the Greener NHS agenda locally.</li> </ul>

During each year of the strategy the Trust sets out a more detailed series of objectives to achieve and progress towards the delivery of its ambitions. In 2022/23 these objectives included:

<b>Outstanding patient outcomes, experience and safety</b>	<ul style="list-style-type: none"> <li>• Recovery, restoration and improvement of clinical services</li> <li>• Introducing a robust and proactive safety culture</li> <li>• Empowering and developing staff to improve services for patients</li> <li>• Always Improving strategy</li> <li>• Delivering a high-quality experience of care for all</li> </ul>
<b>Pioneering research and innovation</b>	<ul style="list-style-type: none"> <li>• Delivery of year two of the research and innovation investment plan</li> <li>• Strategy and partnership working</li> </ul>
<b>World class people</b>	<ul style="list-style-type: none"> <li>• Growing, developing and innovating our workforce</li> <li>• A great place to work, develop and achieve</li> <li>• Compassionate and inclusive workplace for all</li> </ul>
<b>Integrated networks and collaboration</b>	<ul style="list-style-type: none"> <li>• We Work in partnership with Integrated Care System and Primary Care Networks</li> <li>• Integrated Networks and Collaborations</li> <li>• Establishing Southern Counties Pathology Network</li> <li>• Establishing the Wessex Imaging Network</li> <li>• Develop Collaborations strategy</li> </ul>
<b>Foundations for the future</b>	<ul style="list-style-type: none"> <li>• Creating a sustainable financial infrastructure</li> <li>• Making our corporate infrastructure fit for the future to support a leading university teaching hospital in the 21st century</li> <li>• Recognising our responsibility as a major employer in the community of Southampton and our role in delivering a greener NHS</li> </ul>

Performance against these objectives will be monitored and reported to the Trust's Board on a quarterly basis.



## Principal risks to our strategy and objectives

The Board has identified and manages the principal risks to the delivery of its strategy and objectives through its board assurance framework. The principal risks to the delivery of its strategy and objectives identified by the Trust during 2022/23 were that:

- There would be a lack of capacity to appropriately respond to emergency demand, manage the increasing waiting lists for elective demand, and provide timely diagnostics, that results in avoidable harm to patients.
- Due to the current challenges, the Trust fails to provide patients and their families with a high-quality experience of care and positive patient outcomes.
- The Trust would not effectively plan for and implement infection prevention and control measures that reduce the number of hospital-acquired infections and limit the number of nosocomial outbreaks of infection.
- The Trust is unable to meet current and planned service requirements due to unavailability of qualified staff to fulfil key roles.
- The Trust fails to develop a diverse, compassionate and inclusive workforce, providing a more positive experience for all staff.
- The Trust fails to create a sustainable and innovative education and development response to meet the current and future workforce needs identified in the Trust's longer-term workforce plan.
- The Trust does not implement effective models to deliver integrated and networked care, resulting in sub-optimal patient experience and outcomes, increased numbers of admissions and increases in patients' length of stay.
- The Trust is unable to deliver a financial breakeven position and support prioritised investment as identified in the Trust's capital plan within locally available limits (capital departmental expenditure limit (CDEL)).
- The Trust does not adequately maintain, improve and develop its estate to deliver its clinical services and increase capacity.
- The Trust fails to introduce and implement new technology and expand the use of existing technology to transform its delivery of care through the funding and delivery of the digital strategy.
- The Trust fails to prioritise green initiatives to deliver a trajectory that will reduce its direct and indirect carbon footprint by 80% by 2028-2032 (compared with a 1990 baseline) and reach net zero direct carbon emissions by 2040 and net zero indirect carbon emissions by 2045.

During 2022/23, the Trust continued to experience the impact of the COVID-19 pandemic. The need to ensure a safe environment for patients through stringent infection control processes impacted the Trust's capacity due to the need to isolate patients with COVID-19 in separate areas of the hospital. In addition, outbreaks of norovirus during the winter months placed further pressure on hospital capacity.

The impact of the pandemic continued to be felt in terms of staff absence due to becoming infected with COVID-19 as well as the significant impact on staff mental health. The higher than normal (i.e. pre-COVID) levels of staff absence placed additional strain on the Trust's operations and led to increased expenditure due to the requirement to enlist bank and/or agency staff to maintain safe staffing levels.

## Performance overview

The Trust monitors a broad range of key performance indicators within its departments, divisions, directorates and through Trust executive committees.

On a monthly basis, the Board and executive committee receives a performance report containing a variety of indicators intended to provide assurance in respect of the Trust's strategy and that the care provided is safe, caring, effective, responsive and well-led. This report also includes the Trust's performance against the national targets set by NHS England.

The performance reports include a 'spotlight' section, which provides more detailed analysis of a particular area. Typically, this is one of either the national targets or the Trust's performance against the expectations set out in the NHS Constitution.

The monthly performance report is also published on the Trust's website.

The Chief Executive Officer provides a regular report on performance to the Council of Governors, which includes a range of non-financial and financial performance information.

<p><b>Capacity</b></p>	<p>The pressures of the COVID-19 pandemic led to increases in the waiting times for patients and the number of patients waiting for more than a year increased significantly. During the year, the Trust achieved its goal of no patients waiting more than 104 weeks by July 2022 and finished the year with only 14 patients waiting for more than 78 weeks.</p> <p>However, the length of time patients are waiting for treatment remains one of the key risks for the Trust.</p> <p>This situation was compounded by the sustained demand for non-elective activity, which saw attendances at the emergency department rise to over 400 patients per day during some periods of 2022/23 and was consistently higher than previously was the case.</p> <p>The significant increase in referrals, often requiring more complex treatment, has seen the number of patients on a waiting list under the 18-week referral to treatment pathway increase to just over 55,000 patients at the end of the year.</p> <p>In addition, the industrial action during the year placed further strain on the Trust's ability to both provide urgent care and manage its elective recovery programme.</p> <p>Furthermore, difficulties in obtaining care home beds and other care packages in the community has resulted in challenges in discharging patients who are ready to leave hospital and therefore the Trust has been operating at or near to capacity throughout the year.</p>
<p><b>Quality and compliance</b></p>	<p>The Trust continued to monitor the quality of care delivered throughout 2022/23. The Trust continued its focus on infection prevention and control, which had proven successful during the COVID-19 pandemic.</p> <p>The Trust progressed its Always Improving strategy and successfully supported the identification and implementation of 84 quality improvement projects.</p> <p>In addition, the Trust continued to implement the patient safety incident response framework as well as taking other steps to drive a safety culture within the organisation.</p> <p>Furthermore, the Trust conducted further trials of shared decision making between clinicians and patients and is a leading site nationally for shared decision-making principles. Further information can be found in the Quality Account.</p>

## OVERVIEW AND PERFORMANCE

<b>Partnerships</b>	<p>The new arrangements for integrated care systems were implemented in July 2022 with the Trust becoming part of the Hampshire and Isle of Wight Integrated Care System. As such, the Trust's senior management frequently meets with peers from across the system to consider and agree matters of wider concern across the system. In addition, the Trust worked with the Integrated Care Board in order to develop its financial and capital plans for 2023/24 and beyond.</p> <p>The Trust also attends the Southampton Health and Wellbeing Board at Southampton City Council and in the Hampshire and Isle of Wight Acute Provider Partnership Board.</p> <p>During 2022/23, the Trust continued to progress research activities and opportunities with the University of Southampton and Wessex Health Partners.</p> <p>In addition, work continued in the development of an elective hub at Winchester with Hampshire Hospitals NHS Foundation Trust, which will provide the Trust with additional capacity to carry out its elective programme.</p>
<b>Workforce</b>	<p>The Trust's key areas of focus during 2022/23 were in respect of increasing the substantive workforce and reducing staff turnover.</p> <p>Although the Trust was successful in recruiting to substantive posts, the expected reduction in reliance on bank and agency staff did not materialise, which meant that the Trust was 1,068 whole-time equivalents above its plan for 2022/23. Included in this figure is the TUPE transfer of genomics staff from Salisbury. A particular area of focus was the recruitment of Health Care Assistants where the Trust was successful in reducing the number of vacancies from 27% to 18%.</p> <p>Whilst the Trust was successful in reducing staff turnover from 14.9% in 2021/22 to 13.5%, it remained above the 12% target.</p> <p>However, the Trust did experience a reduction in staff absence from 4.7% in April 2022 to 4.3% in March 2023, and initiatives to improve staff wellbeing were an area of focus during the year.</p> <p>The industrial action in late 2022 and early 2023 posed significant challenges for the Trust, including in terms of the need to engage additional temporary staff to ensure patient safety.</p>
<b>Estate</b>	<p>The Trust continued to invest in and develop its estate during 2022/23 including successful completion of the Paediatric Intensive Care Unit project, which delivered single rooms and specialist accent lighting alongside delivery of a 'twin care' room. There were a number of other significant projects during the year, including refurbishments of wards and work on creating new theatres as well as projects to improve staff wellbeing. These were part of over £88m of capital expenditure in 2022/23 that also included equipment, digital and the backlog maintenance programme.</p>
<b>Innovation and technology</b>	<p>The Trust continued to promote research and development during 2022/23, including through partnerships with the University of Southampton and Wessex Health Partners.</p> <p>Furthermore, the Trust continued to examine ways to make use of technology to improve its service delivery. In particular, the Trust has promoted the use of MyMedicalRecord, which gives patients the ability to co-manage their healthcare online and through an app.</p>

## OVERVIEW AND PERFORMANCE

<b>Sustainable financial model</b>	<p>The Trust did not achieve breakeven status at the end of 2022/23 and reported a deficit of £11.037m at year-end.</p> <p>This was due to a number of factors, including the Trust's underlying deficit as well as the increase in energy prices. The Trust was more exposed than most to fluctuations in the wholesale price of gas due to its reliance on a gas-powered energy supply.</p> <p>In addition, the Trust's 8% uplift in elective activity when compared to 2019/20 was not fully-funded, which placed further pressure on the Trust's existing financial resources, which had been used to ensure a breakeven position in 2021/22.</p> <p>The continued use of bank and agency staff as well as the costs of industrial action in late 2022 and early 2023 further eroded the Trust's financial position.</p> <p>Notwithstanding the above, the Trust did succeed in obtaining a number of sources of non-recurrent funding during the year, including a successful bid for £29.4m of funding through the Public Sector De-Carbonisation Fund, which will be used to fund green initiatives as part of the Trust's capital programme.</p> <p>The financial outlook across the NHS continues to appear very challenging during 2023/24 and the Hampshire and Isle of Wight Integrated Care System is forecasting one of the highest deficits in England.</p>
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# Performance analysis

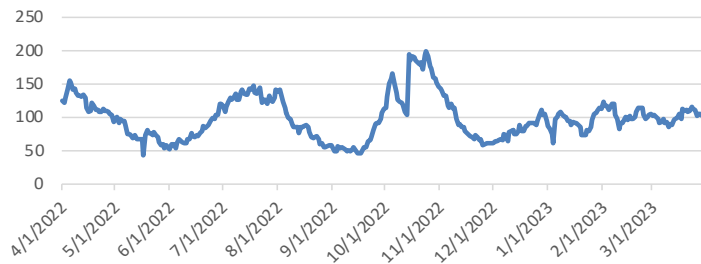
## COVID-19 Impacts

Although the pandemic has ended and serious cases of COVID-19 have reduced significantly, the Trust continued to be impacted by COVID-19 during 2022/23. Heightened infection prevention control measures in respect of patients with COVID-19 placed additional stress on the Trust’s capacity due to the need to isolate those patients and there was a consequential reduction in the Trust’s ability to make most efficient use of its available spaces. Furthermore, the ongoing impact on the Trust’s staff has led to higher staff absence than was the case prior to the pandemic, particularly due anxiety, infectious diseases and colds and flu.

- The Trust experienced an average number of 98.7 patients per day who tested positive for COVID-19. During the winter months, this number increased substantially to nearly 200.
- During the year, an average of 3.6 intensive care/high-dependency beds per day were occupied by COVID-19 patients. However, at times this increased to as much as ten.
- Although staff sickness rates remained higher than pre-pandemic, the Trust saw a decrease in the absence rate from 4.7% at the beginning of 2022/23 to 4.3% by the end of the period.

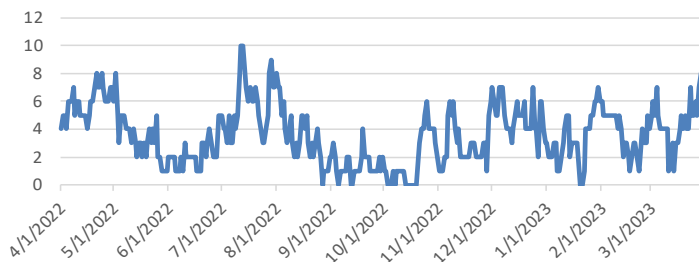
### COVID-19 Cases

UHS average number of confirmed COVID-19 patients in bed (08:00 census)



### Intensive care/higher care beds

UHS average number of confirmed COVID-19 patients in an ICU/HDU bed (08:00 census)



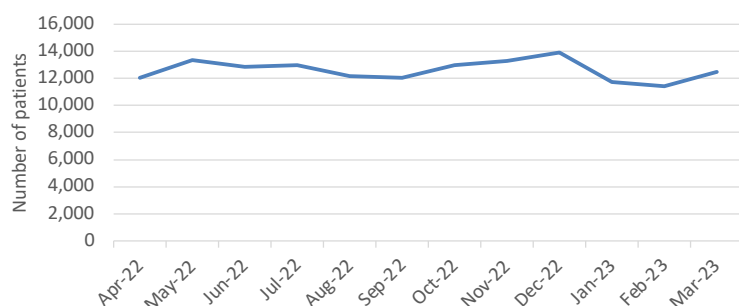
## Emergency access through the emergency department

The Trust continued to experience high demand from patients presenting to receive care in the emergency department throughout the year above that seen prior to the COVID-19 pandemic. In particular, during the period between January and March 2023, the Trust averaged 352 attendances per day compared to 301 during the same period in 2019/20, an increase of 17%. The Trust also saw a significant increase in attendances during December due to both seasonal illnesses, but also due to the prevalence of streptococcus A in the community with attendances sometimes over 400 per day.

Furthermore, the industrial action during the latter part of 2022 and early 2023 placed further pressure on the Trust's ability to deliver services. In addition, the difficulties in discharging patients in need of care either at home or in another setting resulted in reduced flow from the emergency department to the relevant ward(s), which placed further strain on the Trust's performance.

During the year, in order to reduce emergency department attendances, the Trust trialled using General Practitioners to triage and see more straightforward patients who would otherwise have presented to the emergency department. Although this trial did result in a slight reduction in terms of number of patients and waiting times in ambulatory majors and majors, the affordability and value for money of this scheme is under review.

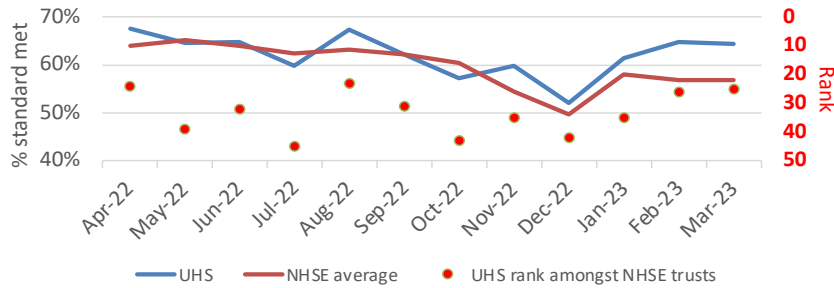
**Number of patients presenting to the emergency department**



As a result of the increase in demand upon the emergency department, there continued to be a significant adverse impact on timeliness of care. The Trust failed to meet the national target of 95% of main emergency department/type 1 attendances seen within four hours, achieving 64.5% in March 2023, although this performance was above average in England.



## Emergency access 4hr standard UHS vs NHSE average Type 1 performance



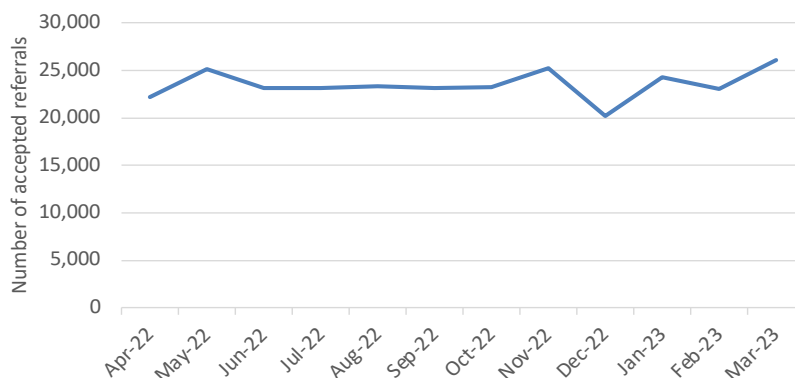
Ambulance handovers are an area of focus for NHS England, with a target of all handovers having to take place within 15 minutes and none waiting more than 30 minutes. The Trust performed well in this area with an average handover time of 17 minutes, having made the conscious decision to ensure that patients did not queue in ambulances at the expense of patients being queued within emergency department majors – thus impacting the Trust’s four-hour target, but meaning that ambulances were not queued outside the hospital as was seen in other areas of the country.

## Elective Waiting times

### Demand

The year saw a continuation of the trend of increasing elective referrals experienced in 2021/22 following the pandemic, and referral rates continued to be above those seen prior to the pandemic.

### UHS Accepted Referrals



## Activity

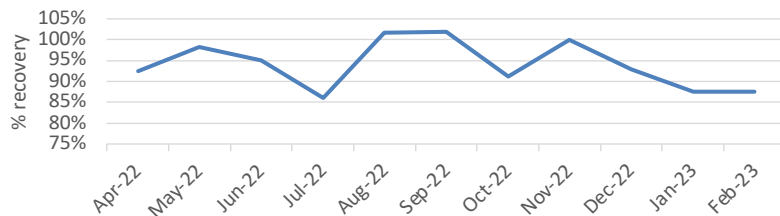
The Trust experienced significant increases in terms of the number of hospital appointments, diagnostic tests and elective admissions during the year, exceeding levels in previous years.

The Trust was one of the top performing trusts in terms of its elective recovery programme, achieving an 8% increase in its elective activity during the year when compared to 2019/20. However, performance in this area and in terms of outpatients appointments was negatively affected by the industrial action by nurses, junior doctors and other members of staff, which took place in late 2022 and early 2023 due to the need to cancel non-urgent procedures and appointments in favour of maintaining safe staffing levels in areas such as the emergency department.

In addition, the continued presence of COVID-19 as well as other illnesses such as influenza and norovirus placed significant pressure at times on the Trust's capacity due to the need to implement appropriate infection prevention control measures. Furthermore, difficulties in discharging patients fit to be discharged, but in need of a care package, placed additional strain on the Trust's capacity.

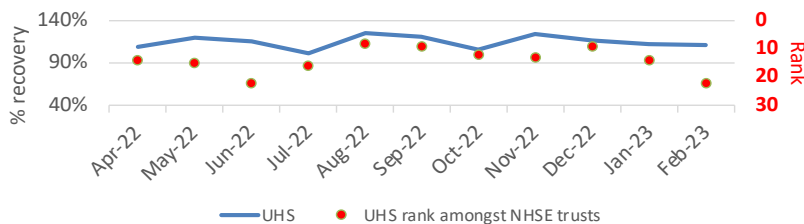
### Elective admissions (including day case)

Post-COVID-19 pandemic Elective (including day case) recovery (% of same month compared between March 2019 – February 2020)



### Outpatient attendances

Post-COVID-19 pandemic outpatient seen recovery (% of same month compared between March 2019 – February 2020)



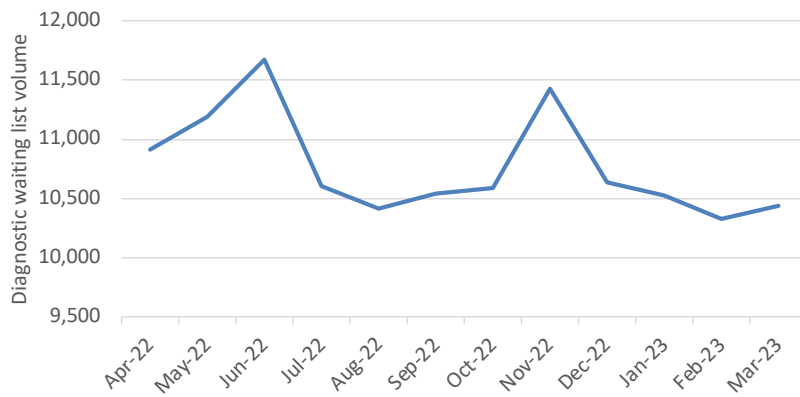
## Diagnostics

The Trust measures performance on a total of 15 frequently used diagnostic tests.

In March 2023, 22% of patients were waiting more than six weeks for diagnostics compared with the national target of less than 1%.

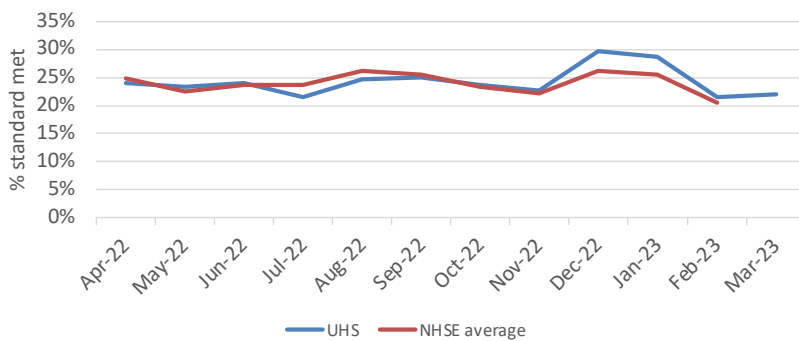
### Patients waiting for a diagnostic test to be performed (sum of 15 different frequently used tests)

#### UHS diagnostic waiting list volume



### Percentage of patients waiting over 6 weeks for a diagnostic test to be performed

#### Diagnostic 6 week wait performance UHS vs. NHSE average



## Referral to Treatment

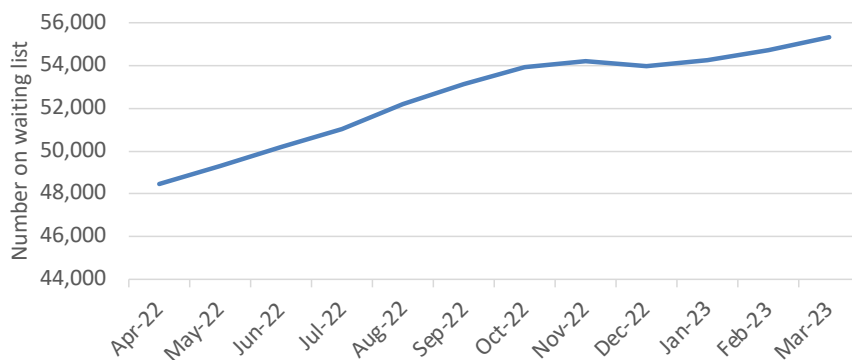
The Trust continued to see an increase in the number of patients being referred for treatment during 2022/23 with just over 55,000 patients on a waiting list under the 18-week referral to treatment pathway at the end of the year. Averaged across the year, the volume of referrals exceeded the Trust’s theoretical capacity by around 3.5%.

Due to this significant demand, the Trust only achieved 63.2% of patients being treated within 18 weeks of referral in March 2023 compared with the monthly target of more than 92%. However, despite this, the Trust remained in the top quartile when compared to other teaching hospitals, reflecting that this growth in demand continues to be a national challenge.

During 2022/23, the national target was to ensure that there were no patients waiting over two years for treatment by July 2022, and that there were no patients waiting more than 78 weeks by the end of March 2023. Long-waiting patients were an area of particular focus for the Trust during the year with no reported two-year waits since November 2022 and only two between the period June-November due to patients choosing to delay their treatment. This was a significant improvement compared to the peak of 171 patients reported in December 2021.

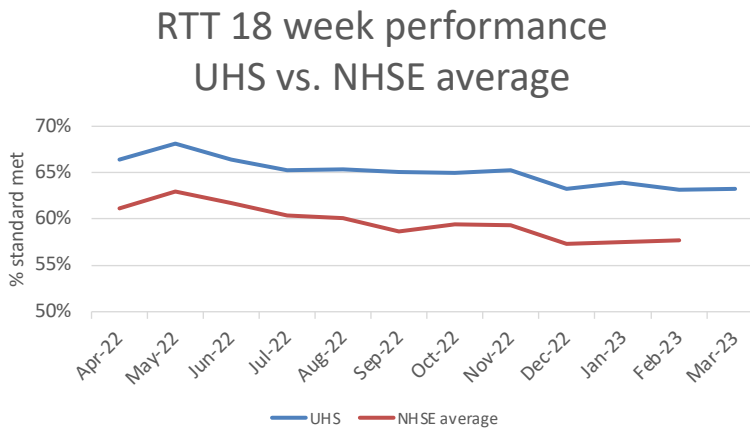
Similarly, the Trust made progress in reducing the number of patients waiting over 78 weeks for treatment. In February 2023, the Trust reported 84 patients in this category compared to the peak of over 900 patients in September 2021. By the end of March 2023, the Trust had managed to further reduce this number of patients to 14, with those in breach of the target all due to the complexity of the cases.

### UHS referral to treatment waiting list

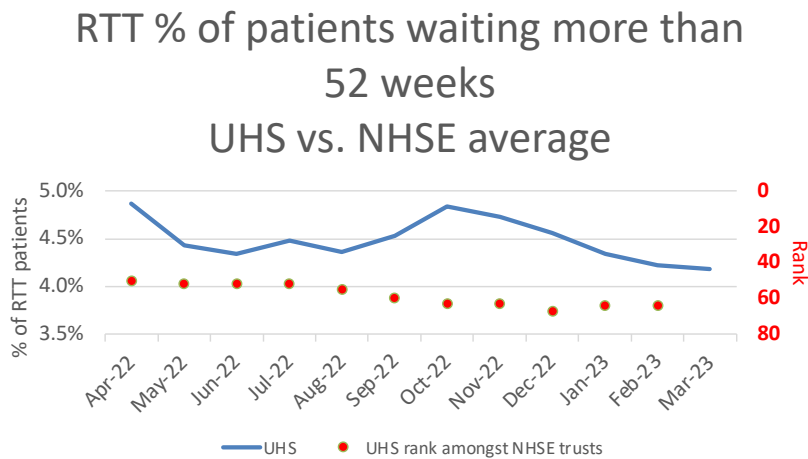
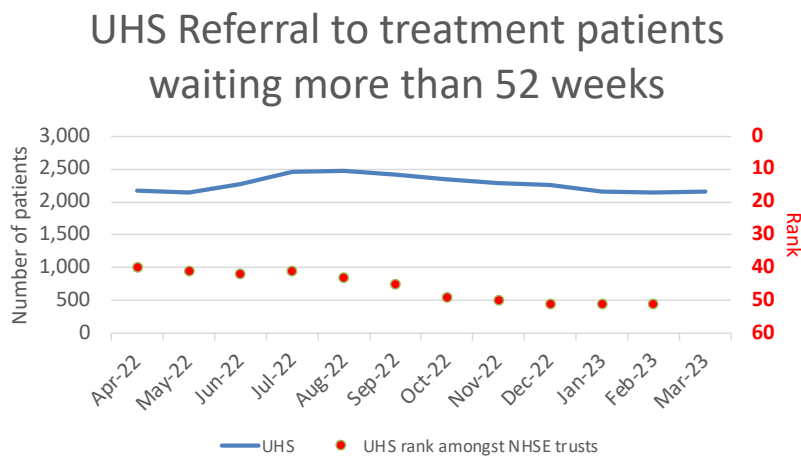


# OVERVIEW AND PERFORMANCE

## Percentage of patients waiting up to 18 weeks between referral and treatment



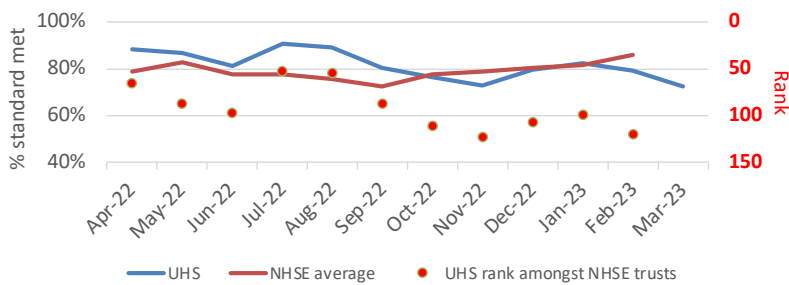
## Percentage of patients waiting more than 52 weeks between referral and commencement of a treatment for their condition



## Cancer Waiting Times

The Trust is one of 12 regional cancer centres in the UK offering treatment for rare and complex cancers as well as cancer in children and brain cancer. The Trust has historically been in the upper quartile, relative to teaching hospital peers. Due to loss of key members of staff and industrial action, the Trust's performance has slipped over the year with 72.5% of patients seen within two weeks in March 2023 following referral by a General Practitioner for suspected cancer (national target: >93% per month).

### Cancer waiting times - 2 week wait performance UHS vs NHSE average



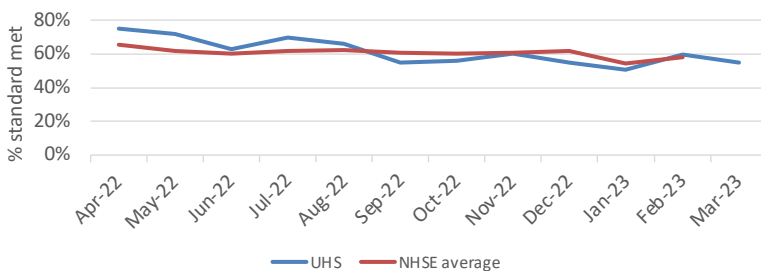
Referrals for January to March 2023 were at the highest for that month for the past five years and overall referral volumes in 2022/23 averaged 2,049 patients per month, 8% higher than in 2021/22 and 28% higher than in 2019/20.

The national target was for 96% of patients to commence treatment within 31 days of diagnosis. However, in March 2023, the Trust only achieved 87.9%, but this figure hides considerable variation dependent on the tumour site and type of cancer with a range of 100% for haematology and children's cancers to 71% for skin.

The high rate of referrals led to a significant backlog in terms of patients waiting longer than 62 days for treatment. However, the Trust took steps to reduce this backlog by more than 50% through a dedicated recovery programme. In March 2023, the Trust treated 54.8% of patients within 62 days of referral compared to the target of more than 85%.

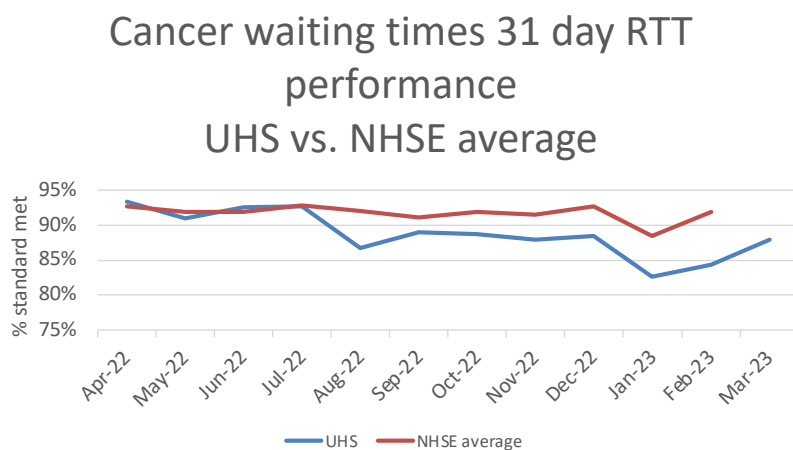
### Treatment for Cancer within 62 days of an urgent GP referral to hospital

### Cancer waiting times 62 day RTT performance UHS vs. NHSE average





## First definitive treatment for cancer within 31 days of a decision to treat



## Quality priorities

The Trust set eight quality priorities in 2022/23, which were aimed at ensuring it continued to deliver the highest quality of care. The quality priorities were shaped by a range of national and regional factors as well as local and Trust wide considerations. The Trust recognised the overriding issues of significant operational pressures being felt right across the health and social care system, including those associated with the previous two years of the COVID-19 pandemic. The challenge was to deliver the best quality care in the context of these operational pressures, and the Trust set its quality priorities accordingly.

Out of the eight priorities set, the Trust achieved five and partially achieved three.

### **Priority One: Enhancing capability in Quality Improvement (QI) through our Always Improving strategy**

The transformation team has grown to over thirty team members including project support officers, project managers, benefit realisation managers. This has allowed the Trust to develop that systematic organisational approach to guide and support its staff in their QI projects. The Trust originally set a target of delivering fifty quality improvement projects but have successfully supported a total of 84 (55 local and 29 flow improvements). These are local change projects which were identified, proposed, led, and delivered by the people who do the work. To date over 1500 people have been trained in the Trust's improvement approach, which exceeds the original target of 500. The Trust also developed a QI project register and held an Always Improving conference.

### **Priority Two: Developing a culture of kindness and compassion to drive a safety culture**

The Trust only partially achieved this priority as plans to fully deliver training were affected by operational pressures. However, during the year a variety of communication platforms were used to make sure staff understood the Trust's vision and were kept up to date with plans and progress. The Trust worked to develop and embed a 'just culture' allowing staff to speak up and ask, "what happened and how do we learn?" and developed 'stop for safety' staff huddles.

### **Priority Three: We will improve mental health care across the Trust including support for staff delivering care**

The Trust only partially achieved this priority as several key quality improvement projects have not yet been delivered, and the mental health strategy not yet been finalised. However, a training needs analysis was completed and significant staff training and an education scheme were introduced in response to the findings of the analysis. Mental health champion training has been delivered to 153 staff and IT systems have been improved to help capture vital data to help shape the Trust's service.

## **Priority Four: Recognising and responding to deterioration in patients**

During 2021/22 the Trust successfully introduced national Paediatric Early Warning System (nPEWS) into its Southampton Children's Hospital and UHS is now part of the national test and trial of nPEWS which is assessing the usability of the scoring system. The Trust has also explored how nPEWS can be adapted for children with complex medical conditions requiring interventions (including non-invasive ventilation) as part of their normal care. A daily heat map of escalation times over a 24-hour period was piloted in 2022 and will be rolled out across all adult's inpatient areas during 2023. The Trust has also performed well with its cardiac arrest audits, and training and education programmes have consistently been delivered. September 2022 saw the implementation of a 24-hour paediatric outreach service. There is a deteriorating patient group and several successful QI projects have been introduced.

## **Priority Five: Improving how the organisation learns from deaths**

The Trust only partially achieved this priority as it has been unable to establish a learning from deaths steering group. The Trust has introduced a mortality governance coordinator/analyst and grown its bereavement care service.

## **Priority Six: Shared Decision Making (SDM)**

The shared decision models started at UHS in 2021/22 and have continued to grow with investment in pilot roles to expand these models, which include several advanced nurse practitioner roles, models in paediatrics bringing Shared Decision Making to patients who are transitioning from paediatric to adult services, while in maternity we have introduced SDM in birth planning. When assessing delivery of SDM against NICE guidelines, UHS performs well, especially in targets related to Trust buy-in, governance and practices of pilot areas. This year the Trust has implemented training through key platforms and expanded patient involvement in the project. As a leading site nationally for SDM principles, UHS have worked with NHS England on creating materials for others to learn from.

## **Priority Seven: Working with our local community to expose and address health inequalities**

During the year the Trust refocused its efforts on making sure that its involvement and participation activities support the health inequalities agenda, while also working to deliver responsive information and advice to patients, carers, and families.

## **Priority Eight: Ensure patients are involved, supported, and appropriately communicated with on discharge**

During the year the Trust has focused on improved patient, carer and family involvement, and improved communication during the discharge process as well as prompting a more collaborative working between social and health care staff. Strong partnership working with external agencies has been developed to support a system approach to hospital discharge, develop digital solutions, develop the patient hub to support discharge and delivered education to UHS staff.

More information can be found about how the Trust delivered and measured its quality priorities, including feedback from patients and staff and improvement aims and quality priorities for 2023/24, in the Trust's Quality Account for 2022/23.

### Financial performance

The Trust delivered a deficit of £11 million from a revenue position of over £1.2 billion, once items deemed as “below the line” by NHS England, such as the financial position of the Southampton Hospitals Charity, were removed.

The Trust was unable to deliver the planned breakeven position. Several material cost pressures were incurred, including unfunded high-cost drugs costs and energy prices. These were unable to be off set in full by a savings programme, despite delivery of £45.6m of efficiencies (2021/22: £15m).

Trust operating income rose by £64m from the previous financial year, most notably funding the NHS pay award, as well as additional elective recovery funding. Income reduced from the prior year in relation to ending a nationally funded project regarding testing for COVID-19. The Trust has however been successful in increasing funding for research and development. Trust operating expenditure rose by £78m, incorporating funded inflationary costs as well as the cost pressures outlined above.

The Trust has also continued its reinvestment of surplus cash into infrastructure for the Trust, with capital investment of over £88m, including investment in new wards, theatres, diagnostics equipment, digital infrastructure and backlog maintenance. Liquidity also remains strong with Trust cash and cash equivalents of £103m. This has decreased by £45m from the previous year due to the operating loss and capital investment outlined above.

### Sustainability

The Trust recognises that everyone has a part to play in responding to the climate crisis. In March 2022, the Trust agreed its own green plan in response to the challenge of the NHS becoming the world’s first health service to reach carbon net zero. The plan identifies the Trust’s key areas of focus and its ambitions for the next three years.

The plan sets out the scale of the challenge, the Trust’s commitment to reducing the impact on the environment and the steps to be taken across the following categories:

- Estates and facilities
- Clinical and medicines
- Digital transformation
- Supply chain and procurement
- Travel and transport
- Waste and resources
- Food and nutrition
- Adaptation
- Biodiversity
- Wider sustainability

The Trust continues to progress through its green plan and has completed the ‘Greener NHS’ reporting tool for several quarters, which demonstrated good progress. In addition, the Trust is planning to launch its ‘Our Sustainable UHS’ app for staff, which will give tips on sustainability and create personalised travel plans, including identifying potential contacts for car sharing. In addition, the Trust is considering proposals to implement additional solar power, smart metering and expanding the use of LED lighting.

During the year the Trust successfully bid for £29.4m of funding through the Public Sector De-Carbonisation Fund, which will be used to fund green initiatives as part of the Trust’s capital programme

### Social, community, anti-bribery and human rights issues

The Trust recognises its responsibilities under the European Convention on Human Rights (included in the Human Rights Act 1998 in the UK). These rights include:

- right to life
- right not to be subjected to inhuman or degrading treatment or punishment
- right to liberty and freedom
- right to respect for privacy and family life.

These are reflected in the duty, set out in the NHS Constitution, to each and every individual that the NHS serves, to respect their human rights and the individual's right to be treated with dignity and respect.

The Trust is committed to ensuring it fully takes into account all aspects of human rights in our work. An equality impact assessment is completed for each Trust policy. For patients, the Trust's safeguarding policies protect and support the right to live in safety, free from abuse and neglect and other policies and standards are designed to optimise privacy and dignity in all aspects of patient care. Feedback from patients and the review of complaints, concerns, claims, incidents and audit help to monitor how the Trust is achieving these objectives.

The Trust's green plan, approved by the board of directors in March 2022, recognises the Trust's broader role and responsibility to address the issues of climate change, air pollution, waste and environmental decline present to the city of Southampton and the impact that these issues have on the health and wellbeing of the local population we serve. Although the Modern Slavery Act 2015 does not apply to the Trust, its green plan sets out an ambition to stop modern slavery.

The Trust is also committed to maintaining an honest and open culture within the Trust; ensuring all concerns involving potential fraud, bribery and corruption are identified and rigorously investigated. The Trust has a Fraud, Bribery and Corruption Policy, a Standards of Business Conduct Policy and a Raising Concerns (Whistleblowing) Policy. These apply to all staff and to individuals and organisations who act on behalf of UHS. Anti-bribery is part of the Trust's work to counter fraud. This work is overseen by the Audit and Risk Committee, which receives regular reports from the local counter fraud specialist on the effectiveness of these policies through its monitoring and reviews, providing recommendations for improvement, as well as an annual report from the freedom to speak up guardian. You can read more about the work of the Audit and Risk Committee and the Trust's approach to counter fraud in the Accountability Report.

### Events since the end of the financial year

There have been no important events since the end of the financial year affecting the Trust.

### Overseas operations

The Trust does not have any overseas operations.

### Equality in service delivery

During 2022/23 the Trust refocused its efforts on ensuring that our involvement and participation activities support its health inequalities agenda, whilst also working to deliver responsive information and advice to patients, carers, and families.

The Trust has also helped set up various patient groups around subjects including vaginal mesh service, head and neck cancer, cystic fibrosis and paediatric diabetes with the aim of reducing health inequalities. In response to winter pressures and the cost-of-living crisis, the Trust launched a 'UHS in the Community' programme, which consisted of health information and advice sessions delivered at various libraries around Southampton, identified as 'warm spaces' that provide a warm and safe environment. These sessions were provided mainly in the areas where the index of multiple deprivation (IMD) is quite high, covering information on mental health services, 'choose the right service', tobacco dependency, My Medical Record, and other UHS support. These sessions received overwhelmingly positive feedback from the public who attended.

In 2022/23 the Trust also launched an information programme for the new refugee population in Southampton through English language groups and community centres, providing information about the opportunities for them to participate in the hospital quality and patient safety partners programme, thereby contributing towards improving quality and increasing the diversity and inclusion of the service. The sessions were also planned to achieve the aims of mitigating digital exclusion through supporting the target population in signing up for hospital apps like MyMedicalRecord and scanning QR codes.

The team has also developed a patient survey with the aim of tackling inequalities in healthcare access, experience, and outcomes. The survey is comprised of a mix of quantitative questions, and open text boxes. Quotes and data from the survey, which is now promoted among people from different ethnic minority backgrounds, sexual orientation, geographical areas of deprivation and those living with learning and physical disability, will be analysed and reported so that the results contribute to the knowledge of intrinsic link between healthcare inequalities and social determinants of health. This will further support the design of projects to tackle those health inequalities faced by marginalised communities, which has been emphasised as a core ambition for 2022/23.

Hospital passport and carer support have been key themes this year. Following the successful completion of the D2A (discharge to assess) carers project, the report suggested:

- four key areas to develop and review;
- development of a staff training package to cover carer involvement and reasonable adjustments;
- development of digital hospital passport which can be used across the whole Trust, plus carer involvement and patient involvement.

The Trust's carers team have also supported the discharge team with a review of the carer discharge pathway and the development of admission and discharge packs is progressing.

The Trust's Youth Ambassadors Group (YAG) have completed several projects to improve patient experience, for example, taking part in the 15 steps programme, Easter activities for inpatients, and creation of a song about health. The YAG is also supporting the Experience of Care team to develop interactive health information sessions in local secondary schools. This followed a YAG activity session held in Summer 2022, with the training sessions launching in Spring 2023.

Inequalities in diabetes are widespread and are exacerbated by differences in lifestyle. Inequalities in access to care and in outcomes for people with diabetes have been recognised for decades. In 2022/23 the Patient Support Hub launched its UHS 'Living Well' initiative, a non-clinical specialist support service for people living with diabetes. The service has been designed to utilise trained volunteers to follow up and support patients with a diabetes diagnosis referred in initially by the UHS diabetes team but now also receiving referrals from primary care. The Hub supports patients in improving and self-managing their condition and living well.

Patients are offered 12 weeks of holistic support, with one session per week. Since its launch in late 2022, the service has supported 66 patients through 12 weeks and is currently recruiting more volunteers to expand its numbers, further developed thanks to the support and involvement of our UHS Diabetes team. The programme explores health information as well as ways to promote physical and mental health and encourages patients to self-manage their condition and their wellbeing. Integrating this service within the Patient Support Hub has allowed the team to both deliver the programme but also facilitate onwards referrals for support from other community and voluntary services. The team attend ward rounds and speak with inpatients, alongside the clinical team, in order to highlight and engage with those who would benefit from the service.

Various analysis of waiting list data nationally shows a clear relationship with deprivation, which sees those living in the most deprived areas nearly twice as likely to wait more than a year for treatment compared to those living in the least deprived areas. A lack of digital skills and access can have a huge negative impact on a person's life, leading to poorer health outcomes. The Patient Support Hub is actively supporting patients on the waiting lists who would otherwise be digitally excluded from giving feedback on their wishes to remain, postpone or cancel their procedure.

In 2021/22 it was identified that there was a decrease in the number of patients who required reasonable adjustments, reporting that their needs were being met. Feedback did not suggest any general theme or trend. A working group is being established to identify any gaps in the measures introduced and to plan for more "reasonable adjustments" to ensure that people with disabilities, including those with learning disabilities, will not be "substantially disadvantaged" in accessing care.

Effective engagement with people living with deprivation and protected characteristics has been the Trust's focus over the past 12 months, with the need to get out and talk to different communities the key driver of the Trust's health inequalities work. The Experience of Care Team has engaged with communities across primary and community services, attended Southampton Mela, an annual multicultural event, and Southampton Pride, to engage with and get feedback from a range of voices. Carers events have been held in the community and in the hospital, whilst the University of Southampton, a key partner, led a 'transformation action' workshop with 30 members of the local community to discuss how best to support vulnerable adults.

A key achievement in the year was securing funding for, and appointing to, several important roles for taking this work forward. A head of health inequalities was appointed with the remit of scrutinising existing data and information and charting a way forward to improve how data is captured and gain insight into where inequalities are encountered. The Trust has also appointed a carers lead and, via charitable funding, has been able to appoint a Gypsy, Roma, and Travellers community health liaison post. This latter post will focus on working with these communities to understand the barriers and challenges they have in accessing services and working across the Trust to make services more inclusive.

## Going concern

After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.



**David French**  
**Chief Executive Officer**  
26 June 2023



# ACCOUNTABILITY REPORT



# Accountability report

## Directors' report

### The Board

**The Board is usually made up of six executive directors and seven non-executive directors, including the chair. In addition, the Trust appointed one associate (non-voting) non-executive director in January 2022 and a second between January 2023 and March 2023.**

Following the resignation of the previous chair on 31 March 2022, Jane Bailey served as interim chair between 1 April 2022 and 5 July 2022 and, as a result, the total number of non-executive directors on the Board reduced by one during this period.

Jenni Douglas-Todd was appointed as chair on 6 July 2022 following a process agreed with the Council of Governors in February 2022. More information in respect of the selection process can be found in the Remuneration Report. Jenni had previously served as a non-executive director, deputy chair and senior independent director at the Trust prior to taking up the role of director of quality and inclusion with NHS England in 2020. Details of Jenni's experience can be found within this Accountability Report. In accordance with paragraph A.3.1 of the NHS Foundation Trust Code of Governance, Jenni was considered to be independent on appointment.

On 1 January 2023, Professor Diana Eccles was appointed as a non-executive director, having been nominated by the University of Southampton to serve as the director with responsibility of acting as university liaison. Diana replaced Cyrus Cooper, who stood down as a director having served on the board since 2018. Cyrus agreed to continue to serve as an associate (non-voting) non-executive director between 1 January 2023 and 31 March 2023. Although Diana was nominated by the University of Southampton, she is nonetheless considered to be independent in terms of her acts and judgement when carrying out the role of a non-executive director. In addition, the University of Southampton is one of the Trust's closest partners. In the event that any conflict arose between her interests as Dean of Medicine at the University of Southampton and those of the Trust, this would be managed appropriately such as by means of recusing herself from the discussion/decision.

Paragraph B.1.2 of the NHS Foundation Trust Code of Governance provides that at least half the board of directors, excluding the chair, should comprise non-executive directors determined by the board to be independent. Whilst there are only six independent (voting) non-executive directors, the Trust also appointed an associate non-executive director, Femi Macaulay, in January 2022, who, together with Cyrus Cooper between January and March 2023, helped ensure a strong independent voice on the board through the Trust's non-executive directors.

The Trust's constitution requires that a quorum for meetings of the Board requires at least one non-executive director and one executive director to be present and for the Chair to have a second and casting vote in the case of an equal vote.

The Board has given careful consideration to the range of skills and experience it requires to run the Trust. Together the members of the Board bring a wide range of skills and experience to the Trust, such that the Board achieves balance and completeness at the highest level.

The non-executive directors (including the associate non-executive director(s)) have been determined to be independent in both character and judgement in accordance with paragraph B.1.1 of the NHS Foundation



# ACCOUNTABILITY REPORT

Trust Code of Governance. The Chair, executive directors and non-executive directors have declared any business interests that they have, and each director has declared their interests at public meetings of the Board. The register of interests is available on the Trust's website.

In accordance with paragraph A.4.1 of the NHS Foundation Trust Code of Governance, one of the non-executive directors, Jane Harwood, was appointed as senior independent director on 1 January 2023 in consultation with the Council of Governors and following a selection process led by the Chair. Jane Bailey had previously held this role prior to acting as interim chair. The role remained vacant between July and December 2022.

In addition, Keith Evans was appointed as deputy chair on 20 October 2022.

The current members of the Board are:

Non-executive directors	
<b>Jenni Douglas-Todd</b> Chair	<p>Jenni joined University Hospital Southampton in July 2022 as Chair.</p> <p>A former chief executive of Hampshire Police Authority and the office of the Hampshire Police and Crime Commissioner, Jenni began her career in the probation service.</p> <p>Other roles include being a civil servant at the Home Office, where she spent four years before becoming director of policy and research for the Independent Police Complaints Commission.</p> <p>She then spent two and a half years as a resident twinning adviser for the UK, based in Turkey to help set-up a law enforcement complaints system before taking up the role of chief executive of the county's police authority in 2009.</p> <p>In 2012, she became chief executive and monitoring officer for the Hampshire Police and Crime Commissioner. She took on the role of investigating committee chair for the General Dental Council in 2014 and, in April that year, founded the Diversa Consultancy, which supports organisations with changes in business, culture and behaviour.</p> <p>She is also a member of the Judicial Conduct Investigating Office, a public appointment. Jenni holds a non-executive portfolio, which includes Hampshire Cricket Board and Hampshire Sports &amp; Leisure Holdings. Jenni became Chair of the of the Dorset Integrated Care System (ICS) in February 2020. Jenni previously held the role of non-executive director, deputy chair and senior independent director at UHS before taking up her post as the director of equality and inclusion with NHS England in 2020.</p>
<b>Trust roles:</b> <ul style="list-style-type: none"><li>• Chair of the Board and of the Council of Governors</li><li>• Chair of the Remuneration and Appointments Committee</li><li>• Chair of the Governors' Nomination Committee</li></ul>	

## Non-executive directors

### Jane Bailey Non-executive director

In 1985, Jane joined the pharmaceutical company Glaxo as a management trainee, having graduated from London University with a degree in environmental science and pharmacology. Here she rose to senior commercial vice-president, gaining experience of a broad range of disease areas across different regions of the world. She specialised in leading global research and development teams in the formation of strategies to bring new medicines to patients. She also worked to ensure that the medicines developed were supported by robust evidence demonstrating their clinical and cost-effectiveness. In delivering this she gained extensive experience of leading large diverse teams across a complex global organisation.

For five years, Jane ran her own strategy development consultancy, working across a breadth of healthcare organisations. In 2017 Jane gained an MSc in public health, with distinction, at King's College, London University. Her studies focused on how to ensure the public are engaged in development of healthcare services and how social theories can help inform effective disease prevention and management.

Jane is a director of Wessex NHS Procurement Limited, a joint venture between the Trust and Hampshire Hospitals NHS Foundation Trust and a director/trustee of Home-Start I.O.W.

#### Trust roles:

- Chair of Finance and Investment Committee
- Member of Audit and Risk Committee
- Member of Remuneration and Appointments Committee
- Lead non-executive director – Always Improving

## Non-executive directors

### Dave Bennett Non-executive director

Dave graduated in chemistry from the University of Southampton before entering management consulting, becoming a partner in Accenture's strategy practice. In 2003 he joined Exel Logistics (later acquired by DHL), managing the company's healthcare business across Europe and the Middle East. During this time, he established NHS Supply Chain, a UK organisation responsible for procuring and delivering medical consumables for the NHS in England, as well as sourcing capital equipment.

Dave joined the board of Cable & Wireless as sales director in 2008. He later set up his own strategy consulting practice serving the healthcare sector, completing numerous projects in the UK and the US. Dave has also served as a non-executive director at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust between 2009 and 2016, where he chaired the Trust's quality committee. Dave is a non-executive director at the Faculty of Leadership and Medical Management and a director of FMLM Applied Ltd. He is chair of Royal College of General Practitioners (RCGP) Enterprises Ltd and RCGP Conferences Ltd. He is a director/trustee of YMCA Fairthorne Group.

#### Trust roles:

- Chair of Charitable Funds Committee
- Member of Audit and Risk Committee
- Member of Finance and Investment Committee
- Member of Quality Committee
- Member of Remuneration and Appointment Committee
- Chair of Trust's organ donation committee
- Lead non-executive director – Security Management and Health and Safety

## Non-executive directors

### **Diana Eccles** Non-executive director

Diana Eccles is Dean of the Faculty of Medicine, University of Southampton. She graduated in Medicine from Manchester University in 1983, her clinical training is in general medicine, oncology and clinical genetics and she has worked and trained in Manchester, Edinburgh and Southampton. Her research background is in molecular genetics and genetic epidemiology, her doctoral thesis investigated the molecular genetics of ovarian cancer working in the MRC Human Genetics Unit in Edinburgh, she was awarded her MD in 1992.

During her first NHS consultant post appointed in 1995 to the Wessex Regional Genetics Service (University Hospital Southampton), she set up one of the first NHS funded Cancer Genetics Services in the UK. In 2000, she established a national prospective cohort study of young onset breast cancer to establish the genetic causes and consequences of breast cancer in the under 40 UK population (POSH). She was appointed to the Chair of Cancer Genetics at the University of Southampton in 2004, has been Director of the Southampton Clinical Trials Unit (2009-2015) and Head of School of Cancer Sciences 2015-2018 before being appointed Dean of the Faculty in 2018.

The Faculty of Medicine is the second largest of the five faculties in the University of Southampton, she oversees the research, education and knowledge exchange and enterprise activities within the faculty, much of the activity is in close collaboration with University Hospital Southampton and she continues to work as a Consultant in the Wessex Regional Genetics Service. Her research interests continue to be patient focused and she co-leads a Cancer Research UK funded programme of research (CanVigCanVar) to improve the interpretation and clinical translation of genetic variants in cancer genes across the UK, linking with similar work in international consortia. She has published over 330 papers in peer reviewed journals and written 14 book chapters. She contributes regularly to national and international grant review and scientific advisory boards.

#### Trust roles:

- Member of Remuneration and Appointment Committee
- Member of Quality Committee
- University liaison lead
- Lead non-executive director – Freedom to Speak Up

## Non-executive directors

### **Keith Evans** Deputy chair and non- executive director

Keith graduated in economics from Cambridge. In 1975 he joined one of the forerunner firms which now comprise PwC, qualifying as a chartered accountant in 1978.

At PwC he undertook a number of roles in audit, consultancy and corporate finance. He was a partner for over 25 years including being the senior partner for many years at the firm's Southampton office.

Since retirement Keith has taken on several non-executive and director roles. He is a director of Evans 7 Limited, a director of Markpro Limited, the deputy chair and non-executive director of Trakm8 plc, a director of Caswell Bay Court Management Company Limited and Caswell Bay Court Company Limited and a director of Balliol College Developments Limited. He has also been the expert witness on several major fraud cases.

#### Trust roles:

- Deputy Chair of the Board
- Chair of Audit and Risk Committee
- Member of Finance and Investment Committee
- Member of People and Organisational Development Committee
- Member of Remuneration and Appointment Committee
- Lead non-executive director – Digital

# ACCOUNTABILITY REPORT

## Non-executive directors

**Jane Harwood**  
Senior independent director and non-executive director

Jane is a University of Southampton graduate, having completed her BSc in Biology before moving to London to complete her MSc in Applied Hydrobiology. Having completed two years of her PhD she moved out of academia to start working as an internal consultant for the Metropolitan Police (MPS).

Her career has spanned over 30 years working in senior strategic, corporate and business planning roles for the MPS, Surrey Police and Centrex (the organisation responsible for police training). After a short spell at the Museums, Libraries and Archives Council she moved to the Metropolitan Police Authority, leading the change programme to establish the Mayor's Office for Policing and Crime and completing her MBA.

Jane then set up her own consultancy business and worked for a number of public and private sector organisations before returning to Surrey Police as part of the chief officer team responsible for HR, finance and IT. As the collaboration programme across Surrey and Sussex police accelerated she took on the lead for People Services across the two forces and was an active member of the Police CIPD forum. She spent the last two years before retirement leading an IT and change programme across Surrey, Sussex and Thames Valley Police.

Jane is vice-chair of the national charity Missing People and is also a trustee for the Wooden Spoon charity. Jane still operates as an independent consultant and led the resident welfare and vulnerability response within the Surrey Local Resilience Forum COVID-19 response. She is a director of Jane Harwood Consulting Ltd.

**Trust roles:**

- Senior independent director
- Chair of People and Organisational Development committee
- Member of Charitable Funds Committee
- Member of Quality Committee
- Member of Remuneration and Appointment Committee
- Wellbeing Guardian
- Designated Board Member - Maintaining High Professional Standards in the NHS

## Non-executive directors

**Tim Peachey**  
Non-executive director

Tim qualified as a doctor from King's College Hospital School of Medicine in 1983. For nearly 20 years, he worked as a consultant anaesthetist at the Royal Free Hospital in London, specialising in pancreatic cancer surgery, liver surgery and liver transplantation. He also developed an interest in medical leadership and management and has held positions such as clinical director, divisional director and medical director at the Royal Free.

In 2012, Tim moved into full-time management as chief executive of Barnet and Chase Farm Hospitals NHS Trust until its acquisition by the Royal Free London NHS Foundation Trust. He then worked as the London associate medical director at the NHS Trust Development Authority before moving to Barts Health NHS Trust as improvement director and subsequently became deputy chief executive.

In addition to his role at University Hospital Southampton, Tim is also a non-executive director and deputy chair for the Isle of Wight NHS Trust. He is a practising mediator specialising in the healthcare sector. He also consults for companies in the medical information technology industry. Tim is a director of TP-Medcon Ltd.

**Trust roles:**

- Chair of Quality Committee
- Member of Audit and Risk Committee
- Maternity Safety Champion

## Non-executive directors

**Femi Macaulay**  
Associate  
non-executive  
director

Femi is a marketing and management professional and former Executive Director at JP Morgan Private Bank in London and New York.

He graduated from University of Oxford with a Master of Philosophy (MPhil) in Management Studies, and Bachelor of Arts (BA) first class honours degree in Economics from De Montfort University before entering management consultancy.

Femi has over 25 years' experience at senior levels in a number of top global companies in London, Zurich, Chicago, and New York. He was formerly Chief Marketing Officer of GE Capital in Switzerland, and head of Marketing Operations at Zurich Insurance Company, responsible for leading global marketing and client experience initiatives. Prior to Zurich Insurance, he held various executive roles at HSBC, the last of which was as Director of Brand Development. He started his career with Price Waterhouse in London in 1985.

In addition, Femi is a trustee and co-founder of Stuckton Adventure Centre, a charitable incorporated organisation based in the New Forest that helps young people reach their potential using practical outdoor experiential learning and adventure.

As an associate non-executive director Femi attends all meetings of the board of directors in a non-voting capacity.

**Trust roles:**

- Audit and Risk Committee attendee
- People and organisational Development Committee attendee
- Charitable Funds Committee attendee
- Remuneration and Appointment Committee attendee

## Executive directors

**David French**  
Chief executive  
officer

David joined the Trust in February 2016 as chief financial officer and also became deputy chief executive in 2019. He served as interim chief executive from April to September 2018 and took up that role again in November 2020 before taking on the role substantively in April 2021.

He read economics and social policy at the University of London before joining ICI plc, where he qualified as a chartered management accountant. David has extensive healthcare experience from the pharmaceutical industry, mostly Eli Lilly and Company where he held many commercial and financial roles in the UK and overseas.

He joined the NHS in 2010 as chief financial officer of Hampshire Hospitals NHS Foundation Trust. David is currently a director of UHS Estates Limited, a subsidiary of the Trust and a director of Southampton Commercial Estates Development Partnership (CEDP) Project Company Limited, a wholly-owned subsidiary of Southampton CEDP LLP, a joint venture between the Trust and Partnering Solutions (Southampton) Limited.

# ACCOUNTABILITY REPORT

Executive directors	
<p><b>Gail Byrne</b> Chief nursing officer</p>	<p>Gail joined the Trust in 2010 as deputy director of nursing and head of patient safety. Prior to this, she had worked at the Strategic Health Authority as head of patient safety and director of clinical services at Portsmouth Hospital.</p> <p>Gail has also worked in Brisbane, Australia as a hospital Macmillan nurse, and as general manager of a special purpose vehicle company for the private finance initiative at South Manchester Hospitals.</p> <p>Gail is Chair of the Directors of Nursing Group of the University Hospital Association, Chair of the Wessex Patient Safety Collaborative and a Member of the Policy Board at NHS Employers.</p>
<p><b>Paul Grundy</b> Chief medical officer</p>	<p>Paul graduated from the University of Southampton medical school in 1992. After house officer posts in Southampton General and then Royal Bournemouth Hospitals, he worked as anatomy demonstrator at University of Southampton and as senior house officer (SHO) in neurosurgery at Wessex Neurological Centre.</p> <p>Having completed an SHO surgical rotation in Oxford then neurosurgical training and a research degree in Bristol, he spent a year on fellowship in Melbourne before returning to Southampton as a consultant neurosurgeon with a specialist interest in neuro-oncology in 2005. He led a transformation in neurosurgery at the Trust that resulted in the department's innovative pathways and outcomes being acknowledged in the national GIRFT reports. He introduced day-case neurosurgery for brain tumours to the UK and developed new biopsy techniques and popularised awake surgery.</p> <p>Paul became care group clinical lead in neurosciences in 2011, then division D clinical director in 2014, deputy medical director in 2019 and at the start of the COVID-19 pandemic became acting medical director. He was appointed as chief medical officer in May 2021. He has simultaneously held a number of national roles with NHS England and specialist bodies, including clinical reference group (CRG) chair for brain tumours and stereotactic radiosurgery, vice-chair of adult neurosciences CRG, national lead of neurosurgical service transformation program, Honorary Secretary of Society of British Neurological Surgeons and president of British Neuro-Oncology Society.</p> <p>Paul is a director of UHS Pharmacy Limited, a subsidiary of the Trust. He is also a director of Brain Tumour Surgery Ltd and a trustee of Smile4Wessex (The Wessex Neurological Centre Trust).</p>
<p><b>Steve Harris</b> Chief people officer</p>	<p>Steve has worked at UHS since 2008 and has held a variety of roles within HR during this time, starting as a divisional HR business partner and progressing to lead the department as HR director in 2017. He was appointed chief people officer in 2020.</p> <p>After graduating in business management from Solent University in 2001, he went on to gain a professional qualification in people management and development and is a chartered member of the Institute of Personnel and Development (CIPD).</p> <p>He joined the NHS in 2003 from the financial services industry following completion of a graduate management training scheme. His first NHS role was working for the Hampshire and Isle of Wight strategic health authority supporting the implementation of large system-wide workforce projects.</p> <p>Prior to joining the Trust, Steve worked in HR for the Isle of Wight NHS Trust and in Hampshire Hospitals NHS Foundation Trust.</p>

Executive directors	
<p><b>Ian Howard</b> Chief financial officer</p>	<p>Ian was appointed as chief financial officer in March 2022, having held the role of interim chief financial officer since November 2020. He joined the Trust in March 2017 serving as deputy director of finance since July 2018.</p> <p>He read accounting and business studies at the University of Portsmouth before joining the NHS in 2007 on the national graduate management training scheme, where he qualified as a chartered management accountant in 2010.</p> <p>He has worked across a variety of roles within the NHS, including primary care trusts and clinical commissioning groups. Prior to joining the Trust in 2017, he worked for NHS England in the Wessex regional office, where he provided financial leadership and support to the Hampshire and Isle of Wight sustainability and transformation partnership.</p> <p>Ian is a director of Wessex NHS Procurement Limited, a joint venture between the Trust and Hampshire Hospitals NHS Foundation Trust.</p>
<p><b>Joe Teape</b> Chief operating officer</p>	<p>Joe joined the Trust as chief operating officer in December 2019. Previously he was deputy chief executive and director of operations of a large health board in Wales, which managed integrated services across three counties including four district general hospitals as well as mental health, learning disability and community services.</p> <p>Prior to this, Joe worked in director roles across finance and strategy within provider acute trusts across the south-west of England</p>

## The role of the Board

The general duty of the Board and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public. The Board is responsible for setting and for delivery of the Trust's objectives and wider strategy as well as monitoring the performance of the Trust. Its role also includes managing the risks associated with delivery of the objectives and priorities that have been set in the context of the overall risk management framework for the Trust. Much of the day-to-day work is done by the executive directors, who work closely with the medical, nursing and operational leads of each of the Trust's divisions and care groups and other leaders throughout the organisation.

The Board clearly sets out its financial, quality and operating objectives for the Trust in the Trust's corporate objectives and quality priorities. The Board's business cycle ensures adequate systems and processes are in place to measure and monitor the Trust's performance and effectiveness, efficiency, economy and quality of healthcare delivery. Relevant metrics have been developed to assess progress and delivery of performance, which are regularly reviewed by the Board. The Board has maintained continuous oversight of the effectiveness of the Trust's risk management and internal control systems.

The Board engages with the Council of Governors principally through the Chair and senior independent director. Prior to meetings of the Council of Governors, there is typically a meeting between the governors and the non-executive directors where the governors and non-executive directors discuss matters such as the Trust's operational performance, collaboration with ICS partners and the Trust's strategy. In addition, non-executive and executive directors attend meetings of the Council of Governors and the working groups of the Council of Governors where these are related to their individual portfolios.



There is also an open invitation to all governors to attend meetings of committees of the Board, excluding meetings of the Remuneration and Appointment Committee and the Charitable Funds Committee. The Board also works closely with the Council of Governors to ensure that the interests of patients and the local community are represented.

The Board has six standing committees: Audit and Risk Committee, Charitable Funds Committee, Finance and Investment Committee, People and Organisational Development Committee, Quality Committee and Remuneration and Appointment Committee. The members of each committee are also members of the Board. There is a majority of non-executive directors on each committee and a non-executive director acts as chair, with the exception of the Remuneration and Appointment Committee, which is chaired by the Trust Chair.

The schedule of decisions reserved to the Board and the scheme of delegation records the business to be conducted by the Board or delegated to its committees or individual directors.

## Board evaluation

The performance of the non-executive directors and the Chair was evaluated during the year in line with the Trust's appraisal process. The Chair led the process of evaluation of the non-executive directors and the senior independent director undertook the evaluation of the performance of the Chair.

The governors agree the evaluation processes for appraising the Chair and non-executive directors through the Governors' Nomination Committee and the Council of Governors. The outcome of both processes is shared with the Council of Governors. The appraisal process incorporated the views of the directors and the governors. A separate meeting of the non-executive directors was held as part of the appraisal process led by the Senior Independent Director to consider the feedback prior to the Chair's appraisal. The Senior Independent Director also met with the governors as part of this process.

The Chief Executive Officer undertook performance appraisals of the executive directors and the Chief Executive Officer's performance was appraised by the Chair. The Chief Executive Officer reviews the training and development needs of individual executive directors as part of the appraisal process rather than the Chair as specified in paragraph B.4.2 of the NHS Foundation Trust Code of Governance.

The Chair leads the collective training and development of the Board through a board development programme. The Board holds additional meetings each year as Trust Board Study Sessions to focus on board development. Topics covered during the year included cyber security, divisional updates, research and development strategy and an update from the ICB. These meetings are not formal meetings of the Board and are not included in the table setting out directors' attendance at Board meetings below.

In addition, the Board reviewed its own performance through development sessions in 2022/23. This involved attendance by a third-party observer at a board meeting in March 2023 and interviews of directors and key stakeholders, following which there will be an externally facilitated board development session in July 2023. Each of the committees of the Board has evaluated its own performance through a process of self-assessment, surveying both members and regular attendees of the committee meetings.



## Board meetings

The Board typically meets every month (except August) and at other times as necessary. Every other month part of the meeting is open to the public. During the first half of 2022/23 meetings were held virtually in line with national guidance on social distancing and in compliance with the Trust's own infection control measures. Meetings are currently held in person, with an option to attend virtually.

Against each name in the table below is shown the number of meetings at which the director was present and in brackets the number of meetings that the director was eligible to attend. The number of meetings includes both scheduled and extraordinary meetings. The discussions and decisions relating to all items on the agenda of the Board meetings are recorded in the minutes of the meeting.

Name	Meetings attended
<b>Jenni Douglas-Todd</b> Chair (from 6 July 2022)	9 (9)
<b>Jane Bailey</b> Interim Chair (from 1 April to 5 July 2022) Non-executive director (from 6 July 2022)	14 (14)
<b>Dave Bennett</b> Non-executive director	11 (14)
<b>Gail Byrne</b> Chief nursing officer	13 (14)
<b>Cyrus Cooper</b> Non-executive director	5 (14)
<b>Diana Eccles</b> Non-executive director (from 1 January 2023)	1 (3)
<b>Keith Evans</b> Non-executive director Deputy Chair (from 20 October 2022)	11 (14)
<b>David French</b> Chief executive officer	14 (14)
<b>Paul Grundy</b> Chief medical officer	13 (14)
<b>Steve Harris</b> Chief people officer	14 (14)
<b>Jane Harwood</b> Non-executive director Senior independent director (from 1 January 2023)	14 (14)
<b>Ian Howard</b> Chief financial officer	14 (14)
<b>Femi Macaulay</b> Associate non-executive director	14 (14)
<b>Tim Peachey</b> Non-executive director	13 (14)
<b>Joe Teape</b> Chief operating officer	13 (14)

## Audit and risk committee

### Constitution of the committee and relationship with the board of directors

The Audit and Risk Committee is a committee of the Trust Board responsible for overseeing, monitoring and reviewing:

- corporate reporting
- the adequacy and effectiveness of the governance, risk management and internal control framework and systems
- areas of legal and regulatory compliance at the Trust; and
- the external and internal audit functions.

The Committee provides the board of directors of the Trust with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Trust's activities, both generally and in support of the annual governance statement.

The Committee Chair reports verbally to the Trust Board after each meeting of the committee and the minutes of each meeting are included in the subsequent papers for board meetings. As a consequence, and due to the extensive involvement of executive directors and non-executive directors at all of the Audit and Risk Committee meetings, the board of directors has not requested a written annual report from the Committee. Discussions at the board of directors and its committees have identified topics for further scrutiny by the Committee.

### Composition and meetings

Four non-executive directors and an associate non-executive director are members of the Committee, all of whom are independent. The Committee is chaired by Keith Evans. Further information about the chair is available within this Accountability Report.

Executive directors attend meetings of the Committee at the request of the Committee chair. The Chief Financial Officer and Chief Nursing Officer regularly attend meetings. Other executive directors and management staff are invited to attend meetings to present on specific areas of risk or operation that are within their area of responsibility. Representatives from the internal and external auditors attend each meeting. The Trust's local counter fraud specialist also attends the meeting to present the annual plan, quarterly updates and the annual report on counter fraud.

The Audit and Risk Committee met six times between April 2022 and March 2023, the period covered by this annual report. The table below sets out the members of the Committee during this period and the number of meetings at which the non-executive director was present and in brackets the number of meetings that the non-executive director was eligible to attend.

Member	Meetings attended
Keith Evans (Chair)	6 (6)
Jane Bailey <sup>1</sup>	2 (4)
Tim Peachey	4 (6)
Dave Bennett	6 (6)
Femi Macaulay	6 (6)

<sup>1</sup>Jane Bailey was appointed to the Audit and Risk Committee on 1 July 2021. However, during the period in which she served as interim Chair, she stepped down from the Committee. Jane re-joined the Committee on 6 July 2022.

## Significant issues considered by the committee

Major topics considered by the committee during the year included:

- review of the sustainability of the Trust's financial position and consideration of the guidance from NHS England in respect of the going concern assessment;
- review of the annual report and accounts, including an assessment of whether it is fair, balanced and understandable;
- the impact of IFRS16 and the impact on the recording of leases by the Trust;
- review of the Trust's treasury management policy and minimum cash holding limit;
- losses and special payments and in particular the controls to minimise the risk of over-payment of staff;
- the outputs and recommendations of investigations by the Trust's local counter-fraud team;
- the compliance by staff with the Trust's declarations of interests policy;
- review of the Trust's approach to risk management, including the board assurance framework, the risk management strategy and policy and operational risk management processes;
- information governance compliance, including the Trust's submission of the Data Security and Protection Toolkit and compliance with requirements in the UK General Data Protection Regulation, the Data Protection Act 2018 and Freedom of Information Act 2000;
- the application of accounting policies (such as income recognition, major and transactions, new areas of activity, finance leases and significant areas of estimation or judgement including valuation of land and buildings and receivables);
- extension of the appointment of the Trust's external auditors for a further year to bring the end of the appointment into line with that of other providers in the Integrated Care System;
- a review of the Trust's procedures and controls for whistleblowing or speaking up, which was presented by the Trust's Freedom to Speak Up Guardian.

The Committee reviews its terms of reference and its effectiveness each year. The Council of Governors was consulted on changes proposed to the Committee's terms of reference prior to their approval by the Board.

Having reviewed the content of the annual report and accounts, the Committee has advised the Board that, in its view, taken as a whole, it is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.

The report is consistent with the draft annual governance statement, head of internal audit opinion and feedback received from the external auditor.

## Internal audit

The Trust uses a third-party provider of internal audit services, KPMG LLP, which reports to the Audit and Risk Committee. The internal auditors, working with executive management at the Trust and the Audit and Risk Committee, develop an audit plan each year based on the Trust's vision, mission and strategy and an internal audit risk assessment of the Trust. This forms part of a strategic five-year plan for internal audit. Depending on changes in the risk profile of certain areas and emerging risks, all areas of the Trust should be covered during the internal audit cycle of five years.

The Audit and Risk Committee approves the final plan, ensuring that the budget is available to meet the costs of delivering the plan. Internal audit is performed in accordance with best professional practice and, in particular, the NHS Internal Audit Standards and Public Sector Internal Audit Standards.

The internal auditors were able to provide a significant level of assurance with minor improvements required, the second highest level of assurance, that there was a sound system of internal control, designed to meet the Trust's objectives and that controls were being applied consistently.

## External auditor

The Audit and Risk Committee formally reviews the work of the external auditor each year and communicates this to the Council of Governors to ensure that it is aware of the Trust's view on the performance its external auditor. In addition, the Audit and Risk Committee reviews the auditor's work plan for each year in advance. The current external auditor, Grant Thornton UK LLP, was appointed by the Council of Governors for a term of three years from 1 April 2020. This was the first time Grant Thornton UK LLP was appointed as external auditor to the Trust and the appointment was made following a tender process involving the chair of the Audit and Risk Committee and Governors of the Trust, and a recommendation from the Audit and Risk Committee to the Council of Governors. In 2023, it was agreed to extend Grant Thornton UK LLP's term by one year in order to be able to participate in a joint tendering exercise with other partners in the Integrated Care System for Hampshire and Isle of Wight during 2023/24. The Council of Governors was consulted on this decision and approved the extension of the term of the appointment.

The statutory audit fee for 2022/23 was £130,000, for Southampton Hospital Charity it was £11,500, for UHS Pharmacy Limited it was £9,780 and for UHS Estates Limited it was £35,000. All amounts are excluding VAT. These sums are not material to any of these entities. Before considering taking on such work, the external auditor assessed whether or not there was any potential conflict of interest.

## Well-led framework

The Board is responsible for all aspects of leadership within the organisation. The Board has a duty to conduct its affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that high quality, sustainable care is provided.

The Trust has established a series of management and leadership development programmes. These support the delivery of the Trust's mission and strategic objectives and an inclusive and well-led organisation that delivers safe, high quality patient care in a way that is clinically and financially sustainable. These include programmes for supervisors, team leaders, managers, clinical leaders and senior leaders. These programmes will be underpinned by the Trust's 'Always Improving' strategy which sets out the Trust's improvement approach and the resources, structures and training to deliver on this. In addition, the Trust has launched a leadership development programme targeting women and ethnic minority groups in order to increase their representation in senior roles as part of its inclusion and belonging strategy.

The Board participates in a board development programme.

Leadership capacity and capability is supported by management structures within the Trust. Divisions and care groups are structured around a triumvirate approach comprising a partnership between medical, operational and nursing or allied health professional leadership. Divisional and care group management take a collective responsibility for the delivery of services in their area and this is replicated at other leadership levels in the Trust. This forms part of the Trust's overall integrated governance structures.

In-depth, regular and externally facilitated developmental reviews of leadership and governance are good practice and should look to identify the areas of the Trust's leadership and governance that would benefit from further targeted development work to secure and sustain future performance. NHS England requires all trusts to carry out externally facilitated, developmental reviews of their leadership and governance using the well-led framework. The Trust intends to commission an externally facilitated review during 2023/24.

The Trust was inspected by the Care Quality Commission (CQC) in December 2018 to assess performance in respect of the well-led framework which is the standard measure for leadership across NHS providers.

The CQC rated the Trust's standards of leadership overall as 'good' with some areas of outstanding practice.

The CQC report, published in April 2019 included the following findings:

- The Trust had a vision to deliver excellence and value in patient care, teaching and research within a culture of compassion and integrity.
- The Trust's strategy, vision and values underpinned a culture which was patient-centred. Local managers across the service promoted a positive culture that supported and valued staff.
- Managers in the Trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The services collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The services were committed to improving services promoting training, research and innovation.
- The priorities of different health professions were considered and discussed at governance meetings. Nursing and medical priorities were aligned and professional standards were upheld and promoted by the leadership team. Clinical effectiveness, safety, patient experience, quality, performance and financial sustainability were all considered equally.

Areas of outstanding practice across the Trust included:

- The staff survey results for 2017/18 which showed Trust staff engagement had remained consistently high (3.95) compared to the NHS average (3.79). The Trust was rated second in good communication between senior managers and staff (reviewed prior to publication of 2018/19 staff survey results).
- The Trust had established an integrated medical examiner group (IMEG) to review all deaths. There was a clear inclusive process for twice daily medical examiner reviews from Monday to Friday, for which all deaths had to be presented no later than the day following the death.
- The Trust was recognised as one of 16 global digital exemplar acute trusts in England. An example of the benefit for staff and patients was through the medical patient records (My Medical Record) being accessible to patients and promoting supportive management of long-term conditions. Also, the use of electronic whiteboards was introduced to improve patient safety.
- People were also encouraged to become volunteers for the Trust and there were at least 859 volunteers in October 2018, who worked at the hospitals and were involved with a wide range of activities including hospital radio, patient support, and chaplaincy and spiritual care.

Further examples of outstanding practice were identified in urgent and emergency care, maternity services and medical care services. However, the CQC did identify some areas that the Trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. These were accepted and action plans immediately drawn up to ensure full compliance. Further information regarding these action plans can be found in the Quality Account .

## Council of Governors

There are 22 members of the Council of Governors. The Council of Governors is made up of 13 publicly elected governors, four staff-elected governors and five appointed governors. The governors serve a three-year term of office. Jenni Douglas-Todd chairs the Council of Governors.

The Council of Governors continues to play a vital part in involving the community in the work the Trust does. They represent the approximately 8,000 public members (patients, carers and local people) to give them a voice at the highest level of the organisation. The Council of Governors' principal duties are:

- to hold the non-executive directors individually and collectively to account for the performance of the Board, and
- to represent the interests of the members of the Trust as a whole and the interests of the public.

The role and responsibilities of the Council of Governors are set out in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). These have been reflected in the Trust's Constitution, schedule of decisions reserved to the Board and scheme of delegation and the terms of reference for the Council of Governors, which are reviewed annually.

The Council of Governors has established a Governors' Nominations Committee and three working groups covering the following areas: patient and staff experience, strategy and finance and membership and engagement.

In 2022/23 the Council of Governors was composed as follows:

Governor	Constituency	Number
Public elected governors	Southampton City	5
	New Forest, Eastleigh and Test Valley	5
	Isle of Wight	1
	Rest of England and Wales	2
Staff elected governors	Medical practitioners and dental staff	1
	Nursing and Midwifery staff	1
	Health professional/health scientist staff	1
	Non clinical and support staff	1
Appointed governors	Hampshire and Isle of Wight Integrated Care Board (ICB)	1
	Hampshire County Council	1
	Southampton City Council	1
	Solent University	1
	University of Southampton	1

In addition to the elected and appointed governors, there are two associate governors, one each from the Trust's Youth Ambassadors Group and Young Adult Ambassadors Group who attend all meetings of the Council of Governors.

## Changes and elections to the council of governors

During 2022/23 there were several changes to the Council of Governors:

Constituency	Change
Hampshire County Council	The appointed governor stood down as a governor in March 2023. A new governor is expected to be appointed in June 2023.
Hampshire and Isle of Wight Integrated Care Board (ICB)	On 1 July 2022, integrated care systems (ICSs) became legally established through the Health and Care Act 2022, and Clinical Commissioning Groups (CCGs) were dissolved. In July 2022, the Board and the Council of Governors approved an amendment to the Constitution to replace the appointed governor from NHS Hampshire, Southampton and Isle of Wight CCG with one appointed governor from Hampshire and Isle of Wight ICB.
Isle of Wight	The governor for this constituency reached the end of their first term of office in September 2022 and was elected for a second term.
Medical practitioners and dental staff	The governor for this constituency stood down in August 2022 on leaving their employment at the Trust. The vacancy was filled by the next highest polling candidate from the 2020 election.
New Forest, Eastleigh and Test Valley	In July 2022, the Board and the Council of Governors approved an amendment to the Constitution to increase the number of governors in this constituency from four to five. In September 2022, one governor reached the end of their first term of office and decided not to stand for re-election. Three governors were elected for their first term of office in October 2022, and one additional governor was elected for a term of one year due to filling a vacancy for a partial term of office.

## ACCOUNTABILITY REPORT

Constituency	Change
Non-clinical and support staff	The governor for this staff group reached the end of their second term of office in September 2022. The new governor was elected for their first term in October 2022.
Nursing and midwifery staff	There had been a vacancy for the governor for this staff group since January 2022 and a new governor was elected at the next scheduled elections in October 2022. That governor decided to stand down in December 2022. The Council of Governors decided to fill the vacancy in the next scheduled elections in 2023.
Rest of England and Wales	In July 2022, the Board and the Council of Governors approved an amendment to the Constitution to decrease the number of governors in this constituency from three to two. One governor reached the end of their second term of office in September 2022 and was not replaced due to the reduction in the number of governors for this constituency. One governor who had previously been a governor until September 2021 was elected for their second term to fill a vacancy for a partial term of two years.
Solent University	The appointed governor stood down in November 2022 due to leaving their post at the university. A new governor was appointed in January 2023.
Southampton City	Three governors reached the end of their first term of office in September 2022 of whom two were re-elected for a second term in October 2022. Three governors were also elected for their first term in October 2022.
Southampton City Council	Three governors reached the end of their first term of office in September 2022 of whom two were re-elected for a second term in October 2022. Three governors were also elected for their first term in October 2022.
Associate governors from the Trust's Youth Ambassadors and Young Adult Ambassadors Groups	In January 2023, the Council of Governors agreed to appoint two associate governors, one each from the Trust's Youth Ambassadors Group (16-18 age group) and the Young Adult Ambassadors Group (18-25 age group) to join the council of governors as associate members. These were to be non-voting roles and would not affect the formal composition of the Council of Governors or require any change to the Trust's Constitution.

A governor election was held in August 2022 for four public constituencies: Isle of Wight (one seat), New Forest, Eastleigh and Test Valley (four seats), Southampton City (five seats) and Rest of England and Wales (one seat) and two staff groups: non-clinical and support (one seat) and nursing and midwifery (one seat). Nine newly appointed governors took office from 1 October 2022 and four were re-elected.

The term of office for two elected public governors and two elected staff governors will end in September 2023. All four of these governors are in their first term of office. Elections for five vacancies on the Council of Governors will take place in 2023.



## Council of governors' meetings

The Council of Governors normally meets every quarter in public. However, between April 2022 and March 2023, there were six meetings, two of which were extraordinary. Each governor has declared their interests at public meetings of the Council of Governors.

The table below sets out the members of the Council of Governors during this period, including the date they were elected or appointed and their current term of office. It also records the number of meetings at which the governor was present and in brackets the number of meetings that the governor was eligible to attend.

Governor	Constituency	Elected/ Appointed	Term of office	Meeting Attendance
Theresa Airiemiokhale	Elected, Southampton City	October 2019 October 2022	3 years 3 years	1 (3) 1 (3)
Shirley Anderson (from 01/10/2022)	Elected, New Forest, Eastleigh and Test Valley	October 2022	1 year	3 (3)
Katherine Barbour	Elected, Southampton City	October 2019 October 2022	3 years 3 years	2 (3) 1 (3)
Dr Diane Bray (until 30/11/2022)	Appointed, Solent University	January 2022	11 months	
Patricia Crates (from 01/10/2022)	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	3 (3)
Dr Nigel Dickson	Elected, New Forest, Eastleigh and Test Valley	October 2020	3 years	5 (6)
Helen Eggleton (until 30/06/2022) (from 01/07/2022)	Appointed, NHS Hampshire, Southampton and Isle Of Wight Clinical Commissioning Group Hampshire and Isle of Wight ICB	April 2021  July 2022	1 year 3 months  3 years	1 (1)  5 (5)
Professor Mandy Fader	Appointed, University of Southampton	February 2021	3 years	4 (6)
Sandra Gidley (from 01/10/2022)	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	3 (3)
Lesley Gilder (from 01/10/2022)	Elected, Southampton City	October 2022	3 years	3 (3)
Linda Hebdige (from 01/10/2022)	Elected, Southampton City	October 2022	3 years	3 (3)
Harry Hellier (until 30/09/2022)	Elected, New Forest, Eastleigh and Test Valley	October 2019	3 years	2 (3)
Jenny Lawrie (from 01/10/2022)	Elected, Southampton City	October 2022	3 years	2 (3)
Kelly Lloyd	Elected, health professional and health scientist staff	October 2020	3 years	6 (6)
Wendy Marsh (from 01/10/2022 until 06/12/2022)	Elected, nursing and midwifery staff	October 2022	2 months	0 (2)

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Governor	Constituency	Elected/ Appointed	Term of office	Meeting Attendance
Councillor Alexis McEvoy (until 16/03/2023)	Appointed, Hampshire County Council	July 2021	1 year 8 months	4 (6)
Esther O'Sullivan (from 01/10/2022)	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	1 (3)
Robert Purkiss MBE, Lead Governor (until 30/09/2022)	Elected, Rest of England and Wales	October 2019	3 years	1 (3)
Forkanul Quader (until 30/09/2022)	Elected, Southampton City	October 2019	2 years, 11 months	3 (3)
Catherine Rushworth	Elected, Isle of Wight	January 2022 October 2022	9 months 3 years	2 (3) 2 (3)
Councillor Rob Stead (until 03/07/2022)	Appointed, Southampton City Council	October 2021	9 months	1 (1)
Werner Struss (until 05/08/2022)	Elected, medical practitioners and dental staff	March 2022	4 months	1 (2)
Liz Taylor (from 01/10/2022)	Elected, non-clinical and support staff	October 2022	3 years	2 (3)
Amanda Turner (until 30/09/2022)	Elected, non-clinical and support staff	October 2021	1 year	3 (3)
Quintin van Wyk	Elected, Rest of England and Wales	October 2021	3 years	5 (6)
Tim Waldron (until 30/09/2022)	Elected, Southampton City	October 2019	3 years	2 (3)
Ian Ward (from 01/10/2022)	Elected, Rest of England and Wales	October 2022	2 years	0 (3)

In 2022/23 the Council of Governors considered a number of matters including:

- Membership engagement, including approval of the membership strategy.
- Performance of the Trust.
- Proposed changes to the composition of the council of governors.
- Vacancies on the council of governors.
- Quality priorities for 2023/24.
- Annual report and accounts including the quality report for 2022/23 and the external auditor's report.
- Performance of the external auditor.
- Audit and risk committee terms of reference.
- Approval of the re-appointment of three non-executive directors.
- Approval of the appointment of a new associate non-executive director.
- Approval of the appraisal process for the Chair and non-executive directors and review of the outcomes of appraisal.
- Council of Governors' terms of reference and terms of reference for the Governors' Nomination Committee and the working groups.
- Annual business programme for 2023/24.

## Membership and public engagement

Communicating and engaging with members, which offers a variety of opportunities for members and the public to interact with the Trust and Council of Governors, remains a key priority.

Virtual events have continued, with the aim of supporting members in looking after their own and other people's health as well as getting involved in research and other participation projects. Events in the last year have focused on topics such as health research, men's health, becoming a smoke free hospital and heart health.

Over the summer of 2022, the Trust took part in several big community events in Southampton. There was a UHS stall at the Mela festival, at Southampton Pride and at the University of Southampton and Solent University fresher events. As well as promoting membership, teams from across the Trust used the stall as an opportunity to engage with the public on a number of initiatives, including recruitment, getting involved in research, the patient support hub and the prostate cancer self-referral service. The stall also provided information on where people should go if they needed to access healthcare depending on their condition.

The Trust has a strong social media presence and is one of the most engaged teaching hospital trusts in the country. The official accounts have 20,000 followers on Facebook, 21,000 on LinkedIn, 18,500 on Twitter, 4,000 on Instagram and 8,000 on YouTube. In addition, Southampton Children's Hospital accounts have 7,500 followers on Facebook, 4,000 on Twitter and 1,500 on Instagram. These channels have helped convey key messages when services have been under significant pressure, including reminders to only use the emergency department for life or limb threatening conditions while suggesting alternative services.

Priority for membership recruitment continues to be to attract young people, parents and people from a more diverse range of ethnic backgrounds to ensure membership is representative of the communities that the Trust serves.

Public constituency members	
At year start (1 April 2022)	8,209
New members	231
Members leaving	352
At year end (31 March 2022)	8,088

## Membership analysis

As at 31 March 2023 there were 8,088 members in the following public constituencies and in the following demographic groups:

Constituency	Number of members
Southampton City	2,764
New Forest, Eastleigh and Test Valley	3,184
Rest of England and Wales	1,434
Isle of Wight	682
Out of Trust area	24

Ethnicity	Number of members
White	7,153
Mixed	59
Asian/Asian Black	300
Black/Black British	113
Other	60

Age range	Number of members
16	1
17 to 21	89
22+	7,744

Gender	Number of members
Male	3,214
Female	4,750
Transgender	4
Prefer to self-describe	1

### Notes

- Constituency boundaries incorporate Southampton City unitary authority and New Forest, Eastleigh and Test Valley comprises these district councils. The Rest of England and Wales constituency incorporates any member not living in the above constituencies, but still in the rest of England or Wales. 'Out of Trust area' refers to members who do not live in England or Wales.
- The analysis section of this report excludes 254 public members with no dates of birth, 403 members with no stated ethnicity and 39 members whose gender is unspecified or who prefer not to say.

As at 31 March 2023 there were 13,452 members in the following classes of the staff constituency. Information on staff demographics can be found in the Staff Report.

Constituency	Number of members
Medical practitioners and dental staff	1,959
Nursing and midwifery staff	4,141
Health professional and health scientist staff	4,258
Non-clinical and support staff	3,094

## Engagement with the Board

The Board works closely with the Council of Governors to ensure that the interests of patients and the local community are represented. In the event of any disagreement between the Council of Governors and the Board, the Senior Independent Director would be requested to lead on resolution discussions.

## Governor contact details

For further details of the Council of Governors, including a copy of the register of interests, please contact the Council of Governors' business manager on 023 8120 1469/07425 621968. You can also email your governor at UHSgovernor@uhs.nhs.uk.

## Better Payment Practice Code

In accordance with the Better Payment Practice Code, the Trust aims to pay all valid and undisputed invoices by the later of their due date or 30 days following receipt of the invoice. The Trust's performance against this target during 2022/23 is set out below.

Governor	Number of invoices	Value of invoices
<b>Non-NHS invoices</b>		
Invoices due for payment during the year	160,789	612,753
Invoices paid within target	156,010	579,542
Proportion of invoices paid within target	97.0%	94.6%
<b>NHS invoices</b>		
Invoices due for payment during the year	5,240	164,146
Invoices paid within target	4,576	147,167
Proportion of invoices paid within target	87.3%	89.7%
<b>Total</b>		
Invoices due for payment during the year	166,029	776,899
Invoices paid within target	160,586	726,709
Proportion of invoices paid within target	96.7%	93.5%

The Trust's performance against the target for payment of invoices has improved significantly during the year as it has embedded a new system to process invoices and an action plan to improve compliance. As anticipated, the implementation of this system has led to improvement in the speed of payment of invoices and the full year effect of this is reflected this year.

Very few of the Trust's suppliers are smaller suppliers and the Trust makes every effort to expedite all payments to smaller suppliers.

The Trust has not incurred any liability to pay interest by virtue of failing to pay invoices within the target.

## Non-NHS income

Income from the provision of goods and services for NHS purposes in England was greater than the Trust's income from the provision of goods and services for any other purposes. Other operating income is used to support patient care activities at our hospitals.

## Board's responsibility for the Annual Report and Accounts

The directors are required by the National Health Service Act 2006 (as amended):

- to prepare, in respect of each financial year, annual accounts in such form as NHS England, may, with the approval of the Secretary of State, direct; and
- to comply with any directions given by NHS England with the approval of the Secretary of State as to the methods and principles according to which the accounts are prepared and the content and form to be given in the accounts.

The accounts must provide a true and fair view and comply with International Financial Reporting Standards and the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2022/23. In preparing the annual report and accounts, the directors are required to:

- select suitable accounting policies and apply them consistently;
- make judgements and estimates that are reasonable and prudent; and
- prepare the annual report and accounts on the going concern basis, unless it is inappropriate to do so.

The Board has reviewed the annual report and accounts, having taken into account all the matters considered by and brought to the attention of the Board during the financial year. The Board considers that taken as a whole the annual report and accounts are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy.

In the case of persons who are directors as at the date when this report is approved:

- so far as each of the directors is aware, there is no relevant audit information of which the Trust's auditor is unaware; and
- each of the directors has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with section 418 of the Companies Act 2006.

# Remuneration report

## Annual statement on remuneration from the chair

The most significant decision by the Remuneration and Appointments Committee during the year was in respect of the implementation of the 2022/23 pay award for Very Senior Managers (VSM) in line with NHS England guidance.

The guidance from NHS Improvement resulted in the application of a 3% uplift in salary to all VSMs. This was discussed during the October 2022 meeting of the committee, and it was agreed that it should be backdated to 1 April 2022 in line with NHS England guidance. In line with the guidance, further increases of 0.5% of total value of executive pay were made to the Chief People Officer and Chief Finance Officer. These additional consolidated payments were valued at £2,663 each.

The committee also considered plans for succession planning of executive directors, appraisals of executive directors and the Chief Executive Officer and the committee was informed of plans for remuneration of non-VSM senior employees of the Trust.

## Senior managers' remuneration policy

The table below sets out each of the components of the remuneration package for senior managers at the Trust:

<b>Basic Pay</b>	<p>Set at the point of recruitment and reviewed using the NHS England pay framework. Recruiting and retaining highly skilled and high performing senior managers is vital to the delivery of the Trust's objectives. Benchmarking of salaries includes consideration of similar large acute teaching trusts to ensure that salaries are competitive and represent value for money, including scrutiny of any salaries above £150,000 per annum.</p> <p>The performance of senior managers is reviewed annually using a Trust-wide appraisal process. The Remuneration and Appointment Committee may choose not to reflect annual pay increases recommended nationally in executive director pay where performance of an individual is unsatisfactory.</p>
<b>Clinical Excellence Awards</b>	<p>Appointments to the chief medical officer role remain on the national consultant contract, which includes national and local clinical excellence awards. This is supplemented by a management allowance approved by the Remuneration and Appointment Committee to make up the basic pay for the chief medical officer role.</p>
<b>Pension</b>	<p>All executive directors are provided the opportunity to join the NHS pension scheme in line with national terms and conditions.</p>
<b>Other</b>	<p>The Trust does not operate any level of performance-related pay for its senior managers.</p>

## Senior managers' service contracts

There are no service contract obligations that could impact on remuneration, or payments for loss of office that are not disclosed in the remuneration report.

## Policy on payments for loss of office

Non-executive directors do not receive a payment for loss of office.

Any payment for loss of office for executive directors is defined by the terms and conditions of employment for executive directors. These include:

- a contractual entitlement to be provided with a minimum of six months' notice of termination of employment;
- executive redundancy pay based on the prevailing terms set out in the national NHS terms and conditions handbook; and
- no links to performance, with the exception of a termination connected with gross misconduct, where dismissal may be without provision of notice.



## Non-executive director remuneration policy

The table below sets out each of the fees for non-executive directors at the Trust:

<b>Chair</b>	An annual fee is payable, which is set at the point of recruitment and reviewed annually by the Governors' Nomination Committee using the NHS England remuneration framework. Recruiting and retaining a highly skilled and experienced chair is vital to ensure delivery of the Trust's strategy and performance and for the effective running of the Board.
<b>Non-executive director</b>	<p>An annual fee is payable, which is set at the point of recruitment and reviewed annually by the Governors' Nomination Committee using the NHS England remuneration framework. Recruiting and retaining highly skilled and experienced non-executive directors is vital to ensure delivery of the Trust's strategy and performance.</p> <p>Under the NHS England remuneration framework, implemented in November 2019, the base fee for non-executive directors was set at £13,000 per annum. However, in 2020, the Council of Governors has agreed to pay an additional £1,000 per annum to non-executive directors as an alternative to reimbursement of travel expenses, providing an overall level of £14,000.</p>
In addition to the base fee above, non-executive directors may receive supplementary payment in connection with the roles below. Where a non-executive director holds more than one role, they may only receive one supplementary payment.	
<b>Senior independent director</b>	An annual fee of 2,000 is payable to recognise additional responsibilities associated with this role.
<b>Deputy Chair</b>	An annual fee of 2,000 is payable to recognise additional responsibilities associated with this role.
<b>Chair of audit and risk committee</b>	An annual fee of £2,000 is payable to recognise additional responsibilities associated with the role.
<b>Chair of quality committee</b>	An annual fee of £2,000 is payable to recognise additional responsibilities associated with the role.
<b>Chair of finance and investment committee</b>	An annual fee of £2,000 is payable to recognise additional responsibilities associated with the role.
<b>Chair of people and organisational development committee</b>	An annual fee of £2,000 is payable to recognise additional responsibilities associated with the role.

Under the NHS England remuneration framework implemented in November 2019, trusts in the same group as UHS may award up to three individuals a supplementary fee in connection with designated extra responsibilities (e.g. committee chairs, senior independent directors etc.). However, in view of the size and complexity of the Trust and the importance not only of the roles, but also of attracting and retaining high quality non-executive directors, the Trust has determined that this limit on numbers of individuals who may receive such a supplementary payment will not apply.

When the NHS England remuneration framework from November 2019 was introduced, the Council of Governors agreed that existing arrangements would continue to operate until the end of the non-executive directors' term of office.

## Employment conditions elsewhere in the Trust

All other employees of the Trust are paid in line with national terms and conditions of employment. These are the NHS terms and conditions of service (Agenda for Change), the 2003 consultant contract and the 2016 junior doctors' contract.

The terms and conditions for executive directors mirror the key terms of the national terms and conditions handbook, with the exception of basic pay. Basic pay is determined in line with well-established NHS England guidance on pay for very senior managers in NHS trusts and foundation trusts, including published pay ranges for executive directors of supra large acute NHS trusts and foundation trusts (those with a turnover of £750m or more per annum).

When reviewing executive director salaries, the Remuneration and Appointment Committee takes account of national pay policy, pay benchmarking, pay and employment conditions elsewhere in the Trust and other relevant factors, such as recruitment and retention and market forces.

## Equality, diversity and inclusion

Belonging is a critical part of the Trust's People Strategy approved by the Board in March 2022. The Trust also published an Inclusion and Belonging strategy in March 2023, which provides the Trust's framework for delivering improvements in equality, diversity and inclusion. A key pillar of the Inclusion and Belonging strategy is to ensure a workforce that reflects the communities served by the Trust. Fostering a true culture of belonging has equality, diversity and inclusion at its core. The Trust's Remuneration and Appointments Committee ensures that it is sensitive to matters of equality when reviewing salaries for either existing executive directors or for new appointees. The committee also aims to seek a breadth of diversity in shortlists when selecting new executive directors.

At present the Trust is still under-represented at executive and other managerial levels from the perspective of ethnicity. The Trust's ongoing actions relating to belonging aim to continue to foster a culture where diverse talent can be nurtured to develop into senior manager roles. The Trust's Board also monitors the percentage of employees from a diverse ethnic background at Band 7 and above within the NHS Agenda for Change pay system. In addition, the Board monitors the gender and percentage of employees with a declared disability at Band 7 and above.

## Annual report on remuneration

### Remuneration and appointment committee

The Remuneration and Appointment Committee is a committee established by the Board, which is responsible for identifying and appointing candidates to fill all executive director positions on the Board, and for determining their remuneration and other conditions of service.

The members of the committee are the Chair and all non-executive directors. In addition, for decisions relating to the appointment or removal of executive directors other than the chief executive officer, the Trust's chief executive officer is also a member of the committee.

The chief people officer attends all meetings to provide advice to the committee. In addition, the chief executive officer advises the committee on the performance of executive directors other than the chief

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executive officer. The associate director of corporate affairs attends meetings to provide advice on governance requirements and to record the proceedings of the committee.

No attendee is present when the committee is dealing with matters concerning their appointment or removal, remuneration or terms of service.

The Remuneration and Appointment Committee met four times between 1 April 2022 and 31 March 2023, the period covered by this annual report. The table below sets out the members of the committee during this period and the number of meetings at which each director was present and in brackets the number of meetings that the director was eligible to attend.

Member	Meetings attended
Jenni Douglas-Todd <sup>1</sup>	3 (3)
Jane Bailey <sup>2</sup>	4 (4)
Dave Bennett	3 (4)
Cyrus Cooper <sup>3</sup>	1 (4)
Diana Eccles <sup>4</sup>	0 (1)
Keith Evans	3 (4)
David French	4 (4)
Jane Harwood	4 (4)
Tim Peachey	4 (4)
Femi Macaulay	4 (4)

<sup>1</sup> Chair from 6 July 2022.

<sup>2</sup> Interim Chair from 1 April 2022 to 5 July 2022.

<sup>3</sup> Non-executive director until 31 December 2022; associate non-executive director from 1 January 2023 to 31 March 2023.

<sup>4</sup> Non-executive director from 1 January 2023.

## Governors' nomination committee

The Governors' Nomination Committee is a committee established by the Council of Governors. It is responsible for advising and/or making recommendations to the Council of Governors on:

- the appointment and reappointment of the Chair and non-executive director positions on the Board;
- the remuneration, allowances and other terms and conditions of the Chair and non-executive directors;
- the evaluation of the performance of the Chair and non-executive directors; and
- the approval of the appointment of the chief executive officer by the Remuneration and Appointment Committee.

The committee's members are the Chair, the Lead Governor and three Governors appointed by the Council of Governors, at least one of whom will be a Governor elected by the members of the public constituency and at least one of whom will be a Governor elected by the members of the staff constituency. During the year, the Council of Governors agreed to amend the committee's terms of reference to clarify that the Lead Governor's constituency could also count toward the representation of public or staff constituencies for this purpose.

The Chair does not attend any part of the meeting when the Chair's reappointment or remuneration are considered. For discussion of these matters, the committee will be chaired by the Senior Independent Director, Deputy Chair or another non-executive director.

The chief people officer attended meetings during the year to provide advice to the committee. The associate director of corporate affairs and the Council of Governors' business manager also attend meetings to advise on governance requirements and to ensure that the proceedings of the committee are accurately recorded.

The Governors' Nomination Committee met on four occasions between 1 April 2022 and 31 March 2023, the period covered by this annual report. The table below sets out the members of the committee during this period and the number of meetings at which each was present and in brackets the number of meetings that the member was eligible to attend.

Member	Meetings attended
Jenni Douglas-Todd <sup>1</sup>	3 (3)
Jane Bailey <sup>2</sup>	1 (1)
Robert Purkiss <sup>3</sup>	1 (2)
Kelly Lloyd <sup>4</sup>	2 (2)
Shirley Anderson <sup>5</sup>	2 (2)
Helen Eggleton	4 (4)
Harry Hellier <sup>6</sup>	1 (2)
Amanda Turner <sup>7</sup>	2 (2)

<sup>1</sup> Chair from 6 July 2022.

<sup>2</sup> Interim chair from 1 April 2022 to 5 July 2022.

<sup>3</sup> Lead governor until 30 September 2022.

<sup>4</sup> Lead governor from 1 October 2022.

<sup>5</sup> Appointed from 22 November 2022.

<sup>6</sup> Member until 30 September 2022.

<sup>7</sup> Member until 30 September 2022.

During 2022/23 the Governors' Nomination Committee made recommendations to the Council of Governors relating to:

- the appointment of Jane Bailey as Interim Chair between 1 April and 5 July 2022.
- the appointment of Jenni Douglas-Todd as Chair;
- the remuneration of the Chair;
- the appointment of Keith Evans as Deputy Chair and of Jane Harwood as Senior Independent Director;
- the appointments of Dave Bennett, Keith Evans and Tim Peachey as non-executive directors for a further term of three years;
- the appointment of Diana Eccles as a non-executive director;
- the appointment of Cyrus Cooper as an associate non-executive director between 1 January 2023 and 31 March 2023; and
- the appraisal process for the Chair and non-executive directors, including the outcome of appraisals.

The appointment process for the Chair followed the policy agreed with the Council of Governors and was carried out in February 2022. This considered the Board's view of the skills, qualifications and experience of its members and any gaps required to be filled. For the appointment of the Chair, candidates were identified in a number of ways using an external search agency, Green Park. The shortlisted candidates attended a formal interview panel before the appointment was made as well as informal meetings with internal and external stakeholders. The interview panel for the Chair included the chair of another NHS foundation trust from outside the south-east region, acting as an independent assessor to advise committee members. This process took place in March 2022, and Jenni Douglas-Todd was appointed in July 2022.

Diana Eccles was nominated by the University of Southampton and the Governors' Nomination Committee considered this nomination and agreed to recommend the appointment to the Council of Governors for approval. At the same time, Cyrus Cooper, the previous University of Southampton liaison, agreed to serve as an associate non-executive director for a period of time in order for the Trust to continue to gain the benefit of his skills and experience.

## Senior managers' service contracts

All executive directors have a substantive contract of employment, which requires a minimum of six months' notice of termination of employment. The Chair and non-executive directors are appointed for a term of three years and may be reappointed for one further term of three years, subject to approval by the Council of Governors.

The dates on which executive and non-executive directors were appointed as directors are set out below together with when their current term of office ends in the case of non-executive directors.

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Name	Role	Date of initial appointment	Term of office end date
<b>Non-executive directors</b>			
Jenni Douglas-Todd	Chair	6 July 2022	5 July 2025
Jane Bailey <sup>1</sup>	Non-executive director	1 January 2018	30 June 2024
Dave Bennett	Non-executive director	15 July 2019	14 July 2025
Cyrus Cooper	Non-executive director Associate non-executive director	1 January 2018 1 January 2023	31 December 2022 31 March 2023
Keith Evans	Deputy chair Non-executive director	20 October 2022 1 February 2020	31 January 2026 31 January 2026
Diana Eccles	Non-executive director	1 January 2023	31 December 2025
Jane Harwood	Senior independent director Non-executive director	1 January 2023 1 October 2020	30 September 2023 30 September 2023
Steve Harris	Chief People Officer	1 September 2020	Not applicable
Jane Harwood	Non-executive director	1 October 2020	30 September 2023
Femi Macaulay	Associate non-executive director	17 January 2022	16 January 2025
Tim Peachey <sup>2</sup>	Non-executive director	1 October 2019	30 September 2025
<b>Executive directors</b>			
David French <sup>3</sup>	Chief Executive Officer	27 April 2021	Not applicable
Ian Howard <sup>4</sup>	Chief Financial Officer	14 March 2022	Not applicable
Gail Byrne	Chief Nursing Officer	1 October 2015	Not applicable
Paul Grundy <sup>5</sup>	Chief Medical Officer	17 May 2021	Not applicable
Steve Harris	Chief People Officer	1 September 2020	Not applicable
Joe Teape	Chief Operating Officer	2 December 2019	Not applicable

<sup>1</sup> Jane Bailey also served as interim Chair between 1 April 2022 and 5 July 2022.

<sup>2</sup> Tim Peachey also served as senior independent director and deputy Chair between 1 April 2022 and 5 July 2022.

<sup>3</sup> David French was appointed as Chief Financial Officer on 3 February 2016. David French was appointed as interim Chief Executive Officer on 2 November 2020 and then as substantive Chief Executive Officer on 27 April 2021.

<sup>4</sup> Ian Howard was appointed as interim Chief Financial Officer on 2 November 2020 and then as substantive Chief Financial Officer on 14 March 2022.

<sup>5</sup> Paul Grundy was appointed as interim Chief Medical Officer on 1 February 2021 and then as substantive Chief Medical Officer on 17 May 2021.

## Senior managers' remuneration (subject to audit)

2022/23						
Name and title	Salary and fees	Taxable benefits	Annual performance-related bonus	Long-term performance-related bonus	All pension-related benefits <sup>1 2</sup>	Total
	£000, bands of £5k	£, to the nearest £100	£000, bands of £5k	£000, bands of £5k	£000, bands of £2.5k	£000, bands of £5k
Jenni Douglas-Todd <sup>3</sup> Chair	45-50	0	0	0	0	45-50
Jane Bailey <sup>4</sup> Non-executive director	25-30	0	0	0	0	25-30
Dave Bennett Non-executive director	10-15	0	0	0	0	10-15
Gail Byrne Chief Nursing Officer	170-175	0	0	0	32.5-35	205-210
Cyrus Cooper <sup>5</sup> Non-executive director	10-15	0	0	0	0	10-15
Diana Eccles <sup>6</sup> Non-executive director	0-15	0	0	0	0	0-5
Keith Evans Non-executive director	15-20	0	0	0	0	15-20
David French Chief executive Officer	250-255	0	0	0	77.5-80	330-335
Paul Grundy Chief Medical Officer	235-240	0	0	0	37.5-40	275-280
Steve Harris Chief People Officer	140-145	0	0	0	17.5-20	160-165
Jane Harwood Non-executive director	15-20	0	0	0	0	15-20
Ian Howard Chief Financial Officer	155-160	0	0	0	85-87.5	240-245
Femi Macaulay Associate non-executive director	10-15	0	0	0	0	10-15
Tim Peachey Non-executive director	15-20	0	0	0	0	15-20
Joe Teape <sup>7</sup> Chief Operating Officer	185-190	0	0	0	0	185-190

### Notes:

<sup>1</sup> Non-executive directors do not receive pensionable remuneration.

<sup>2</sup> The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefit accruing to the individual.

# ACCOUNTABILITY REPORT

<sup>3</sup> Jenni Douglas-Todd was appointed as Chair on 6 July 2022.

<sup>4</sup> Jane Bailey served as interim Chair between 1 April and 5 July 2022.

<sup>5</sup> Cyrus Cooper served as a non-executive director until 31 December 2022 and as an associate non-executive director between 1 January 2023 and 31 March 2023.

<sup>6</sup> Diana Eccles was appointed on 1 January 2023.

<sup>7</sup> Joe Teape chose not to be covered by the pension arrangements during the reporting year.

2021/22						
Name and title	Salary and fees	Taxable benefits	Annual performance-related bonus	Long-term performance-related bonus	All pension-related benefits <sup>1,2</sup>	Total
	£000, bands of £5k	£, to the nearest £100	£000, bands of £5k	£000, bands of £5k	£000, bands of £2.5k	£000, bands of £5k
Jane Bailey <sup>3</sup> Interim Chair	10-15	0	0	0	0	10-15
Dave Bennett <sup>4</sup> Non-executive director	15-20	0	0	0	0	15-20
Gail Byrne Chief Nursing Officer	170-175	0	0	0	15-17.5	185-190
Cyrus Cooper Non-executive director	10-15	0	0	0	0	10-15
Keith Evans Non-executive director	15-20	0	0	0	0	15-20
David French <sup>5</sup> Chief executive Officer	245-250	0	0	0	122.5-125	370-375
Paul Grundy Chief Medical Officer	240-245	0	0	0	50-52.5	290-295
Steve Harris Chief People Officer	135-140	0	0	0	67.5-70	205-210
Jane Harwood Non-executive director	15-20	0	0	0	0	15-20
Peter Hollins <sup>6</sup> Chair	60-65	0	0	0	0	60-65
Ian Howard <sup>7</sup> Chief Financial Officer	135-140	0	0	0	50-52.5	190-195
Femi Macaulay <sup>8</sup> Associate non-executive director	0-5	0	0	0	0	0-5
Tim Peachey Non-executive director	15-20	0	0	0	0	15-20
Joe Teape Chief Operating Officer	185-190	0	0	0	0	185-190



## Notes

- <sup>1</sup> Non-executive directors do not receive pensionable remuneration.
- <sup>2</sup> The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefit accruing to the individual.
- <sup>3</sup> Jane Bailey's reappointment as a non-executive director was deferred from 1 January 2021 to 1 July 2021, during which period she led the Hampshire and Isle of Wight saliva mass testing programme, a role for which she was separately remunerated by the Trust.
- <sup>4</sup> Dave Bennett acted as chair of the Finance and Investment Committee between 1 January and 30 June 2021 and received a pro rata payment of the annual fee payable to recognise the additional responsibilities of this role.
- <sup>5</sup> David French was the Chief Financial Officer of the Trust until 1 November 2020 and was appointed as interim Chief Executive Officer from 2 November 2020. He was appointed as Chief Executive Officer on 27 April 2021.
- <sup>6</sup> Peter Hollins left the Trust on 31 March 2022. His remuneration was reviewed by the Council of Governors in 2021/22 to align this with that for chairs of supra large trusts (with an annual turnover over £750 million) set out in the remuneration structure for chairs and non-executive directors of NHS trusts and NHS foundation trusts published by NHS England and NHS Improvement in November 2019.
- <sup>7</sup> Ian Howard was appointed as interim Chief Financial Officer on 2 November 2020 and was appointed as Chief Financial Officer on 14 March 2022.
- <sup>8</sup> Femi Macaulay was appointed as an associate non-executive director on 17 January 2022.
- <sup>9</sup> Joe Teape chose not to be covered by the pension arrangements during the reporting year.

## Senior managers' pension entitlements (subject to audit)

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2023	Lump sum at pension age related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer value at 31 March 2023	Employer's contribution to stakeholder pension
	£000, bands of £2.5k	£000, bands of £2.5k	£000, bands of £5k	£000, bands of £5k	£000	£000	£000	£000
Gail Byrne Chief Nursing Officer	2.5-5	0-2.5	70-75	215-220	0	30	50	0
David French Chief Executive Officer	5-7.5	0-2.5	55-60	0-5	684	59	798	0
Paul Grundy Chief Medical Officer	2.5-5	0-2.5	60-65	120-125	1,081	43	1,178	0
Steve Harris Chief People Officer	0-2.5	0-2.5	30-35	50-55	435	14	472	0
Ian Howard Chief Financial Officer	5-7.5	0-2.5	25-30	0-5	195	33	255	0

### Notes

- <sup>1</sup> As non-executive directors do not receive pensionable remuneration, there are no entries in respect of non-executive directors in the above table.
- <sup>2</sup> The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefit accruing to the individual.
- <sup>3</sup> No cash equivalent transfer value (CETV) will be shown for senior managers over pension age. In the NHS pension scheme the pension age is 60 in the 1995 section, age 65 in the 2008 section or state pension age or age 65, whichever is the later, in the 2015 scheme.
- <sup>4</sup> Joe Teape chose not to be covered by the pension arrangements during the reporting year.
- <sup>5</sup> Steve Harris chose not to be covered by the pension arrangements from 1 October 2022.
- <sup>6</sup> Gail Byrne left the pension arrangements when she reached the pension age in the 1995 section on 29 January 2022 and re-joined the 2015 section on 1 December 2022.
- <sup>7</sup> Where the real increase in CETV results in a negative figure, zero is reported.
- <sup>8</sup> CETV figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures'

## Payments for loss of office (subject to audit)

There have been no payments made to senior managers for loss of office during 2022/23.

## Payments to past senior managers (subject to audit)

There have been no payments during 2022/23 to any individual who was not a senior manager during the financial year but had previously been a senior manager at any time that are not disclosed elsewhere in this report or in a previous year's remuneration report and that are required to be disclosed.

## Fair pay disclosures (subject to audit)

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2022/23 was £250-255,000 (2021/22, £245-250,000). This is a change between years of 3% (2021/22: 22.2%). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2022/23 was from £20,700 to £250-255,000 (2021/22: £18,500 to £245-250,000). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5.1% (2021/22: -1.3%). One employee received remuneration in excess of the highest-paid director in 2022/23 (2021/22: None).

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

2022/23	25th percentile	Median	75th percentile
Salary component of pay	£	£	£
Total pay and benefits excluding pension benefits	£26,360	£35,460	£47,410
Pay and benefits excluding pension: pay ratio for highest paid director	9.6:1	7.1:1	5.3:1

2021/22	25th percentile	Median	75th percentile
Salary component of pay	£	£	£
Total pay and benefits excluding pension benefits	£24,900	£33,700	£45,800
Pay and benefits excluding pension: pay ratio for highest paid director	10.0:1	7.3:1	5.4:1

## Directors' and governors' expenses

Directors	2022/23	2021/22
No of directors who held office	14	13
Number of directors who received expenses	2	1
Aggregate amount of expenses paid	£3,708	£572
Governors	2022/23	2021/22
No of governors who held office	27	30
Number of governors who received expenses	2	0
Aggregate amount of expenses paid	£597	£0

The expenses incurred by directors in 2022/23 related to course fees.

The expenses incurred by Governors in 2022/23 related to course fees.



**David French**  
**Chief Executive Officer**  
 26 June 2023

## Staff report

### Staff numbers (subject to audit)

Average number of staff employed during 2022/23 (whole time equivalent (WTE) basis)

Staff Group	Permanently employed staff	Other staff	Total
Medical and dental	1,808	61	1,869
Ambulance staff	25	0	25
Administration and estates	2,537	166	2,703
Healthcare assistants and other support staff	1,742	303	2,045
Nursing, midwifery and health visiting staff	3,574	383	3,957
Scientific, therapeutic and technical staff	1,414	33	275
Healthcare science staff	262	13	275
<b>Grand total</b>	<b>11,362</b>	<b>959</b>	<b>12,321</b>

### Staff turnover

Staff turnover during 2022/23 (12 month rolling basis)



Annual staff turnover was 13.5% as of 31 March 2023. There was a decrease in the overall number of staff leaving the Trust in 2022/23. The staff groups with the greatest turnover were additional clinical services, administrative and clerical staff and nursing and midwifery. From March 2022 to March 2023, the three main reasons for given by those leaving were voluntary resignation, retirements and dismissal.

## Nursing (clinical wards) vacancies 2022/23



Further information regarding the NHS workforce is published by NHS Digital.

## Staff costs (subject to audit)

	Permanently employed staff £000	Other staff £000
Salaries and wages	528,478	0
Social security costs	56,658	0
Apprenticeship levy	2,544	0
Pension cost – employer contributions to NHS pension scheme	61,325	0
Pension cost – employer contributions paid by NHS England on behalf of the Trust	26,784	0
Pension cost - other	100	0
Other post-employment benefits	0	0
Other employment benefits	0	0
Termination benefits	0	0
Temporary staff – external bank	0	40,721
Temporary staff – agency/contract staff	0	14,368
<b>Total gross staff costs</b>	<b>675,889</b>	<b>63,362</b>
Recoveries from DHSC group bodies in respect of staff cost netted off expenditure	16,814	0
Recoveries from other bodies in respect of staff cost netted off expenditure	0	0
<b>Total staff costs</b>	<b>659,075</b>	<b>63,362</b>
<b>Total staff and executive director costs (excluding capitalised costs)</b>	<b>657,311</b>	<b>63,362</b>

## Inclusion and belonging

To deliver its aspiration of world-class care delivered by world-class people, the Trust strives towards creating a diverse workforce and being an inclusive employer. To reach those ambitions, the Trust has been engaging with staff and developing its Inclusion and Belonging Strategy 23-26. The strategy is critical to the delivery of the “Belong” element of the People Strategy and has now been approved for implementation by the Board. It sets out clear actions that will be taken to make UHS a place where every person feels they belong and feels safe to carry out their work free from violence, bullying, harassment and abuse, and it sets the direction to ensure the Trust’s workforce is representative of the communities it serves.

The five themes of the Inclusion and Belonging strategy are:

- Workforce that reflects communities served by the Trust, at all roles and all levels
- Safe and healthy work environments, free from racism, aggression, hate and discrimination
- Recruitment processes which are free from bias and are inclusive
- Inclusive leadership and management
- Networks that thrive and support creation of an inclusive and safe place to work.

Each theme has a programme of work with measurable outcomes, enabling action to be taken to address inequality faced by protected groups. It also provides a focus on all the elements, in parallel, across the Trust that will make the biggest difference to inclusion and belonging at UHS for all, and in turn supporting staff to deliver the best possible care to people and families.

A key metric of the Inclusion and Belonging Strategy is the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). The cycle of the WRES and WDES includes a national reporting in the autumn on an annual basis. The data is retrospective from the previous year's NHS Staff Survey with workforce and human resources data from the corresponding reporting year.

WRES and WDES measure outcomes for people at UHS based on ethnicity and disability, it also tells the Trust whether there is disparity of experience between those from white British backgrounds to those from Black, Asian or other ethnic groups, and those without disability to those who have a disability. There are no similar metrics available to measure experience from those with other characteristics protected under the Equality Act 2020.

The 2022 WRES showed all nine indicators have improved from 2021. A summary is shown below:

## WRES headlines 2022

- 23.5% of the Trust's workforce are people from black or ethnic backgrounds, an increase of 2.5% from 2021.
- Recruitment data suggests that people from white backgrounds are as likely to be appointed from shortlisting as people from black and minority ethnic (BME) backgrounds. An improvement from 2021.
- People from BME backgrounds are less likely to be entered into a formal disciplinary process. Unchanged from 2021.
- People from BME backgrounds are less likely to access non-mandatory training and professional development opportunities. This has improved from 2021, but there is still a disparity gap.
- People from BME backgrounds experience higher levels of harassment, bullying or abuse from patients, relatives or members of the public than white colleagues. This has improved since 2021.
- People from BME backgrounds experience higher levels of harassment, bullying or abuse from staff compared to people from white backgrounds. This has improved from 2021.
- Perception of equal opportunities related to career progression is less for BME staff than from white colleagues. However, the disparity gap has reduced since 2021.
- Representation of people from BME backgrounds on the Trust Board has increased by two members since 2021.



The 2022 WDES results showed seven indicators have improved from 2021, four indicators have declined:

- percentage of staff that have declared a disability in overall workforce
- percentage of staff saying they are satisfied with the extent to which their organisation values their work
- percentage of staff that say their employer has made adequate adjustments to enable them to carry out their work
- percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months. (This indicator has improved for people without disabilities or long-term illness).

One indicator has remained unchanged:

- percentage of Board members with declared disability or long-term illness which is still zero

A summary of the 2022 WDES headlines is shown below:

## **WDES headlines 2022**

- 12.6% of the total workforce have disclosed they have a disability. This has decreased since 2021.
- The likelihood of people with disabilities being appointed from shortlisting has improved from 2021.
- People with disabilities remain less likely than non-disabled staff to be entered into a formal capability process. There were no staff with disabilities involved in formal capability proceedings in the reporting period.
- There has been a small decrease in people with disabilities or long-term illness saying that UHS has made adequate adjustments for them to carry out their work.
- There was a reduction in staff with disabilities experiencing bullying, harassment or abuse from the public, colleagues or their managers.
- There has been an increase in people without disabilities or long-term illness experiencing bullying, harassment or abuse from other colleagues and reporting it. However, there has been a decrease in reporting from those with a disability or long-term illness who experienced the same. This indicator has largely remained static for a number of years.
- People with disabilities are more inclined to believe the Trust provides equal opportunities for career progression than those without disabilities. An increase from 2021.
- There are no Trust Board members who have declared they have a long-term illness or disability. This indicator has not changed since the implementation of WDES.
- The engagement score between staff with disabilities and those without remains equal from 2021.

In 2022/23, the Trust has achieved actions as set out in year one of the UHS People Strategy:

- Developed, finalised and gained approvals for the Inclusion and Belonging Strategy and implementation plan.
- Launched Stop.Start.Continue Actionable Allyship programme as part of the UHS mandatory training suite, and development of data to identify participation as a percentage of the workforce. A digital e-learning module has also been developed, due to be released in summer 2023.
- Relaunched existing Staff Networks and recruited new chairs and co-chairs.
- Established the EDI Council to bring together network chairs and leaders of informal networks across UHS.
- Launched two new Staff Networks, the Armed Forces Network, and the Women's Network.

- Completed phase one of the EDI data dashboard which articulates the information below derived by ethnicity, age, disability, gender, sexuality and religion (as recorded on the Electronic Staff Record (ESR)) on a monthly basis:
  - Workforce demographic by pay band
  - Completed appraisals

Going forward into 2023, the Trust's Inclusion and Belonging Strategy has set an ambition to reduce disparity across all WRES and WDES indicators by 5% by 2026 as well as a number of metrics aligned to staff survey outcomes across all elements of inclusion, belonging and staff experience.

Actions to achieve this are listed as part of the first year of implementation of the strategy, examples of these are:

- Ensure the new strategy is socialised across all staff groups and teams. Create a range of tools and resources to support people to understand their role in implementing the strategy at a local level.
- Establish EDI steering groups in each division to lead the strategy implementation at divisional level.
- Launch two positive action leadership development programmes to support those working in clinical or operational roles at Band 7, to develop into more senior roles, and in turn improve under-representation in senior leadership.
- Implement the Inclusive Leadership Module across all leadership and management programmes at all levels.
- Implement the Inclusive Recruitment programme to remove any potential for bias in the recruitment and selection process, to ensure it is fair for all, and ensure that there are no barriers for people in terms of application, shortlisting, interview, feedback and offer/decline.
- Positive action related to talent management and career progression, implementation of career development workshops, career coaching opportunities, practice assessment and interviews. Development of robust talent tracking mechanisms to identify the impact of positive action programmes on individual experiences, and leadership representation.
- Support the Staff Networks to achieve their agreed aims.

Progress against all the actions within the strategy will be monitored and measured through the divisional and Trust governance structures, namely the divisional management boards, the equality and diversity committee, Trust Executive Committee and People and Organisational Development Committee.

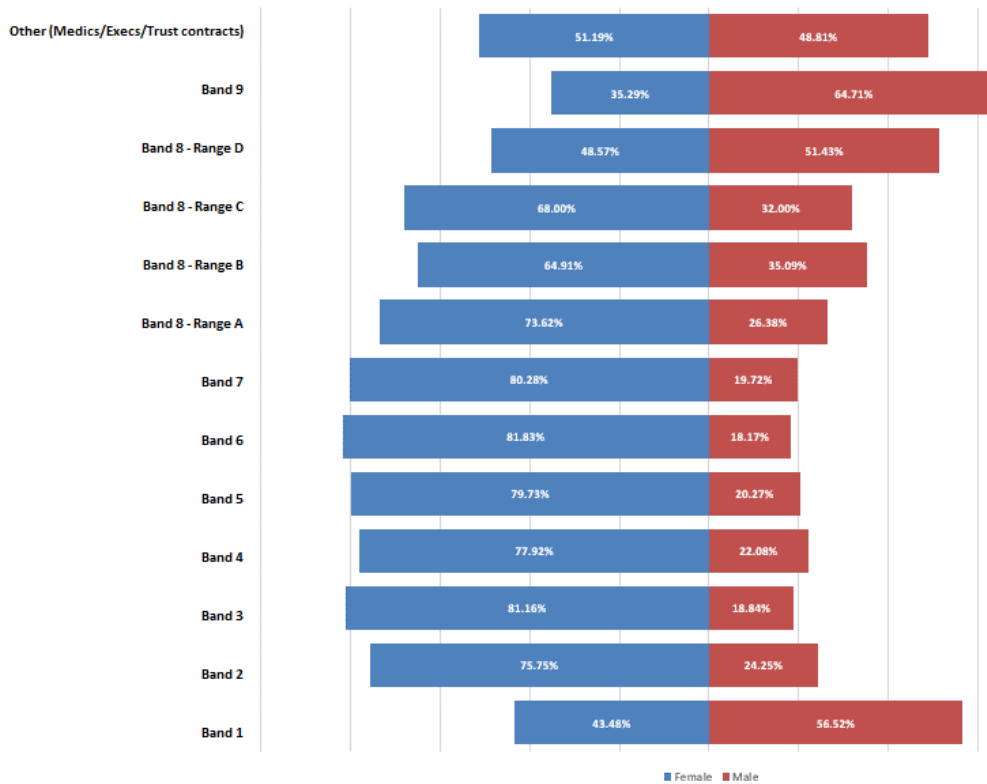
## Staff gender breakdown

The gender breakdown for staff on 31 March 2023 is set out below.

Gender breakdown		Gender breakdown	
<b>All staff</b>		<b>Chair and non-executive directors</b>	
Female	73%	Female	50%
Male	27%	Male	50%
<b>Board of directors</b>		<b>Executive directors</b>	
Female	36%	Female	17%
Male	64%	Male	83%

# ACCOUNTABILITY REPORT

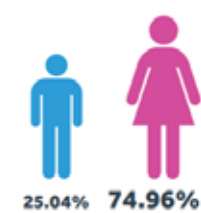
Breakdown by gender/band of substantive staff  
Percentage split breakdown  
March 2023



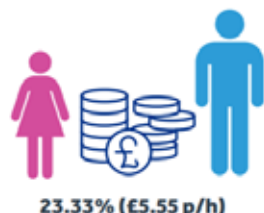
N.B.

Percentage calculation: female staff (10,942) / total staff (15,050) = 73%  
Percentage calculation: male staff (4,108) / total staff (15,050) = 27%

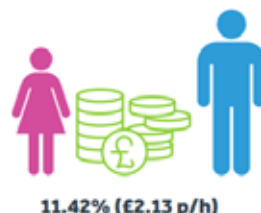
## Gender pay gaps



**Our Workforce**  
People who identify as female make up the majority of our workforce



**Our Mean Gender Pay Gap**  
This is an average of the difference between the female and male hourly rate of salary. This has decreased from 24.18% the year before.



**Our Median Gender Pay Gap**  
This is the middle value of the difference between the female and male. This has decreased slightly from 11.48% the year before.



**Full time staff**  
64.25% of staff are full time  
Of our full time staff  
33.69% identify as male  
66.31% identify as female



**Part time staff**  
35.75% of staff are part time  
Of our part time staff  
9.49% identify as male  
90.51% identify as female

The Trust's gender pay gap report can be found on its website <https://www.uhs.nhs.uk/about-the-trust/policies-and-planning/equality-diversity-and-inclusivity/equality-reports> and information is also available on the Cabinet Office website (<https://gender-pay-gap.service.gov.uk/>) for all employers with 250 or more employees.

## Staff health and wellbeing

In 2022/23 the Trust has continued with the wellbeing programmes that were previously established, it has continued to develop interventions and wider support offerings. The ethos of the Trust's model is to ensure staff can access the most appropriate support, at the time and place that they need it.

Access has been improved to health and wellbeing support by redesigning the staff intranet pages, creating Windows into Wellbeing, which is the "one stop shop" for all online information, tools, resources and signposting.

Existing wellbeing provision has been reviewed against the NHS Health and Wellbeing Framework which was launched nationwide in 2022. It provides standards, tools and resources for trusts to implement their health and wellbeing programmes against a consistent framework.

More Mental Health First Aiders have been recruited across the organisation, and the Trust has continued to support existing wellbeing champions with over 100 working all over the Trust, across a range of professions and roles. Several leaders have been supported in participating in the Level 7 Diploma in Strategic Mental Health and Wellbeing in collaboration with other colleagues across the Hampshire and Isle of Wight ICS. These leaders are given the skills to create local wellbeing strategies in their own departments as an outcome of participating in the programme as well as gaining a qualification.

Preparations have been made in respect of the new Wellbeing Hub due to open in 2023, a building dedicated to staff wellbeing and development as well as the opening of a new roof garden at Princess Anne Hospital, and the refurbishment of several staff rest rooms across the Trust. These projects were all financed by charitable funds.

In the 2022 staff survey, 58% of people who participated said that UHS takes positive action on health and wellbeing, 30% said they feel burnout as a result of work.

The Trust's scores relating to wellbeing were above the benchmark average and contributing factors to wellbeing such as staff engagement, morale and staff experience in areas such as kindness and respect, feeling valued and trusted to do their job were all above the benchmark average.

In 2023, the Trust will continue to ensure its wellbeing offers and programmes are responsive to staff needs and will work collaboratively with colleagues across Hampshire and Isle of Wight to create a broad range of support opportunities.

## Reward and recognition

As part of the UHS People Strategy ensuring appropriate reward and recognition is a key part of the 'Excel' pillar.

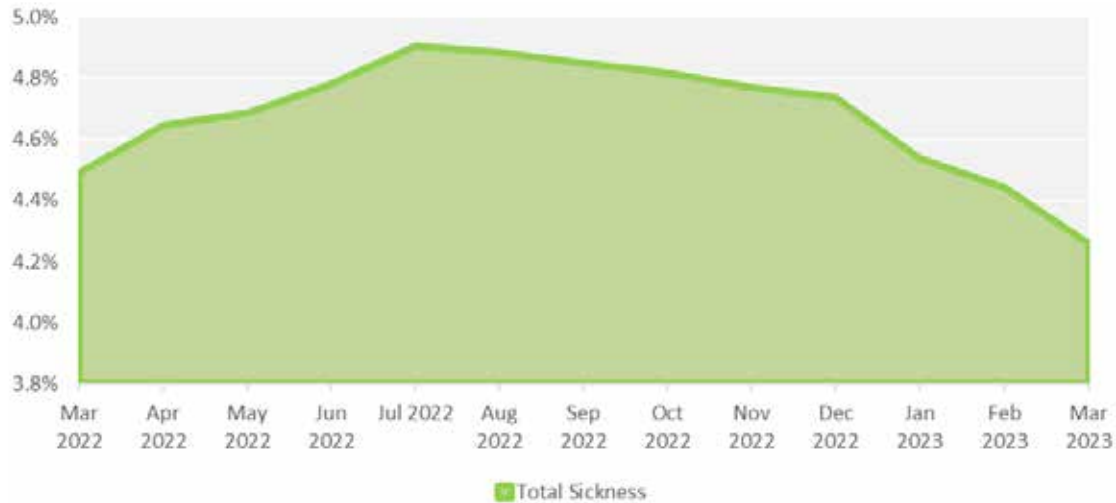
The Trust has a range of recognition schemes. There is a structured process for recognising long service awards which acknowledges continuous service at five, ten, 15, 20, 30, 40 and 50 years. There is also a retirement gifts scheme recognising the vital contribution of people to the NHS at point of leaving.

The Trust has refreshed its monthly and annual awards process, rebranding Hospital Heroes to UHS Champions, linked to the UHS way branding and our values. The Trust has also introduced simple ways to show gratitude to people through its 'High Five' Scheme. Locally, many divisions and departments also facilitate their own ways to celebrate success. The Trust has introduced a monthly spotlight meeting used as a place to celebrate success of its people.

The Trust offers a range of discounts and benefits through the VIVUP platform, which includes lease cars and a cycle to work scheme. The discounts provided include a range of commercial and high street opportunities for staff to make savings on every day and leisure purchases. The platform also supports employees in spreading the cost of electronic and large item purposes through a number of schemes.

## Sickness absence

### Sickness absence during 2022/23 (12 month rolling basis)



Sickness rates fluctuated throughout the year. The top reasons for sickness from April 2022 to March 2023 included anxiety, infectious diseases and cold and flu.

## Staff experience and engagement

The Trust is committed to listening to its UHS family, integrated team members, partners and communities to develop a deep understanding of how they are treated and what it feels like to work at the Trust, and responding accordingly. The Trust seeks to make year-on-year improvements in the annual NHS staff survey and continue to increase participation. Staff are able to make such valuable contributions and the results from the annual staff survey and quarterly pulse survey provide evidence of the improvements that are needed.

The Trust has a positive and productive relationship with the trade unions, meeting monthly in the Trust’s staff partnership forum, where issues of key importance are debated. The staff side lead is a member of key people committees, in addition to the leads of our staff networks. The Chief Executive Officer runs regular engagement sessions (Talk To David) where staff views and ideas are shared.

## Staff survey

The national NHS staff survey annually measures the satisfaction of employees across all parts of the NHS. It is a critical source of information that UHS can use to measure its employees’ experience and importantly to measure progress against the UHS People Strategy and it is a key source of information that drives the Trust’s annual objectives for People at UHS.

There are indicators in the staff survey which have seen a decline post-pandemic and have not yet recovered. These are:

- Satisfied with levels of pay
- Not enough staff to do my job properly
- Experienced violence and aggression from patients, family members or members of the public. (Although this saw an improvement in 2020 due to the COVID restrictions on visiting).

# ACCOUNTABILITY REPORT

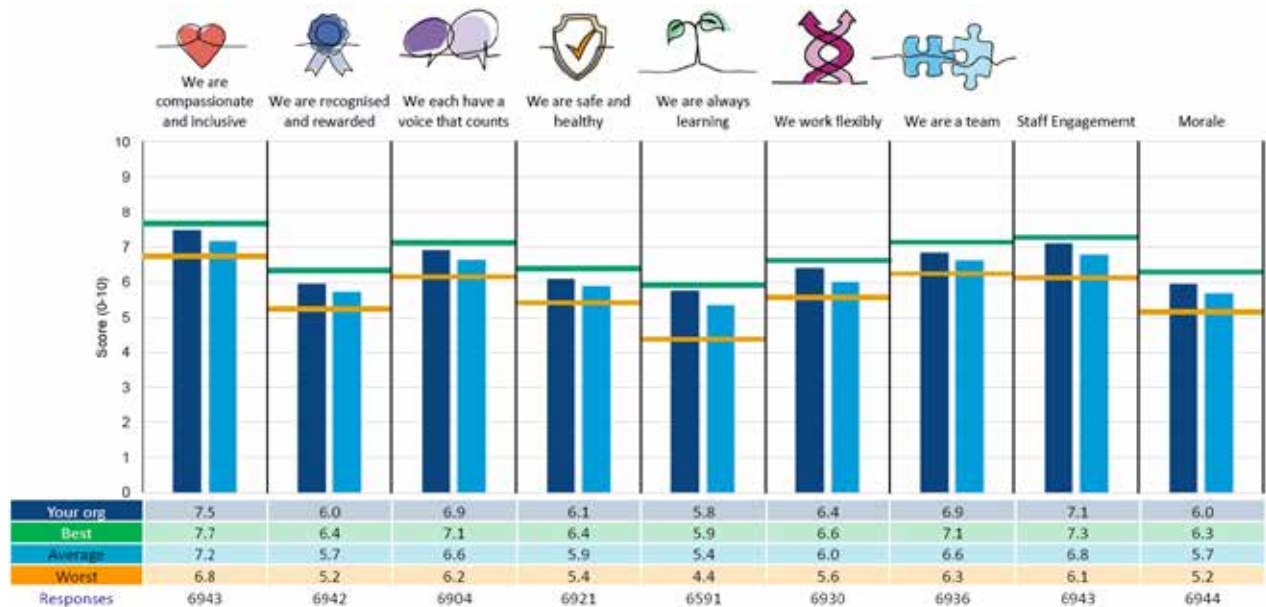
'The 2022 results show the Trust has managed to maintain or improve its score across most indicators. It scored above average across all the NHS people promise themes (graph below). Where results have declined there are workstreams in place under various UHS strategies to directly respond to the issues. Some workstreams need adequate time to embed across the organisation to see improvements in future surveys. Despite the challenging environment the Trust has sustained its position of "above average" on all People Promise themes, and in most of the individual questions.'

Indicators (‘People Promise’ elements and themes)	2022/23	2021/22	2022/23	2021/22
	Trust		Benchmarking group	
<b>People Promise:</b>				
• We are compassionate and inclusive	7.5	7.5	7.2	7.2
• We are recognised and rewarded	6.0	6.1	5.7	5.8
• We each have a voice that counts	6.9	7.0	6.6	6.7
• We are safe and healthy	6.1	6.1	5.9	5.9
• We are always learning	5.8	5.7	5.4	5.2
• We work flexibly	6.4	6.4	6.0	5.9
• We are a team	6.9	6.8	6.6	6.6
Staff engagement	7.1	7.2	6.8	6.8
Morale	6.0	6.0	5.7	5.7

	2020/21	
	Trust	Benchmarking group
Equality, diversity and inclusion	9.1	9.1
Health and wellbeing	6.4	6.1
Immediate managers	6.9	6.8
Morale	6.4	6.2
Quality of appraisals		
Quality of care	7.5	7.5
Safe environment – bullying and harassment	8.2	8.1
Safe environment – violence	9.4	9.5
Safety culture	7.0	6.8
Staff engagement	7.3	7.0

Note: in 2021/22, the survey questions were aligned to the seven elements of the NHS ‘People Promise’, and retained two previous themes of ‘Engagement’ and ‘Morale’. Prior to 2021/22, the survey questions were based on ten indicator themes. All indicators are based on a score out of ten for specific questions with the indicator score being the average of those.

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UHS was the seventh highest Trust for recommendation as a place to work, out of 124 Trusts nationally. The Trust held the same position as last year. UHS was rated the top performing acute Trust for recommendation as a place to work in the southeast NHS region (17 Trusts) and the highest rated acute Trust in Hampshire and Isle of Wight.

The Trust scored significantly above national average on the following:

- **16.9%** above average: if a friend or relative needed treatment I would be happy with the standard of treatment provided by UHS at 78.8%, a decline of 4.4% from 2021.
- **8.1%** above average: my organisation respects individual differences (cultures, backgrounds, working styles, ideas etc.) at 77.4%, a slight increase from 2021.
- **9.8%** above average: care of patients/service users is the organisation's top priority at 83.3%, a decline of 2.5% from 2021.
- **12.2%** above average: I would recommend UHS as a place to work at 68.7%, a decline of 3.3% from 2021.
- **8.7%** above average: I feel safe to speak up about concerns at 69%, a slight decline from 2021.

There are still causes for concern in terms of experience of physical violence from patients, service users, relatives or members of the public, and experience of harassment, bullying and abuse at work from patients, service users and members of the public, from colleagues and managers. All indicators have declined since 2021.

Reassuringly people have reported they feel safe and secure to raise concerns, but there is work to do to improve people’s confidence that the concerns will be addressed. Satisfaction with level of pay has continued to decline, which is unsurprising in light of the increases in cost-of-living and industrial action. Nursing and midwifery had the lowest level of satisfaction with pay. Satisfaction was also low in additional clinical services, which includes entry level jobs such as health care assistants.

Areas where the Trust has declined:

- **22.8%** of staff were satisfied with their level of pay, a further decline from 2021 of 9% (12.8% since 2020).
- In the last 12 months, **15.4%** said they have experienced physical violence at work from patients/service users, their relatives or other members of the public, an increase on 2021 and above the national average (15%).
- **74.6%** of staff feel secure raising concerns about clinical practice, above the national average. However, 61.2% would be confident the organisation would address the concerns, a decline of 5.7% from 2021.
- **69%** of staff feel safe to speak up about concerns in the organisation, but 56.6% are confident the concerns would be addressed, a decline of 3.6% from 2021.
- **27.9%** of staff believe there are enough people at UHS for them to do their job properly, a slight decline on 2021. This indicator has never reached above 38% in the last four years.

The actions that will be taken to address areas of decline, and to maintain or improve areas where the Trust has performed well are all incorporated as part of the objectives within the People Strategy, Inclusion and Belonging Strategy and delivery programmes, examples of which are described below.

<p><b>Thrive</b> Growing, deploying, innovating our workforce</p>	<ul style="list-style-type: none"> <li>• There has been workforce growth of 685 whole-time equivalents (WTE) in 2022/23, including 95 WTE who transferred across with the Genomics service. The Trust will continue to target key vacancies through international and domestic campaigns.</li> <li>• Short-term health care assistant (HCA) leavers have reduced by 10.3% (leaving within 12 months) and by 6.4% (leaving within six months). There was a net reduction of 50 vacancies between March and November 2022. The Trust will continue to target HCA retention as part of its ongoing programme of work.</li> <li>• The Trust has continued to focus on its apprentice workforce, with the aim of expanding these roles.</li> <li>• Agile working practices have been embedded at Trust Headquarters and will now continue to be rolled out across the Trust.</li> </ul>
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<p><b>Excel</b> A great place to work, develop and achieve</p>	<ul style="list-style-type: none"> <li>• Continue to embed the new appraisal approach, training and resources.</li> <li>• Launch of succession-planning tools, training and resources.</li> <li>• Opening of the Room for Improvement and Wellbeing Hub as dedicated spaces for learning, thinking and learning on improvement and innovation; wellbeing activities, staff gym, new outside space.</li> <li>• Improving staff facilities, including renovation of over 50 staff rooms, building a dedicated staff wellbeing centre (including gym) and opening a new roof garden at Princess Anne Hospital in 2023/24.</li> <li>• The Trust invested in a comprehensive range of cost of living offers during the winter providing discounts for its people.</li> <li>• Strengthening the Trust's partnership with the police to crack down on violence and aggression, pushing for greater consequences, and also providing body-worn cameras to people in key hotspot areas.</li> </ul>
<p><b>Belong</b> Compassionate and inclusive culture for all</p>	<ul style="list-style-type: none"> <li>• Launch of the Inclusion and Belonging strategy and work programmes.</li> <li>• Launch of new UHS Leadership Development Plan, with the flagship programme, Strategic Leaders commencing during the first week of May 2023.</li> <li>• Launch of Positive Action Leadership programmes, and other positive action career development.</li> <li>• WeAreUHS week in September, a week-long set of speakers, activities, workshops and local events connecting people together for the Trust's common purposes. Showcasing staff, research and development, transformation, organisational development and patient safety, culminating in the WeAreUHS Champions awards ceremony.</li> <li>• Launch and embed the Just and Learning Culture toolkit.</li> </ul>

## Future priorities and targets

The Trust's focus for 2023/24 will be on the following areas:

- Delivery of a flat position with no overall growth in the size of the Trust's total whole-time equivalent workforce. This will include continued recruitment to vacancies and new expansions offset by decreases in use of bank and agency staff and other targeted reductions.
- Workforce planning is to align with the Trust's financial position and also with the clear directions from national, regional and Integrated Care Board leadership on overall workforce growth.

In delivering the Trust's People Strategy, and its pillars of Thrive, Excel and Belong, the Trust will focus on:

- Continuing to recruit to key vacancies to support clinical delivery.
- Conversion of agency to bank, and bank to substantive where appropriate.
- Improving wellbeing and reducing sickness absence to a rolling average of less than 3.9% to drive increased capacity and experience of the Trust's people.
- Taking a range of measures to continue to reduce regretted turnover to less than 13.6%.
- Focusing on improving appraisal rates to at least 85% to support staff development.
- Focusing on delivery of year one of the Trust's Belonging strategy, including focusing on addressing poor cultures and areas of bullying and harassment.
- Celebrating the Trust's people through a range of recognition schemes, including the annual awards.
- Overhauling internal communications to improve engagement.
- Following feedback received from the staff survey, taking steps to continue to address violence and aggression against staff members.

## Trade union facility time

Details of the number of employees who were relevant union officials and the time associated with these roles for 2022/23 are shown below.

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
60	56

## Percentage of time spent on facility time

Percentage of time	Number of employees
0%	0
1-50%	60
51-99%	0
100%	0

## Percentage of pay bill spent on facility time

Total cost of facility time	£279,022
Total pay bill	£675,277,000
Percentage of the total pay bill spent on facility time	0.04%

## Paid trade union activities:

Time spent on paid trade union activities as a percentage of total paid facility time hours	4.92%
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## Expenditure on consultancy

Expenditure on consultancy in 2022/23 was £1,246,000 (2021/22: £1,475,000).

## Off-payroll engagements (subject to audit)

The Trust is required to seek assurances regarding the income tax and national insurance obligations of any senior staff engagements not paid through payroll and to report any engagements for highly paid staff earning at least £245 per day.

The Trust does not have a specific policy on off-payroll arrangements. All permanent staff employed are paid through the Trust's payroll. Contractors undertaking a temporary assignment for the Trust will be paid through other mechanisms for services provided. The Trust has established a process for dealing with potential off-payroll workers and contracts which has been reviewed by the Trust's tax advisers and is compliant with HMRC requirements.

### Highly-paid off-payroll worker engagements as at 31 March 2023 earning £245 per day or greater:

Total number of existing engagements as at 31 March 2023	3
Number that have existed for less than one year	1
Number that have existed for between one and two years	2
Number that have existed between two and three years	0
Number that have existed between three and four years	0
Number that have existed for four or more years at the time of reporting	0

### All highly paid off-payroll workers engaged at any point during the year ended 31 March 2022 and earning £245 per day or greater

Number of off-payroll workers engaged during the year ended 31 March 2023	6
of which:	
• Not subject to off-payroll legislation*	
• Subject to off-payroll legislation and determined as in-scope of IR35*	2
• Subject to off-payroll legislation and determined as out-of-scope of IR35*	4
Number of engagements reassessed for compliance or assurance processes during the year	0
of which:	
• Number of engagements that saw a change to IR35 status following review	0

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

### For any off-payroll engagements of board members and/or senior officials with any significant financial responsibility between 1 April 2022 and 31 March 2023:

Number of off-payroll engagements of board members and/or senior officials with any significant financial responsibility during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant responsibility' during the financial year. This must include both off-payroll and on-payroll engagements.	14

## Staff exit packages (subject to audit)

The figures in the table below relate to exit packages agreed in 2022/23.

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Less than £10,000	0	0	0
£10,000-£25,000	1	1	2
£25,001-£50,000	0	3	3
£50,001-£100,000	0	1	1
Greater than £100,000	0	0	0
Total number of exit packages by type	1	5	6
Total resource cost (£000)	12.4	184.1	196.5

The figures in the table below relate to exit packages agreed in 2021/22.

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Less than £10,000	0	0	0
£10,000-£25,000	0	1	1
£25,001-£50,000	0	1	1
£50,001-£100,000	0	1	1
Greater than £100,000	0	0	0
Total number of exit packages by type	0	3	3
Total resource cost (£000)	0	146	146

## Staff exit packages (non-compulsory departures payments)

The figures in the table below relate to exit packages agreed in 2022/23.

2022/23	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	3	138.1
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	3	58.5
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HM Treasury approval	0	0
<b>Total</b>	<b>6</b>	<b>196.6</b>
Of which: non-contractual payments requiring HM Treasury approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

The figures in the table below relate to exit packages agreed in 2020/21 and are consistent with the information provided in the annual accounts.

2021/22	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	1	27
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	3	119
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HM Treasury approval	0	0
<b>Total</b>	<b>4</b>	<b>146</b>
Of which: non-contractual payments requiring HM Treasury approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

Notes:

1. As a single exit package can be made up of several components, each of which will be counted separately in the above tables, the total number above will not necessarily match the total numbers in the Staff exit packages tables, which will be the number of individuals.
2. The Remuneration Report provides details of exit payments payable to individuals named in that report.

## Counter fraud

The Board remains committed to maintaining an honest and open culture within the Trust; ensuring all concerns involving potential fraud, bribery and corruption are identified and rigorously investigated. To achieve this, the Trust is committed to meeting the requirements of the 'Government Functional Standard - GovS 013: Counter fraud'. The Trust has a Fraud, Bribery and Corruption Policy, a Standards of Business Conduct Policy and a Raising Concerns (Whistleblowing) Policy. These apply to all staff and to individuals and organisations who act on behalf of UHS.

The Trust will seek appropriate disciplinary, regulatory, civil and criminal sanctions where fraud, bribery or corruption is identified and will seek to recover losses where possible. The Trust works closely with the Local Counter Fraud Specialist to prevent, deter, detect and investigate issues of potential fraud, bribery and corruption as and when they arise.

The success of the Trust's anti-bribery approach depends on staff playing their part by reporting suspected fraud, bribery or corruption and no employee will suffer detriment as a result of reporting reasonably held suspicions. In addition, we hold a register of interest for directors, staff, and governors, and ask staff not to accept gifts or hospitality that could be perceived as compromising them or the Trust. Staff are reminded of the importance of declaring any relevant interests and offers of gifts and hospitality. Doing business in this way enables us to reassure our patients, members and stakeholders that public funds are properly safeguarded.

## NHS Foundation Trust Code of Governance

University Hospital Southampton NHS Foundation Trust has applied the principles of the NHS foundation trust code of governance on a comply or explain basis. The NHS foundation trust code of governance, most recently revised in July 2014, is based on the principles of the UK corporate governance code issued in 2012.

The Board considers the Trust to be fully compliant with the principles of the NHS Foundation Trust Code of Governance as well as with the provisions of the code in all respects, save as to paragraphs B.1.2 (composition of the board of directors) and B.4.2 (executive director training and development) where there are other arrangements in place. Details of compliance or an explanation of the alternative arrangements in place are provided in the relevant sections of this report.

## NHS Oversight Framework

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

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

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

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

## Segmentation

During 2022/23 the Trust was placed within segment '2'. This segmentation information was the Trust's position as at 20 February 2023.

However, on 5 June 2023, the Trust was notified by NHS England that due to the financial performance of the Hampshire and Isle of Wight Integrated Care System and its forecast deficit for 2023/24, the Trust, along with the rest of the ICS would be placed within segment '4' and into the Recovery Support Programme. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.



**David French**  
**Chief Executive Officer**  
26 June 2023

## Statement of the chief executive officer's responsibilities as the accounting officer of University Hospital Southampton NHS Foundation Trust

The National Health Service Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS foundation trust accounting officer memorandum issued by NHS England.

NHS England has given Accounts Directions which require University Hospital Southampton NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of University Hospital Southampton NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

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

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS foundation trust annual reporting manual (and the Department of Health and Social Care Group accounting manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

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

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS foundation trust accounting officer memorandum.



**David French,**  
**Chief Executive Officer**

26 June 2023



# Annual governance statement

## Scope of responsibility

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

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of University Hospital Southampton NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in University Hospital Southampton NHS Foundation Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

## Risk strategy and policy

The Trust's risk management strategy and policy was updated in 2020/21 and has continued to be updated in 2022/23 following a review of risk appetite by the Board.

The risk management strategy and policy detail the framework within which the Trust leads, directs and controls the risks to its key functions in order to ensure:

- the safety of services and care delivered to patients;
- the wellbeing of patients, staff and visitors is optimised;
- the assets, systems and income of the Trust are protected; and
- the strategy and objectives of the Trust are achieved.

The management of risk is an integral part of management and clinical practice. Every individual within the Trust is therefore responsible for identifying and managing risk.

The Trust's risk management strategy and policy clearly defines responsibilities, accountability and authority, as part of specific roles at all levels of the organisation from ward to Board and provides guidance for the fulfilment of these roles. This is underpinned by developing and supporting a culture that encourages an open and honest recording of risks and organisation-wide learning where risks are continuously identified, assessed and managed. This culture is supplemented by effective incident reporting and investigation and the role and responsibilities of the freedom to speak up guardian.

The Trust identifies, prioritises and manages all aspects of risk through its integrated governance framework. The Board has agreed a risk appetite and risk management framework and has reviewed and identified the Trust's strategic objectives and the associated risks to delivery of those objectives.

Risk mitigation is achieved through a continuous cycle of the identification, assessment, control and review of risk.

All staff receive patient safety and governance training as part of induction and are offered access to risk management training. Additional incident reporting, human factors and root cause analysis training sessions are also available to relevant staff. Formal training is supported by a variety of other resources that seek to promote and facilitate individual, departmental, care group, divisional and organisational discussion and learning.

Recommendations and learning from complaints, audits, peer reviews, claims, incidents and complaints are also discussed locally at divisional, care group and ward governance groups. Actions and learning points are shared with other stakeholders through meetings with commissioners, clinical network groups and patient safety forums.

## Risk assessment

The Trust uses a standardised approach to risk assessment across the entire organisation. Risks are assessed based on their impact and likelihood and each of these factors is rated on a scale of 1 to 5, with 5 being the highest impact/likelihood. These figures are then multiplied to give an overall risk rating.

Impact is assessed based on a number of factors, including:

- financial implications;
- number of service users or staff potentially affected;
- ability of the Trust to achieve its objectives; and
- effect on the Trust's reputation.

Likelihood is based on the probability of the risk emerging, or the timeframes in which the risk might occur, e.g. weekly, monthly, etc.

As part of the risk assessment process, each identified risk will be assessed three times:

- The inherent risk: the risk is assessed as though there were no controls in place, or that all of the controls are failing;
- The residual (or current) risk: the risk is assessed assuming the controls in place are adequately designed and operating effectively; and
- The target risk: the risk score that should be achieved through implementing actions, bringing the risk in line with articulated appetite and tolerance.

## Risk Appetite

The frequency of review of risks may be increased based on the risk's alignment with the Trust's identified risk appetite. The scoring criteria for risks and the process for escalation of risks reflect specific appetite for risk; more general attitudes towards different areas of risk are as follows:

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Area	Appetite	Explanation
<b>Finance</b> Appetite for financial/value for money risks, which may affect the Trust's statutory requirements and achievement of the control total.	<b>MODERATE</b>	The Trust is prepared to accept the possibility of some limited financial loss in pursuit of reward. Value for money is still the primary concern, however, the Trust is willing to consider other benefits or constraints.
<b>Regulatory</b> Appetite for risks, including financial risks, which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	<b>MODERATE</b>	The Trust expects all services to comply with nationally mandated standards and targets as measured through key performance indicators. However, if there is valid reason for non-compliance, the Trust is willing to be challenged.
<b>Safety</b> Appetite for risks which compromise safety.	<b>LOW</b>	The Trust expects services to be delivered safely, resulting in no harm to patients and staff.
<b>Quality</b> Appetite for risks that may compromise the delivery of outcomes for patients.	<b>LOW</b>	The Trust expects services to be delivered effectively and not adversely affect the expected outcomes for patients. However, not all aspects are within the Trust's control, e.g. access and waiting times, referral to treatment times and timely discharge of patients.
<b>Patient Experience</b> Appetite for financial/value for money risks, which may affect the Trust's statutory requirements and achievement of the control total.	<b>MODERATE</b>	The Trust expects patients to receive a positive experience whilst receiving services (as measured through the friends and family test, levels of complaints and compliments etc.). However, there will be times where safety will be prioritised over experience.
<b>Reputation</b> Appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the Trust.	<b>MODERATE</b>	The Trust will only undertake activities and events where there is little chance of any significant repercussions for the organisation should there be a failure.
<b>Technology and Innovation</b> Innovation Appetite for the use of technology and innovation in service delivery.	<b>HIGH</b>	This is within the context of compliance with delivering clinically safe, secure, available and resilient systems and digital architecture. The Trust supports and actively encourages innovation with demonstration of commensurate improvements in management control. Systems/technology developments will be used routinely to enable operational delivery.

## Board Assurance Framework

Risks to delivery of the Trust's strategic objectives are documented in the Board assurance framework.

The Board assurance framework was substantially refined and updated in 2020/21 and has continued to be reviewed and updated dynamically during 2022/23 in response to discussions and feedback from the board, its committees and executive directors. The Board and the Audit and Risk Committee have reviewed the risks identified in the board assurance framework throughout the year. In addition, specific committees have been allocated responsibility for oversight and monitoring of individual risks as set out in the table below. This includes monitoring the progress of the action plans to reduce the risks identified and the effectiveness of the controls already in place to manage these risks

The board assurance framework is reviewed regularly by the Board and by the Audit and Risk Committee to ensure that:

- it provides an adequate level of assurance, identifying any areas or actions around which further assurance may be required;
- the key actions to develop either the control or assurance framework for these strategic risks are appropriate and delivered within acceptable timescales, and
- it includes all the risks to the delivery of the strategic objectives.

The Board approved a number of strategic objectives for 2022/23. Using the board assurance framework the risks to delivery of the strategic objectives have been identified by the Board and are set out below:

Strategic risk	Monitoring committee
Lack of capacity to appropriately respond to emergency demand, manage the increasing waiting lists for elective demand, and provide timely diagnostics, that results in avoidable harm to patients.	Quality committee
Due to the current challenges, we fail to provide patients and their families / carers with a high quality experience of care and positive patient outcomes.	Quality Committee
We do not effectively plan for and implement infection prevention and control measures that reduce the number of hospital-acquired infections and limit the number of nosocomial outbreaks of infection.	Quality Committee
We are unable to meet current and planned service requirements due to unavailability of qualified staff to fulfil key roles.	People and Organisational Development Committee
We fail to develop a diverse, compassionate and inclusive workforce, providing a more positive staff experience for all staff.	People and Organisational Development Committee
We fail to create a sustainable and innovative education and development response to meet the current and future workforce needs identified in the Trust's longer-term workforce plan.	People and Organisational Development Committee
We do not implement effective models to deliver integrated and networked care, resulting in sub-optimal patient experience and outcomes, increased numbers of admissions and increases in patients' length of stay.	Quality Committee
We are unable to deliver a financial breakeven position and support prioritised investment as identified in the Trust's capital plan within locally available limits (CDEL).	Finance and Investment Committee

Strategic risk	Monitoring committee
We do not maintain, improve and develop our estate to deliver our clinical services and increase capacity.	Finance and Investment Committee
We fail to introduce and implement new technology and expand the use of existing technology to transform our delivery of care through the funding and delivery of the digital strategy.	Finance and Investment Committee
We fail to prioritise green initiatives to deliver a trajectory that will reduce our direct and indirect carbon footprint by 80% by 2028-2032 (compared with a 1990 baseline) and reach net zero direct carbon emissions by 2040 and net zero indirect carbon emissions by 2045.	Trust Executive Committee

## Divisional Risk Management and Controls

Each division has a divisional management board, chaired by a member of the divisional management team. Each board is responsible for its performance standards and risks, including quality, safety, contractual, financial and people risks, and these are monitored through the divisional performance and accountability framework. The Trust continues to develop and strengthen its divisional governance arrangements to support increased responsibility and accountability for the operational, financial and quality performance of its services. The triumvirate leadership model ensures that divisional management teams are comprised of members from a combination of medical, nursing/allied health professional and operational management functions.

Each division is supported by embedded governance and management functions including a divisional governance group. The divisional governance group provides all the required quality data to support the identification of emerging risks, management of patient safety and patient experience and ensuring the delivery of effective clinical services.

The divisions are accountable to the Trust Executive Committee through the divisional management teams, who are members of the committee. The divisional management teams are also accountable to the Chief Operating Officer as well as having professional accountability to the Chief Nursing Officer or Chief Medical Officer as appropriate

## Operational Risk

Operational risks can be identified by staff based on a number of sources including:

- new or changes to national guidance, legislation and regulation;
- incidents, complaints, concerns, feedback, claims and peer reviews;
- external review; and
- clinical and other audits.

Operational risks identified by staff are assessed and reviewed by governance groups within wards, care groups and departments, together with the controls and actions to manage those risks.

The Board and its committees also consider independent sources of assurance to verify the accuracy and completeness of the risks identified and the controls in place to mitigate them such as internal and external audit, counter fraud, commissioned independent reviews, clinical audit, external data, Care Quality Commission reports and other external and peer reviews.

# ACCOUNTABILITY REPORT

The highest scoring operational risks, including any changes to these, are reviewed by the Audit and Risk Committee and Board on a quarterly basis and by individual committees identified as responsible for monitoring these risks.

The charts below illustrate where risks falling within different categories are managed as well as the escalation process.

		Likelihood				
		1. Rare	2. Unlikely	3. Possible	4. Likely	5. Certain
Consequence	5. Catastrophic					
	4. Severe			Escalated to Divisional Governance	Escalated to the Trust Executives	
	3. Moderate			Escalated to Divisional Governance		
	2. Low		Managed within services and care groups			
	1. None					

Risk Category	Responsible for Managing	Monitoring
Low	Ward	At least quarterly at care group governance and management meetings.
Low/Medium	Ward/Care Group	Bi-monthly at care group governance and management meetings.
Medium/High	Ward/Care Group	Monthly at divisional management boards and governance groups and by Trust-wide governance groups.
High	Escalated to Trust Executives	Monthly by the Trust Executive Committee and quarterly by the Audit and Risk Committee.

The meetings referred to above also validate the scores attributed to the risks.

Data security risks are managed and controlled by the Informatics and Information Governance teams through their management structures and responsibilities, underpinned by a range of policies and procedures.

Health and safety and patient safety risks are managed and controlled through divisional and Trust management structures and responsibilities. The Trust also has in place appropriate policies and procedures.

The management of data security, health and safety and patient safety risks form part of the Trust's integrated governance approach to the management and monitoring of corporate and clinical governance and risk management.

## 'Red Risks'

The highest scoring operational risks necessitating escalation to the Trust Executive Committee are referred to as 'red risks'. At the end of 2022/23 these risks were:

- Maternity staffing during peaks of activity and insufficient space on the maternity day unit and labour induction suite.
- Capacity and demand in maternity services.
- Lack of medical workforce which may impact on safety and experience of women and babies.
- Delays in patient treatment and surgery due to insufficient capacity for gynaecology patients.
- A risk that harm to patients will occur if there are delays in emergency care and treatment due to insufficient capacity and provision within the emergency department.
- A risk patients will come to harm due to long waiting times if there is insufficient capacity for elective neurosurgery.
- A risk to cardiac surgical patients who are on the waiting list and are clinically deteriorating.
- Patients with suspected and confirmed ENT cancer at risk of increased waits and potential harm.
- Prostate cancer outpatient capacity.
- A risk that patients will experience loss of vision if additional outpatient follow up capacity is not identified.
- An increase in two-week referrals within dermatology.
- Demand for surgical day unit capacity on inpatients and admissions and its impact on patient experience and staff well-being.
- A risk that medically fit to discharge patients, or those not meeting criteria to reside, will suffer harm as a result of increased length of stay and limited bed capacity.
- Risk to reputation and patient safety due to insufficient theatre capacity across child health, resulting in long waiting times for surgery.
- A shortage of anaesthetic practitioners within theatres.
- A risk that the current discharge process is not effective and will not deliver on the Trust's clinical strategy, discharging patients at the point of clinical optimisation.
- Potential harm to patients and staff as a result of challenging behaviour in critical care.
- Children and young people with acute mental illness or behavioural disturbance will be at risk of increased harm if there are no dedicated child and adolescent mental health services (CAMHS) facilities and insufficient CAMHS staffing at Southampton Children's Hospital.
- Delays in discharge of children and young people with acute mental illness or behavioural disturbance may impact on capacity within the children's hospital.
- Increase in number of mental health patients and ligature risk in the emergency department and acute medical unit.
- A risk that supply chain disruption may make essential consumables unavailable, directly impacting on the quality of patient care and patient outcomes.
- A risk that UHS resources are unable to keep up with the workload generated by HM Coroner.
- A lack of identified replacements for the Trust's data centre and that the Trust's data and communication centre facilities are no longer suitable for supporting mission-critical IT services.

- Insufficient resource and resilience in the UHS network team.
- Reports and results originating from the minor patient record not appearing in the major record after merging.
- A risk that UHS does not sufficiently manage the increased cyber threat.
- Risk of failure of the pharmacy logistics robot.
- Ventilation and electrical infrastructure in parts of the hospital.

## Clinical Assurance Framework

In response to the risks relating to activity, capacity and longer waits, the Trust has developed a clinical assurance framework to understand and manage the risk of harm to patients due to extended waiting times. This has been used to support allocation of theatres across specialties and to support business cases for additional investment in priority areas.

## Provider Licence

The principal risks to compliance with condition CP1 of the Trust's provider licence relate to the oversight metrics set out in the appendices to the NHS System Oversight Framework and the NHS Constitution. These metrics are monitored monthly by the Board through its integrated performance and finance reports. The Board conducts more detailed reviews on areas identified as higher risk or of particular importance and where the Trust is not meeting the required metrics or recovery is not proceeding in line with agreed action plans.

## Risk Management with Key Stakeholders

The Trust is in dialogue to actively manage risks with key public stakeholders. Examples of this dialogue include:

- participation in the Hampshire and Isle of Wight Integrated Care System;
- working collaboratively with commissioners;
- meeting regularly with clinical directors of primary care networks;
- engaging with Healthwatch Southampton;
- consulting the Council of Governors on key issues and risks;
- holding public engagement events, including an annual members' meeting;
- interaction at various levels with the University of Southampton, including having a non-executive director from the University;
- membership of clinical networks;
- membership of research networks; and
- regular relationship meetings with the Care Quality Commission's local inspection team.

## Corporate Governance

The NHS Provider Licence standard conditions, under which the Trust operates were modified on 31 March 2023 following a statutory consultation. As part of this modification the previous requirement for the Board to self-certify compliance with condition G6 of the licence was removed. The Board continues to self-certify compliance with CoS 7: Availability of Resources and did so at its meeting held on 25 May 2023.



The Board considers the statements relating to conditions G5 (previously G6) and CP1 (previously FT4) of the provider licence. In particular, the Board shall:

- have regard to such guidance on good corporate governance as may be issued by NHS England from time to time;
- have regard to such guidance on tackling climate change and delivering net zero emissions as NHS England may publish from time to time, and take all reasonable steps to minimise the adverse impact of climate change on health
- have corporate and/or governance systems and processes in place to meet any guidance issued by NHS England on digital maturity; and
- comply with the requirements set out in condition CP1.

Annual compliance with the principles of good corporate governance and more detailed provisions of the NHS foundation trust code of governance is reviewed as part of the required disclosure which appears in this annual report. These are also reflected in the governance framework for the Board and its committees to support ongoing compliance.

The Board conducts its own reviews of its governance structures, which includes annual self-assessment reviews of performance by its committees to ensure that information provided to the Board identifies the key performance risks and the risks to compliance with the Trust's provider licence and other local and national performance targets and with its own performance objectives. These include indicators and measures relating to quality, safety, patient experience, clinical outcomes, performance, access, productivity, workforce, activity, research, integration, digital, community and finance.

Annual appraisals of both non-executive directors and executive directors take place with annual objectives and development plans identified, some of which are incorporated into the board development programme. The Chair leads the appraisal of the non-executive directors and consults the Council of Governors in support of this. The Chair carries out the appraisal of the Chief Executive Officer and the Chief Executive Officer carries out the appraisals of the executive directors.

The Senior Independent Director carries out an annual appraisal of the Chair's performance and meets with the Council of Governors as part of this process.

The work of the internal auditors supports the Trust in gaining assurance in relation to the functioning and effectiveness of its governance arrangements and internal systems and controls.

The Board is satisfied that during 2022/23 the Trust has provided the necessary training to its Governors, as required by section 151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

## Business Continuity

Both business continuity and business resilience plans were effectively enacted throughout the Trust's response to the COVID-19 pandemic and have been tested subsequently.

## Equality, diversity and human rights

The Trust has set out to integrate equality impact assessments (EIA) into its core business process and decision-making. It does this by providing training to all service managers and key staff on how to undertake EIA. The Trust policies also require EIAs to be completed where applicable before they are finally approved.

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

## People

The Trust's People Strategy was refreshed in 2021/22 in line with the Trust's new strategy and strategic objectives. The People Strategy sets out a five-year road map and ambitions for the Trust based on three key pillars: thrive, excel and belong. The strategy has been based on insights from staff at the Trust and responds to the 2020 and 2021 NHS staff survey themes and meets the requirements of the NHS people plan.

The Trust has a strong governance framework that systematically monitors short, medium and long-term staffing plans, risks and controls through the people board and up to and including the People and Organisational Development Committee and Trust Board.

The Trust completes an annual top-level workforce plan as part of the wider operational and financial planning process. This contributes to the wider Integrated Care System workforce planning process in line with NHS England requirements.

## Safe Staffing

The National Quality Board guidance is fully embedded for nursing and midwifery and includes:

- annual review and re-setting of nursing establishment and skill mix using a triangulated methodology and approved tools, refreshed six-monthly, and both reported to the Board;
- regular reporting to the Board of nursing and midwifery staffing hours and any 'red flag' events for staffing as part of performance reporting;
- availability of staffing information for the public via ward displays and on the public website;
- dynamic staffing risk assessments and formal escalation processes; and
- implementation of new roles such as nursing associates, apprentices and advanced practitioners, accompanied by strong quality impact review.

The Trust also complies with the developing workforce safeguards recommendations through a bi-annual ward staffing review process, development of a quality impact assessment template for service changes and regular reports to the Board on staffing establishment. Plans to make significant changes to the workforce are reviewed to assess the impact on safety and quality of services.

Staffing metrics are combined with the wider performance report to ensure the quality impact is reviewed as a whole. A formal quality impact assessment approval is required from the Chief Nursing Officer and Chief Medical Officer with respect to major changes in the workforce.

All staffing metrics are regularly monitored, using a variety of sources including data from the model hospital and these are reported monthly with a six-monthly focus to the Quality Committee and the Board.

Electronic rostering is well embedded within the Trust, having been introduced in 2009. It is used across the professions and integrated with other workforce systems. Further work is ongoing to embed this further for medical staff and expand job planning for all staff where this is appropriate.

The guardian for safe working hours also reports quarterly to the Board providing assurance that the Trust's junior doctors have safe working hours.

## Care Quality Commission

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust's current registration status with the Care Quality Commission (CQC) is unconditional and the Trust has no restrictions on its practice or services.

'The CQC investigated an incident at the Trust, which occurred in January 2023. The CQC has not indicated an intention to pursue enforcement action against the Trust in respect of this incident.'

The latest CQC inspection in December 2018 and January 2019 (report published on 17 April 2019) rated the Trust as 'good' overall and 'outstanding' for providing effective services.

Progress with the action plan from the inspection was closely monitored by the Trust's Board, Quality Committee and the quality governance steering group, augmented by visits by commissioners and NHS England and (previously) NHS Improvement.

## Register of Interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for Board members within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

## Pensions

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

## Net Zero

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

## Data Security and Protection Toolkit

Data security performance is assessed annually through the completion of the NHS data security and protection toolkit, which allows the Trust to measure and track its performance against the National Data Guardian's ten data security standards. The toolkit is a self-assessment against a number of areas, including data protection and cyber security. For additional assurance, the Trust's draft self-assessment undergoes an external audit before submission of the final response to NHS England.

## Information governance

There were six reportable breaches relating to personal data and potentially involving data loss or confidentiality that required action during the period from April 2022 to March 2023. These incidents involved:

- Letter sent to the incorrect recipient (two occurrences)
- Unauthorised access to data by a member of staff
- Unauthorised disclosure of records
- Health data found in a rented property
- Health data found in a public area within the hospital

Each of these incidents was fully assessed and reported via the Data Security and Protection Toolkit to the Department of Health and Social Care. Based on the evidence provided, the breaches were escalated to the Information Commissioner's Office (ICO). No regulatory action was taken by the ICO against the Trust in respect of these breaches as they were satisfied that the actions taken by the Trust had mitigated the risks to the rights and freedoms of the individuals concerned and that actions had been put in place to try to prevent any reoccurrence.

## Data quality and governance

Patient data management is largely provided through the Trust's Informatics directorate and the Data and Analytics (D&A) function. Both areas report to the Chief Operating Officer (COO).

Led by the Chief Information Officer (CIO), Informatics provide digital services, manage the digital development programme, and maintain the Patient Administration System and Electronic Patient Record for UHS. The Digital Programme Delivery Group, chaired by the COO, oversees the work of Informatics. Changes to operational systems are managed through a formal Change Control Board.

The Director of D&A heads the team responsible for delivering data services within UHS and oversees the strategic and operational delivery of business intelligence reporting and performance information services within the Trust. Clinical coding of patient records is also undertaken within this team.

The D&A team lead on data quality and data validation for the Trust. They are responsible for provision of internal performance reporting to the Trust Board, Quality Sub-Committee and senior management team in addition to managing the formal reporting of performance to the NHS and other external bodies through national systems. They are responsible for ensuring all data is timely and appropriately quality assured.

Data assurance and monitoring is provided through existing groups and organisational structures. Data quality issues and assurance problems are reviewed and escalated within D&A, led by the director who will agree actions and progress resolution through the relevant teams. Major data quality issues are escalated to the Chief Operating Officer, and where required the Chief Executive Officer or other members of the UHS executive.

UHS continues to invest and develop analytics for improved data quality, particularly around waiting times data. A dedicated validation team is employed to support elective pathway data quality and improved data collection using a dedicated validation system. The team support the accurate application of the UHS access policy and run a regular RTT forum across all operational clinical divisions.

In addition, the Trust continues to support the weekly National Waiting List Minimum Dataset collections. NHS England reports on data quality show UHS data performance is consistently recorded in the 99.3% range, significantly better than most other Trusts. Our regional and national ranking scores place UHS within the top quintile for waiting list data quality.

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

The Trust employs a number of internal mechanisms and external agencies to ensure the best use of resources. This includes reviewing Model Hospital data provided by NHS England and NHS Improvement to improve productivity and efficiency.

In January 2019 NHS Improvement (now part of NHS England) carried out a Use of Resources (UoR) inspection alongside the CQC's inspection of the Trust. This is an assessment of how effectively and efficiently trusts are using resources. The Trust's UoR report was published as part of the CQC's report in April 2019. UHS was rated as 'good' in the well-led category and for using its resources productively, with its combined UoR and quality rating being 'good'.

The Trust has an annual financial plan which is approved by the Board and submitted to NHS England as part of the Hampshire and Isle of Wight Integrated Care System. The Finance and Investment Committee and Board monitors the Trust's performance against the plan through monthly reporting. The Trust's resources are managed within the financial framework set by the key financial policies, the standing financial instructions and terms of reference.

Financial governance arrangements are supported by internal and external audit to ensure economy, efficiency and effectiveness in the Trust's use of resources. The scope of the external audit of value for money included a review of the Trust's arrangements for financial sustainability, governance, and improving economy, efficiency and effectiveness. Following completion of the audit, the findings and report were reviewed by the Audit and Risk Committee. The audit noted one significant weakness in arrangements for 2022/23: the Trust had set itself a challenging cost improvement plan target for 2023/24, which was, in part, reliant on unidentified savings plans, and the audit resulted a number of recommendations, accepted by management, to assist in delivering the Trust's target for 2023/24.

Divisional and corporate departments are responsible for the delivery of financial and other performance targets through a budget-setting and performance management framework, which incorporates divisional reviews with the executive team for key areas and compliance with the Trust's financial framework.

The Trust also includes the use of quality impact assessments as part of its cost improvement programme, drawing a link between quality improvement and achieving greater efficiency in the delivery of its services as well as reduction of waste. The Trust has adopted a systematic approach to transformation under its 'Always Improving' strategy where quality improvement is used alongside quality planning, quality assurance and quality control to create a single, consistent 'total quality management' system. During 2022/23, the Trust achieved its £45.6m cost improvement programme target.

## Review of effectiveness

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

An independent non-executive director chairs the Audit and Risk Committee, which met six times during the year. All members of the committee are independent non-executive directors. Representatives of external audit and internal audit attended all meetings and also met separately with committee members, without executive management present, during the year. Representatives from the local counter fraud specialist also attend all meetings of the committee.

The committee reviewed and accepted the audit plans of both internal and external auditors. Audit plans are risk-based in order to provide assurance on those areas of greatest risk and are flexible enough to respond to emerging risks during the financial year. The plans specifically include economy, efficiency and effectiveness reviews.

An independent non-executive director chairs the Quality Committee. The committee met eight times during the year and received reports related to clinical and corporate governance. This included monitoring ongoing compliance with its fundamental standards for quality and safety and clinical outcomes and effectiveness.

The Board received a report from the chairs of the Audit and Risk Committee and Quality Committee following each meeting as well as minutes of the meetings. The Board regularly reviewed the board assurance framework and significant risks within the organisation, ensuring that significant clinical and non-clinical risks were reflected and any gaps in controls or assurance relevant to risks to the Trust's strategic objectives were identified and reported.

The review of internal control is supported by the head of internal audit's opinion for 2022/23, which provided the Trust with significant assurance that there was a generally sound system of internal control with minor improvements required, which was designed to meet the Trust's objectives and that controls in place were being consistently applied in all key areas reviewed. This opinion reflects the internal auditor's assessment of the design and operation of the underpinning aspects of the risk and assurance framework and supporting processes and the range of individual assurances arising from its risk-based internal audit assignments reported throughout 2022/23. This assessment has taken account of the relative materiality of these areas. The opinion also reflects the Trust's record in implementing audit recommendations and a proactive approach to address the risks identified by internal audits.

The Quality Account describes the Trust's participation in national and clinical audits and resultant actions to improve quality. The Quality Committee reviews reporting on clinical outcomes and effectiveness on a regular basis in order to provide assurance to the Board on the quality of services provided by the Trust. The Board receives this assurance directly through annual reporting on clinical effectiveness and outcomes.

## Conclusion

No significant internal control issues have been identified by the Trust during 2022/23 through its own or external reviews



**David French,**  
**Chief Executive Officer**  
26 June 2023





University Hospital  
Southampton  
NHS Foundation Trust

# QUALITY ACCOUNT 2022/23

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# Part 1: Statement on quality from the chief executive

## 1.1 Chief executive's statement and welcome

**Welcome to the quality account for University Hospital Southampton NHS Foundation Trust (UHS) for 2022/23. This document provides an overview of the activity that has been taking place in our hospitals for the quality agenda during this time.**

The last two and a half years have been hard for everyone both at UHS and the wider NHS. It has seemed more difficult than ever this year with emergency demand, waiting lists, continued challenges around COVID-19 and national industrial action, but at UHS we are proud to have maintained a focus on the quality and safety of the services we deliver to our community. More than ever this year, our Trust values have been our foundation which anchor us as we work hard to share our vision, strategy, and culture.

Our mission at UHS is to be better every day, and every member of staff is involved in helping the Trust practice its value of 'always improving'. We feel strongly that everyone across our organisation is responsible for keeping quality and the patient at the centre of everything we do. We are proud of our incredible staff, volunteers, patients, and everyone in the community who continue to ensure we provide such high levels of quality in continued unprecedented circumstances, and we recognise they have all been remarkable in the support and kindness shown to each other throughout the year.

During the pandemic, the Trust invested in the wellbeing of its staff, and we continue to invest significantly in our people to ensure that they are best placed to deliver world class quality care and be proud of that achievement. It gives me great pleasure to share in this report some of the results from the last staff survey which includes being ranked seventh nationally for recommendation as a place to work out of 124 organisations in the acute and acute community trusts category, and shows we are the top performing Trust in the Southeast region for this question.

For us, quality improvement is the focus of making measurable improvements to our services for patients and staff. We want all our staff to feel their ideas are welcomed and valued. We also want all teams to work together to make improvements happen that really benefit our patients and staff. In this report we demonstrate through our retrospective review of last year's quality priorities just how much progress in quality improvement our staff have made.

We recognise that outstanding quality of care is not just about delivering excellent clinical outcomes. It is also about making sure that our patients feel listened to and supported. We have made good progress with our shared decision-making agenda and are increasingly working more collaboratively with our patients and partners on key projects and service improvement. This year several of our quality priorities reflect our aspiration to help people to manage their health and wellbeing so they can maximise their independence and choice. We want to support our patients to work with us to plan their care and treatment, recognising what matters to them.

We are also using this year's quality priorities to help us focus on how well we understand the diverse health and care needs of people and our local communities., and where that care may be unequal. Our goal is to provide care which addresses some of those inequalities, is personalised, joined-up, flexible and supports choice and continuity.

This year we have been able to take some time to consider some wider quality issues, and have been delighted to be able to launch our UHS Green Plan. The plan sets out our response to the challenge of the NHS becoming the world's first health service to reach carbon net zero, and sets out the scale of the challenge, our commitment to reducing the impact on the environment and the steps we will collectively take to get there.

The challenges of the last year may have been significant, but there are some real positives from the experience. We are steadily developing new ways of working across teams and services to support people and are seeing the benefits of a more collaborative approach as a health and care system. Integrated care remains an authentic focus, and major change continues across our services helping us to continue to develop quality during the coming year.

The next 12 months promises to be equally exciting and challenging, and we look forward to continuing to work together to deliver the best possible care for our community.

The information contained within this report has been subject to internal review. Therefore, to the best of my knowledge, the information contained within this document reflects a true and accurate picture of quality in the Trust.



**David French**  
**Chief Executive Officer**  
26 June 2023

## 1.2 Introduction to this report

Every year all NHS hospitals in England must prepare and publish an annual report for the public about the quality of their services. This is called the quality account and makes us at UHS more accountable to our patients and the public which helps drive improvement in the quality of our services.

Quality in healthcare is made up of three core dimensions:

- **Patient experience** – how patients experience the care they receive.
- **Patient safety** – keeping patients safe from harm.
- **Clinical effectiveness** – how successful is the care we provide?

The quality account incorporates all the requirements of The National Health Service (Quality Accounts) Regulations 2010 (as amended) as well as additional reporting requirements. This includes:

- How well we did against the quality priorities and goals we set ourselves for 2021/22 (last year).
- It sets out the priorities we have agreed for 2023/24 (next year), and how we plan to achieve them.
- The information we are required by law to provide so that people can see how the quality of our services compares to those provided by other NHS Trusts.
- Additional information about our progress and achievements in key areas of quality delivery.
- Stakeholder and external assurance statements, including statements from Hampshire and IOW Integrated Health Board, Healthwatch, our Council of Governors, Hampshire and Isle of Wight Integrated Care Board and Southampton County Council's Health Scrutiny Committee.

# Part 2: Priorities for improvement and statements of assurance from the board

## 2.1 Priorities for improvement

This section provides a look back over the 2021/22 quality priorities at UHS and sets out our quality priorities for 2023/24.

### 2.1.1 Progress against 2022/23 priorities

Last year we continued our ambition to deliver the highest quality care shaped by a range of national, regional, local, and Trust wide factors. We recognised the overriding issues of the significant operational pressures which were being felt right across the health and social care system. Our challenge was to deliver the best quality care in the context of these operational pressures, and we set our quality priorities accordingly.

#### Overview of success

No	Quality Priority	Measure of success
1	Enhancing capability in Quality Improvement (QI) through our Always Improving strategy	Achieved
2	Developing a culture of kindness and compassion to drive a safety culture	Partially achieved: plans to fully deliver training have been affected by operational pressures
3	We will improve mental health care across the Trust including support for staff delivering care	Partially achieved: quality improvement projects have not yet been delivered. Mental health strategy not yet finalised
4	Recognising and responding to deterioration in patients	Achieved
5	Improving how the organisation learns from deaths	Partially achieved: we have not been able to establish a learning from deaths steering group
6	Shared decision making (SDM)	Achieved
7	Shared decision making (SDM)	Achieved
8	Ensure patients are involved, supported, and appropriately communicated with on discharge	Achieved

<b>PRIORITY ONE</b>	<b>Enhancing capability in quality improvement (QI) through our Always Improving strategy</b>
<b>Achieved</b>	
<b>Why was this a priority?</b>	
<p>QI is the use of methods and tools to continuously improve quality of care and outcomes for our patients and is recognised as a central tenant of all outstanding organisations. At UHS this is demonstrated by our Always Improving value and underpinned by our Always Improving strategy which sets out our approach to building and maintaining our QI capability. It reflects the Trusts' vision, mission, and values, and is supported by robust integrated governance. It gives our staff access to a wide range of training opportunities and practical experiences at different levels to give them the skills they need to think differently and drive QI for the benefit of our patients, their families, and carers.<sup>1</sup></p> <p>We recognise that historically it has often been difficult to prioritise the time to train our staff in the skills required to engage successfully in QI, and it can be difficult to create the space to apply a systematic organisational approach to guide them. During 2021/22 we committing to creating time and space to build momentum in our QI work, acknowledging that developing our QI capability would act as an enabler and catalyst to support the delivery of all our quality priorities.</p>	
<b>What have we achieved?</b>	
<p><b>Offer secondments to staff to build quality improvement skills within transformation programmes</b></p> <p>The transformation team has grown to over thirty team members including project support officers, project managers, benefit realisation managers. This has allowed us to develop that systematic organisational approach to guide and support our staff in their QI projects.</p> <p><b>Training our workforce</b></p> <p>To date we have trained over 1500 people in our improvement approach, which exceeds our original target of five hundred. We did, however, find the longer improvement courses of half a day or more saw a significant drop in take-up due to difficulties in releasing staff away from their responsibilities while clinical pressures on the Trust continued to be extreme. As these clinical challenges showed no sign of improving, we redesigned the course to make sure our workforce could still be upskilled. The redesign allowed for the education to be delivered at a time and place tailored to the variety of clinical challenges the staff were facing. We developed a modular education course ("knowledge shares"), that uses shorter 'bite sized' workshops delivered locally, as well as hybrid, virtual and fully online components. The modules can be built up into six progressive levels, from introductory to master with certification at each level. Evidence of a local quality improvement project must be presented before certification can be granted.</p> <p>We have also developed new project tools and templates to support our project training and to standardise project reporting. These are shared across our staff groups and have been well received.</p> <p><b>Quality improvement projects</b></p> <p>We originally set a target of delivering fifty quality improvement projects but have successfully supported a total of 84 (fifty-five local and twenty-nine flow improvements). These are local change projects which were identified, proposed, led, and delivered by the people who do the work.</p> <p>Our projects can be small or large, and staff are encouraged to develop them with or without the transformation team. They are also encouraged to share the outcomes of their projects whether they are successful or still have more to do, so others can learn from them and be inspired by their work. We recognise it can be just as valuable to learn from things that did not go as planned.</p> <p>We use a wraparound approach to ensure we work 'with' and upskill our staff with supporting improvement and project tools, rather than doing 'to' or 'for' our staff. We feel this collaborative approach grows capability, continuing learning and autonomy moving forward.</p>	

<sup>1</sup> A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. When we refer to carers in this document, this is inclusive of both adult and young carers

The projects we have completed vary from full-service reviews to more basic quality improvements and cover all four of our clinical divisions as well as our management offices.

## Examples of QI projects across the organisation:



## Examples of live local projects across the divisions:

### Project: Family inclusive care - Hello my name is not Mum/Dad/Parent!

**What is the problem?** Use of mum/dad/parent instead of names of family members/carers of paediatric patients can lead to depersonalisation of family members sometimes making them feel excluded from their child's care.

**Aim:** In our neonatal department there is a specific demographic of patients that require a longer admission than paediatric patients secondary to their prematurity. Parents and families spend long periods of time in hospital and therefore deserve to feel part of the team. By making small changes to our communication such as using their names when appropriate we hope to develop this 'feel.'

**What is the change?** Introduce name badges for parents in the neonatal admission bags.

**How will we know a change is an improvement:** Parental satisfaction: we will complete pre and post intervention questionnaires to collect feedback.

Our staff will demonstrate improvement in their awareness and use of family member names.

Our families will tell us they feel our care is 'family inclusive.'

### Project: Pain management following minimally invasive thoracic surgery: is patient-controlled analgesia (PCA) needed?

**What is the problem?** PCA is historically known to have higher side effect risks with little added benefits with increased administration.

**Aim:** To reduce pain control side effects such as nausea and vomiting and improve pain level scoring at post-operative day one, and at discharge following video assisted thoracoscopic surgery (VATS) lobectomy procedures.

**What is the change?** Education to prescribers of analgesia post-operatively for this patient cohort. To inform better analgesia prescribing knowing the side-effects of PCA and its impact on patient recovery outcomes post-operatively. Establishment of a standardised post-operative pain management protocol for minimally invasive thoracic procedures using evidential data proving benefits of prescribing alternative post operative analgesia to achieve better pain outcome at discharge with reduced side-effects.

**How will we know a change is an improvement:** Patients who did not use PCA experienced no nausea and vomiting post-operatively and had better pain score outcome on day of discharge. They were also discharged quicker as they were able to mobilise earlier and engage well with physiotherapists.

**Project: Development of a staff resource to improve (a) induction into department, (b) multidisciplinary communication to specialities calling on-call radiology and (c) workflow efficiency**

**What is the problem?** New gastrointestinal radiology trainees must answer phone calls queries from various referring specialities with minimal prior experience, expertise and/or formal training. This burdens both the referring specialities and the radiology department with delays in communication which in turns delays patient scans.

**Aim:** To try and accomplish the development of a resource that would help reduce this issue.

**What is the change?** The development of an electronic resource to reduce the need for both (a) delaying a referral from a clinical team and/or (b) seeking advice from a senior colleague before. A comprehensive resource, with an easy to navigate menu/ feature can help achieve this.

**How will we know a change is an improvement:** We will measure the number of times a new trainee has to (a) delay a referral from a clinical team and/or (b) seek advice from a senior colleague before proceeding. After our intervention, if fewer delays to scans must be made, we will know an improvement has been achieved.

**Project: Improving hand hygiene on the wards**

**What is the problem?** We have been seeing some low scores on our inpatient hand hygiene audits.

**Aim:** To engage all staff in undertaking a quick peer review hand hygiene audit during their shift to recognise where we are failing and how we can improve compliance with handwashing policy. Use this intelligence to drive improvements in understanding and practice.

**What is the change?** We are measuring the compliance of correct hand hygiene on the ward by peer review. By staff undertaking the audit will recognise where the compliance is needed and change their practice

**How will we know a change is an improvement:** Improved compliance and knowledge base on re-audit.

**What our staff tell us:**



**Redevelopment of QI project register**

We have redeveloped our project register on our electronic Ulysses system to provide a rich resource for all our staff to access. Staff are encouraged to upload a summary of their improvement project to our QI library via a simple template that is quick to complete. By doing this we are building up a stock of improvement stories from across the Trust, and any staff member can have a look through projects for shared learning and inspire ideas and changes they may want to make. The redevelopment and new process has seen an 85% rise on average in number of projects added to the system.



## Staff survey results

A key indicator in achieving this priority is what our staff tell us through the NHS Staff Survey. Our aim was to improve our staff engagement scores in the improvement related questions (see below in Figure 1) to demonstrate an increase in staff engagement and capability in improvement.

We are pleased to report that our engagement score has moderately improved in each area with our response q3d achieving 'green' indicating we are 3% above the national average. These results for improvement are more favourable in the context of an overall reduction in engagement score nationally.

**Figure 1: Staff survey engagement scores 2022**

Comparator information		Picker average 2022	Organisation 2022	Organisation 2021
Q	Description	n=227671	n=7023	n=6985
q3d	Able to make suggestions to improve the work of my team/dept	71.5%	74.9%	74.2%
q3e	Involved in deciding changes that affect work	50.5%	52.9%	52.8%
q3f	Able to make improvements happen in my area of work	54.3%	57.1%	56.8%

## 2022 Always improvement conference

Our Always Improving conference took place in October 2022. Keynote speakers included Dr Bob Klaber, director of strategy, research and innovation and consultant paediatrician at Imperial College Healthcare NHS Trust. The event provided an opportunity to interact, engage, celebrate, and share learning with others and to inspire the one hundred staff that attended to make a difference on our journey to world class care.

A selection of workshops took place during the day, providing an opportunity to develop specific skills around improvement methodologies, measurements for improvement, coaching approaches and authentically partnering with patients in improvement work.

We had over thirty poster submissions as part of a quality improvement competition. Posters included "education- one course that made almost two hundred staff super-confident in virtual teaching", "tracheostomy patients - improving care, safety, and outcomes" and "PERIPrem Plus - optimal cord management and birth day cuddles".

We also had over ten entrances to our 'dragons' den' style event where teams were encouraged to share their improvement ideas for a chance to receive support and funding to help get their idea live. Submissions included "20 is the new ten; improving antibiotic stewardship in suspected early onset neonatal infection", "a Trust-wide approach to early mobilisation on critical care" and "reducing length of stay for patients with fracture neck of femur".



## What our staff tell us:



### **Always improving quality improvement hub**

We have developed a centralised quality improvement hub which is an online area where everything associated with Always Improving and QI is located. The hub is there to support self-directed learning in improvement tools, while embedding a culture of supporting each other in sharing improvement ideas and best practice. All training, technology, entertainment, design (TED) talks, links to outside resources, quality service and redesign information, our knowledge shares, tips, and useful information is accessible. There are QI tools for download, areas to register quality improvement projects and a forum for sharing ideas and best practice.

### **Governance oversight**

In 2022 we redefined our project governance and developed a full reporting dashboard for organisational change as follows:

- An Always Improving clinical reference group which acts as a user assurance group for advice/ feedback, provide clinical user input and advice.
- An organisation change steering group which provides strategic guidance, oversight and accountability for the organisation change programme and ensures alignment of the programme with strategic direction.
- A transformation oversight group which provides accountability, assurance, and steerage, highest escalation point.

We report monthly and bimonthly into these meetings and have developed a dashboard of metrics and have full programme reporting and assurance as monthly agenda items.

## Key areas identified for further improvement

- We will develop the Always Improving hub further. This has needed a much wider testing before a full launch, and we hope to develop this next year onto a web-based collaborative platform that integrates natively with Microsoft Office.
- We will identify and train improvement influencers in each division and spread the improvement message using influencers to be our improvement champions.
- We will develop a robust communication strategy that celebrates success and always improving.
- We will roll out our modular education programme to all staff and increase the number of modules on our “knowledge share” curriculum based on plan, do, study, act (PDSA) results and increase our education faculty with two divisionally based educators.
- We will aim to get our “knowledge shares” education accredited with the chartered institute of personnel and development (CIPD) which is the professional body for human resources (HR) and people development.
- We plan to work collaboratively with patient safety, organisational development, communications, and research teams to deliver a weeklong ‘We Are UHS Week’ to replace the Always Improving conference.
- We will share education jointly with integrated care boards (ICB) and with the University of Southampton (UoS).

## How ongoing improvements will be measured and monitored

We will monitor our progress through the governance oversight committees described above.

<b>PRIORITY TWO</b>	<b>Developing a culture of kindness and compassion to drive a safety culture</b>
<b>Partially achieved</b>	
<b>Why was this a priority?</b>	
<p>Sometimes we are concerned our staff can feel kindness and compassion is being put at risk by the demands from our healthcare systems. Recently, the role of compassion in healthcare has become a major discussion point, with many research studies concluding that a culture of compassionate patient care is the key to improve health outcomes and reduces workplace stress and burnout.</p> <p>We also know that high performing teams promote a culture of honesty, authenticity, and psychological safety, and that this culture requires civility, kindness, and compassion which in turn creates a sense of safety. Behaving in ways that value and respect those around us can optimise performance and improve the quality of patient care and safety. Equally, incivility can impact on quality, affecting how teams function and make clinical decisions which in turn can have a negative effect on patient outcomes and the quality of their care.</p> <p>The civility saves lives campaign (part of the NHS England People Plan 2021/22), aims to raise awareness of the negative impact rudeness can have in healthcare and promotes the power of civility. At UHS we aspire to align ourselves with this campaign, creating a strong culture of kindness and compassion to drive a culture of quality care and safety.</p>	
<b>What have we achieved?</b>	
<p><b>Communication strategy</b></p> <p>During the year we used a variety of communication platforms to make sure staff understood our vision and were kept up to date with our plans and progress. We used these strategies to publicise events, keep the profile of our ‘kindness and compassionate’ work high, and to signpost staff to information, support, and opportunities. We use Workplace, (our own internal social media platform) and other social media platforms to share ideas as well as staff briefing routes on our intranet (Staffnet). We have linked our ambition to develop a culture of kindness and compassionate to our Trust values (patients first, working together and always improving), through this communication, aligning it with our Trust vision.</p> <p><b>Training</b></p> <p>We have arranged for levels one and two of the NHS safety syllabus training to be available for all staff on our virtual learning environment (VLE). This training is focused on growing a culture where safety is not just seen as a collective responsibility, but as a key priority. It covers many areas and includes the need to recognise everyone’s role in creating a positive, kind, and compassionate patient safety culture</p> <p>Uptake has not been as high as we would have liked due to our clinical and organisational pressures. We had also decided not to make the syllabus mandatory, which in retrospect may have meant it was not prioritised when hard decisions had to be made about releasing time for education. To improve compliance, we responded by mapping the syllabus into other patient safety education and are starting to see an increase in staff trained.</p> <p>Our advocate training continues to be a rolling programme led by our transformation team and is strongly focused on supporting a culture of kindness and compassion. The patient safety team has been delivering kindness and empathy workshops on the programme to support those affected by patient safety incidents. Although we have not been able to run this training every month as we hoped, we capture between twenty-thirty staff members from very varied backgrounds each time it is run, so have easily exceeded our original target of twenty staff members.</p>	

## What our staff tell us about our advocates training:



We have been able to continue to run monthly cohorts of our patient safety incident investigation training which over one hundred staff have now attended. We have embedded kindness and compassion elements successfully into this training and have reached staff groups from across the Trust including governance teams and members of our serious incident scrutiny group, as well as staff from a variety of clinical and non-clinical roles.

This year we have recruited to our second cohort of patient safety associates all of whom have completed human factors training and education. Kindness and civility also underpin the work on the patient safety incident response framework (PSIRF) preparation which we expect to transition into by Autumn 2023. We have reviewed all the education and training opportunities in the Trust and can now be confident all programmes contain an element of civility and kindness.

### Just culture

A just and learning culture underpins the PSIRF and this workstream continues to be driven through our working group meetings chaired by our chief people officer. We know that we work in an extraordinarily complex environment where things do not always go to plan, but our focus is to allow our staff to learn using a compassionate approach that assumes good intentions and understands the impact of the system and why decisions made sense at the time. We are working to develop and embed a culture which allows staff to speak up and ask, "what happened and how do we learn?". Our just culture staff guide has been written and is ready for publication.

### Extract from our just culture staff guide:



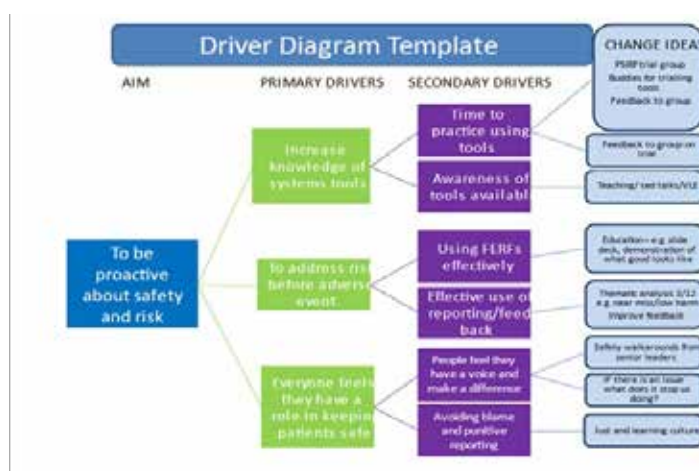
## 'Stop for support' safety huddles

These huddles were introduced in our clinical areas during the pandemic and are designed to provide our clinical staff with a ten minute 'stop for support' time to gather in their teams on a shift-by-shift basis to focus on key elements of safety and staff wellbeing. Psychological safety is included in this remit providing an opportunity for staff to escalate further if they require support from our staff wellbeing support services. This year we have strengthened the kindness and compassion element of these conversations so that this focus is part of everyday discussions.

### Key areas identified for further improvement

- We will review the 2022 staff survey results to assess the baseline of engagement in an organisational culture of kindness and compassion and use this information to inform ways of further engaging our staff.
- We will focus on improving compliance with level one of the patient safety syllabuses using a variety of methods to deliver more face to face, exploring social media /video / IT platforms to enable us to reach a wider audience in a variety of different ways. We will aim to deliver sessions as part of our Trust induction.
- We will work to increase the variety of patient safety education forums all underpinned by civility and kindness.
- We plan to design a human factors strategy and training plan. This will incorporate human factors training across high-risk pathways every month using tools that identify contributory factors in safety investigations to support organisation learning from human factors.
- We will continue to embed appreciative inquiry training into existing training programmes across the organisation.
- We will continue to roll out the PSIRF focusing on the 'what' not 'who' approach supporting a systems approach to learning from patient safety incident.
- Use driver diagrams such as the example below to explain and map our plans and progress.

Figure 2: Example of driver diagram



### How ongoing improvements will be measured and monitored

- We will continue to monitor the staff survey and respond accordingly to the intelligence this gives us.
- As part of the PSIRF preparation we will complete a questionnaire for staff, patients, and families (those affected) by patient safety incident investigations over the last year, aiming to improve the collaboration in goal setting and improvement and testing out the success of including kindness and compassion in our work.

<b>PRIORITY THREE</b>	<b>We will improve mental health care across the Trust including support for staff delivering care</b>
<b>Partially achieved</b>	
<b>Why was this a priority?</b>	
<p>In 2020 the Care Quality Commission (CQC) identified that acute hospitals and their mental health Trust partners needed to improve the care of patients with mental health needs while they are attending acute hospital emergency departments (ED) or receiving in-patient care. This is also supported by NICE guidelines which originated in 2009.</p> <p>Increasingly we are seeing a significant number of patients who have psychological needs, and/or co-occurring mental health needs presenting in our ED. These people come with a physical health requirement which may be a primary physical health need, or as a direct result of a mental health crisis. Many physical health conditions also have a direct impact on psychological and mental health. If we do not address this as part of their acute hospital care this will result in poorer outcomes for our patients and increase their length of stay.</p> <p>Our aim is for people with physical and mental health needs to always receive an equitable and high-quality service. Optimising mental health is now a core principle of the UHS clinical strategy. We recognise we will need to work hard to achieve this ambition due to the complexity of need and the challenges of meeting that need in an acute setting.</p>	
<b>What have we achieved?</b>	
<p><b>Staff training and education</b></p> <p>During 2022/23 UHS worked with Southern Health liaison psychiatry to complete a training needs analysis (TNA). This aimed to identify current national and local guidance and policy relevant to mental health education delivery and highlight any gaps in our education provision.</p> <p>The TNA showed we had a significant gap in our ability to meet the training and education needs required for our staff, so this year we appointed to core educational posts in liaison psychiatry and identified a liaison psychiatry consultant as educational lead in the liaison psychiatry service.</p> <p>We identified a significant gap for de-escalation and disengagement training which our patient facing staff told us was a priority to them. One response we successfully introduced a ‘reducing violence and aggression de-escalation and dis-engagement’ course using a ‘train the trainers’ model, supported by an external company called Maybo whose aim is to reduce the risk of behaviours of concern and workplace violence. The course is for all staff in patient facing roles across the Trust to learn safer de-escalation approaches, maintain personal safety and follow post incident procedures. It also covers knowing how to promote patients’ rights across the lifespan, reducing restrictive practice and understand risks, rights, and responsibilities in the workplace.</p> <p>Sixteen of our staff are now trained to provide the course across the Trust. Training is delivered generically, but also in a targeted way to key cohorts at risk of violence and aggression such as emergency and urgent care pathway and paediatric staff. Eight of the sixteen trainers are from the critical care group and have a priority to initially deliver training to their speciality. It has been agreed that this cohort will also receive training in safe holds as well as de-escalation and breakaway.</p> <p>To date a total of 141 staff have completed the training across the Trust with a rolling programme of training dates for 2023/24 agreed. A successful communications campaign was launched in February 2023 to further promote the training. We are now attempting to secure additional funding from charity donations to ensure a faster roll out of the training. We have also introduced integrated training on ligature cutters into statutory and mandatory life support training having noted it as another gap requiring urgent attention.</p>	



During the year we have been able to support delivery of the Oliver McGowan national autism programme which is the standardised training requirement that regulated service providers need to make sure their staff receive. We have worked in collaboration with Southern Health educational leads to ensure other rolling training programmes included in national accreditation strategies are met through joint endeavours.

## What our staff tell us:



## Mental health champions

The mental health champions course was designed to enable staff to feel more confident in their own practice and to support their clinical area with patients' mental health care. It covers a wide range of subjects including mental health needs and diagnosis, understanding the mental health act, enhancing care to manage risk and improve safety. It also covers strategies for staff to look after their own mental health.

After being paused during the pandemic this training started again in January 2023. To date this course has been delivered to 153 staff members exceeding the objective of reaching 150 staff members over the course of the year, and there are future dates available to continue to upskill the workforce.

While formal training for champions was on hold, we were able to deliver some training through other existing education forums, and fifty-one members of staff received a reduced version of the mental health champions' course. We now have a programme designed to deliver ongoing support to our champions as they work in their clinical areas.

## Quality improvement

A deep dive audit of 28 days of mental health attendances to the ED was completed in 2022 to determine whether there were areas of the patient journey that could be improved via QI projects.

The patient's journey was mapped from pre-hospital care to discharge from ED (or discharge from a UHS in patient stay), and 293 attendances were looked at. Several QI projects were identified from this work:

- Improving how patients with mental health needs access the dedicated mental health nursing support 24/7 provided by NHS 111 service.
- The need to conduct retrospective reviews with Southampton South Central ambulance service (SCAS) and local police teams to prompt considering redirecting patients with mental health issues to more appropriate services than ED to ensure 'right place, right care right time.
- Prompting collaborative working with the ICB to address the challenges of community-based care for patients with mental health being limited.

We have not been able to start these projects this year, so their delivery forms part of our plan for 2023/24.

Improvement in pathways and support for patients detained under the Mental Health Act (MHA)

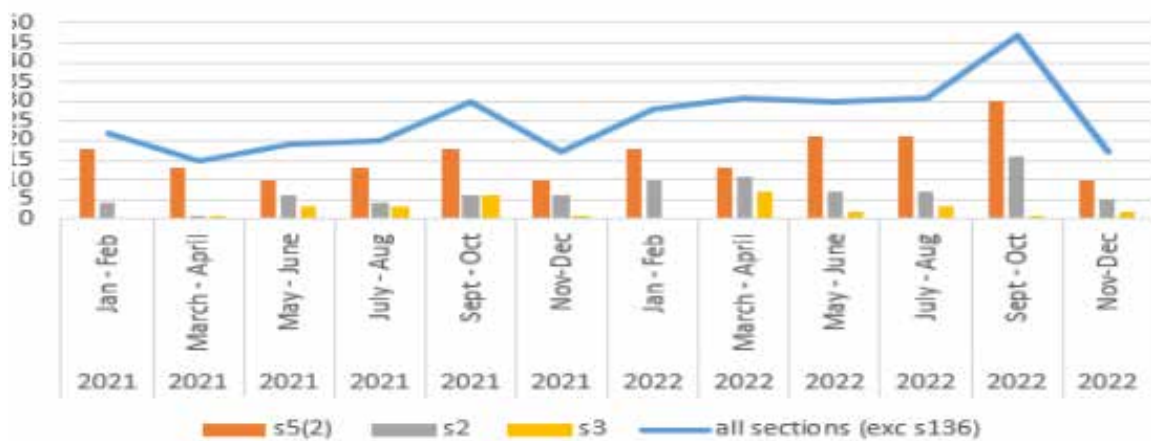
The Mental Health Act (MHA 1983 amended 2007) administration standard operating procedure (SOP) has been ratified this year. This ensures Trust pathways follow up to date legal processes and ensures adequate information and support is provided to our patients.

Staff changes delayed the development of a suite of training sessions to educate staff on the SOP, however, these are now underway and are being delivered to a range of staff groups including our hospital operations centre team. This training is being developed into a recorded session to be used across the Trust and available to all staff.

Delivery on the SOP is overseen by the Trust Board, and clear reporting structures have been embedded into the mental health board which in turn escalates to quality committee and Trust board. An MHA data report relating to the detentions within the Trust is provided. A snapshot example of the data reporting is given below.

Figure 3: Snapshot example of data reporting

**Total detentions (s5(2), s2, s3)**



**Organisational structure**

Although we have not yet finalised our mental health strategy, there has been significant investment in our mental health organisational structure. Our mental health team has expanded by 50% with new roles created in operational management to support the long-term strategy of the Trust.

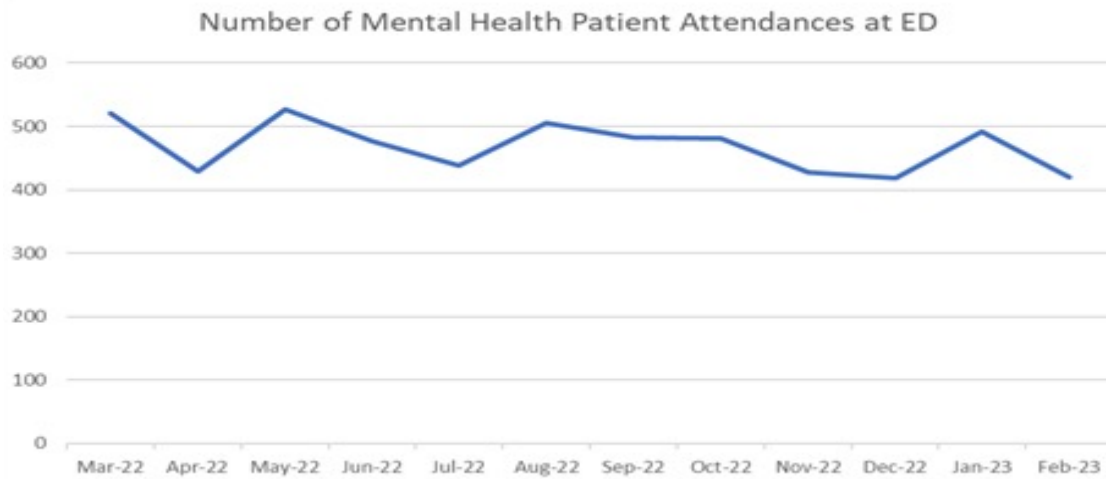
The Liaison Psychiatry Southern Health Foundation Trust received additional funding from the ICB for 13.2 whole time equivalent (wte) posts across psychiatry, psychology, nursing, and administration in support of service growth. It also achieving the Core 24 requirements which is a liaison mental health service model provided twenty-four hours, seven days a week across urgent and emergency care pathways. Further review of the psychology staffing requirement will be outlined in the final mental health strategy following benchmarking of equitable acute Trusts.

**IT systems to support quality**

Monitoring trends through our ED department and inpatient stays allows us to measure demand in the Trust and help us plan capacity needed to support our patients. Figure 4 shows a snapshot of the number of mental health attendances in ED during 2022.



Figure 4: snapshot of the number of mental health attendances in ED during 2022.



We have been working closely with our central informatics team to improve our data systems to equip us with the necessary data on patients who have additional mental health, intellectual disability, and psychological needs.

Data collated includes an analysis of patients attending the ED with a mental health diagnosis code or chief complaint. A snapshot example of the data reporting is given here.

### Key areas identified for further improvement

- We will work to ensure the Trust mental health strategy is completed, implemented, and embedded across all divisions.
- We aim to agree an MHA administration SOP, supported with education for staff, and monitor compliance through our mental health board.
- We aim to continue to roll out education for medical staff, ward-based staff and ED staff through face to face and on-line sessions.
- We plan for all training to run through the VLE system to ensure clear auditing pathways and that staff can evidence their training.
- We will work towards all training meeting core quality markers including service user and carer involvement, peer review, alignment to national policy/ guidelines and ensure all training includes a strategy to embed learning in practice.
- We will work to place suicide awareness training on to the statutory and mandatory training of all staff.
- We aim to develop a suite of training packages for relevant staff groups.
- Completion of the QI projects mentioned above.
- We will finalise a mental health organisational structure.

### How ongoing improvements will be measured and monitored

- Oversight will be given by the UHS mental health board and our quality committee.
- For any service level agreements contract review meetings will be held with respective trusts to ensure contractual agreements and key performance indicators are reviewed.
- De-escalation and dis-engagement training will be monitored by the on-going reporting to the violence and aggression steering group.
- Logging all training on the VLE system will ensure clear auditing pathways and that staff can evidence their training.

<b>PRIORITY FOUR</b>	<b>Recognising and responding to deterioration in patients</b>
<b>Achieved</b>	
<b>Why was this a priority?</b>	
<p>The recognition, assessment, and escalation of a deteriorating patient (either adult or child) are key elements of our Trust- wide patient safety and quality strategy. We aim to improve clinical outcomes for acutely ill patients, and we know that rapid response to patient deterioration both in and out of hours is a key determinant of those outcomes.</p> <p>At UHS we use the national early warning score (NEWS2) and national paediatric early warning score (NPEWS) to provide our staff with a standardised language and approach to assessing adult and paediatric patients who either present as acutely ill or are showing clinical signs of deterioration. These are systems for scoring the physiological measurements that are routinely recorded at the patient's bedside. Their purpose is to identify acutely ill patients, including those with sepsis. A score of five or more is a key threshold and is indicative of potential serious acute clinical deterioration and the need for an urgent clinical response.</p> <p>These scoring systems are a key element of patient safety and improving patient outcomes. The monitoring of activations and escalations of NEWS2 and NPEWS provides a barometer for overall levels of patient acuity which is the measurement of the intensity of nursing care required by a patient for both adult and paediatric ward areas.</p> <p>A collaborative and inclusive approach to acuity and deteriorating patients is also part of our overall strategy to ensure that key learning points are shared across the whole of UHS.</p>	
<b>What have we achieved?</b>	
<p><b>Introducing NPEWS into our children's hospital</b></p> <p>During 2021/22 we successfully introduced NPEWS into our Southampton children's hospital and we are now part of the national test and trial of NPEWS which is assessing the usability of the scoring system. We have also explored how NPEWS can be adapted for children with complex medical conditions requiring interventions (including non-invasive ventilation) as part of their normal care.</p> <p>We have established a system to monitor and analyse NEWS2 compliance and activations each month at organisational, divisional and ward level using an electronic observation system which is widely used across UHS, and which facilitates robust data for analysis.</p> <p>We share monthly NEWS2 activation data (presented with a year-on-year comparison to show seasonal fluctuations and new clusters of activations), with the deputy director for nursing and patient safety leads, divisional heads of nursing, matron teams and ward leaders for local review and analysis.</p> <p>A daily heat map of escalation times over a 24-hour period was piloted in 2022 and will be rolled out across all adult inpatient areas during 2023. The heat map is designed to show the key times of high acuity within each ward area and to provide robust data for local analysis and action planning.</p> <p>Southampton Children's Hospital is currently funded by NHS England (NHSE) as a testing site for the inclusion of parental or carer concerns as part of the scoring and escalation process. Our aim is to provide assurance to parents and carers that their opinions and thoughts regarding their child's clinical condition are sought and included. Patients and relatives can instigate a clinical review if they feel that their condition is deteriorating. The project team for this work includes a patient safety quality partner to ensure that the voice of the patient is embedded within the project from the start.</p>	

## **NEWS 2 commissioning for quality and innovation (CQUIN)**

The introduction of NHS CQUIN 3 in March 2022 provided us with the opportunity to audit and monitor the recognition, escalation, and review of all unplanned admissions to Intensive Care Units (ICU) from in-patient ward areas. Our aim was to reduce the number of unplanned admissions to an ICU area through earlier detection and escalation of deteriorating patients.

Since April 2022, all unplanned admissions to general ICU, neuro ICU and cardiac ICU are audited on a quarterly basis and submitted to the national CQUIN team. Our data now clearly demonstrates that deteriorating patients are recognised and escalated in a timely manner and a clinical review is completed.

## **Resuscitation committee and cardiac arrest data**

Along with scrutiny and analysis of the NEWS2 CQUIN data, other audit workstreams completed by the resuscitation service provided an insight into UHS's response and outcomes to cardiac arrests.

The national cardiac arrest audit 2022 showed that 38% of patients at UHS who experienced a cardiac arrest survived and were discharged home. This compares favourably to the national average of 22%.

We attribute this success in part to the introduction of treatment escalation plans (TEP) which encourage advance care planning, communicate a ceiling of care around life sustaining treatments for patients and are used in conjunction with the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) plans. TEPs are made in discussion with our patients and are essential in preventing unwanted or unnecessary treatment or interventions. They also encourage autonomy when patients are unable to communicate their wishes or preferences for their care. They allow doctors (especially out of hours), to make informed decisions in the patient's best interests at times of crisis.

All cardiac arrest calls are now audited and analysed monthly to identify common themes such as cardiac or respiratory deterioration and other causes. A low threshold for making cardiac arrest calls is now part of the education and induction at all staff levels. We complete quarterly audit of TEP and DNACPR forms which provide assurance that the forms are completed in accordance with local and national guidelines, and good practice and learning is shared across the organisation.

## **Deteriorating patient education**

During the year we started to develop a deteriorating patient education strategy. The deteriorating patient group asked patient facing staff to complete a short survey regarding acuity and deteriorating patient education. The aim of the survey was to understand what education staff had received and what education they would like to see introduced at UHS. The survey was open for all patient facing staff irrespective of their role. The responses are now being coordinated and will inform this workstream in the coming year.

Throughout the year, education programmes on the recognition, treatment, and escalation of deteriorating patients have been consistently delivered across the Trust. We have including programmes focusing on specific staff groups (such as our newly appointed overseas colleagues), to offer education tailored to the needs of each group. This education has been well received and evaluated.

## What our staff tell us:



### Safety Huddles

As discussed before, our UHS safety huddles prompt good communication and early escalation of both clinical and non-clinical issues. During the year they were rolled out into our paediatric ICU and children's emergency department (CED) to help staff identify and facilitate early escalation of concerns around any clinical deterioration of their patients.

### Unplanned admissions to Paediatric ICU

All unplanned admissions to paediatric ICU are now reviewed weekly. Identification of good practice and areas for improvement are shared with ward teams to improve practice and patient experience. Common themes are monitored and analysed for improvement. This has helped our staff focus on areas which require quality improvement and avoid complacency in their practice.

### Paediatric Outreach Service

September 2022 saw the implementation of a 24-hour paediatric outreach service. This was a significant step forward in terms of safety and quality, and well received by our staff. Key areas for the service to review include the identification and early intervention of the deteriorating child and enhanced support to ward areas for the increased clinical complexity of children.

Auditing of the service has begun with a focus on the impact and added value provided by out-of-hours advanced practitioners.

### Quality Improvement

In 2022 we became the first Trust the UK to use a pioneering 'pocket' ultrasound probe which beams scans instantly to an iPhone or iPad. The ultrasounds are brief, targeted, and clinician-directed imaging studies performed at the patient's bedside, which allow our clinicians to rapidly answer specific clinical questions, optimise patient care, and expedite management. This 'point-of-care' ultrasound has been successfully introduced in paediatric ICU to reduce the requirement for transferring children to another department for radiological investigations for chest conditions.

### Deteriorating patient group

A new Trust lead nurse for acuity was employed in June 2022 for 15 hours per week. This nurse chairs the deteriorating patient group providing strong leadership and continuity. The focus of the group is to undertake key workstreams across UHS to improve recognition, detection, and escalation of acutely ill patients. Group membership is collaborative and inclusive with colleagues from across adults, paediatrics, and neonates as core members to promote Trust wide learning. The group provides organisational oversight and drives the acuity agenda forward.

## Key areas identified for further improvement

- Introducing clinical escalation documentation for adult patients.
- Developing a Trust wide education strategy for deteriorating patient education for all patient facing clinical staff.
- We aim to develop and implement an acuity and deteriorating patient virtual learning and education platform.
- We will continue development of the patient and/ or relatives voice into the deterioration escalation process for adults and children.
- We will work with IT to rebuild the baseline data on sepsis so that there can be a focus during 2023/2024 to establish robust sepsis data with which to monitor our recognition, diagnosis, and treatment of sepsis.
- We will work with the digital/ IT teams to enhance the current IT systems to provide robust evidence of real time escalation and response times to deteriorating patient episodes.
- We will review our out-of-hours worklist to improve identification and responsiveness to deteriorating patients.
- Patient listening events will be held during 2023/24 as part of the patient deterioration escalation project.

## How ongoing improvements will be measured and monitored

- Progress reports and output will be monitored through the UHS deteriorating patient group and the UHS patient safety steering group.
- Monthly reporting and analysis of NEWS2 activations and all unplanned admissions to intensive care areas will be completed to identify areas with increased acuity.
- Monthly reporting and analysis of NEWS2 CQUIN data will be completed to provide early identification of themes and development and implementation of subsequent action plans.
- Monthly reporting and analysis of adult and paediatric critical care outreach team activity will be completed.
- We will present a quarterly resuscitation committee reporting of cardiac arrest outcomes data for local and national reporting.
- We will have quarterly resuscitation committee reporting of TEP and DNACPR form compliance.
- We will have monthly reporting and analysis of in patient and emergency department sepsis identification and treatment.
- Patient experience will be monitored via patient feedback channels and patient surveys and learning shared.

<b>PRIORITY FIVE</b>	<b>Improving how the organisation learns from deaths</b>
<b>Partially achieved</b>	
<b>Why was this a priority?</b>	
<p>A key indicator of an honest, open, and transparent culture that prioritises learning is how well deaths are reviewed and what lessons we learn from them. It is necessary part of clinical and QI work and helps to ensure that patients and families receive the best clinical care and quality of experience.</p> <p>For us at UHS success means that no death goes unexamined, and no learning is missed. It means that families and carers are involved and included in discussions about the care and treatment their loved ones received, and that they, where necessary, get the answers they need.</p> <p>We have had an internal medical examiners service (IMEG) at UHS for some years. IMEG has specially trained staff who give independent advice about the cause of deaths in our organisation (except for deaths which must be reviewed by a coroner). They work closely with our bereavement care team to offer families and carers of the person who has died an opportunity to raise questions or concerns about the causes of death, or about the quality of care the person received before their death.</p> <p>The IMEG service is now required to expand its scope to include all deaths that do not require to be referred to the coroner (non-coronial deaths) in the local community. Our goal during this year was to make sure our own internal mortality review processes were robust, rigorous, and most importantly, interconnected, and could meet this new requirement.</p>	
<b>What have we achieved?</b>	
<p><b>Growth of the medical examiners service</b></p> <p>The Trust now hosts the medical examiner service for Southampton and South-west Hampshire. This service reviews all non-coronial deaths in the community. To support the growth and expansion of the service we made new appointments to the new lead medical examiner post, with a split role divided up into a lead for community reviews and one for hospital deaths.</p> <p>The medical examiners team experienced some staff turnover during the year but ended 2022 with a robust rota of medical examiners and a service on track to meet the national requirements for expansion into all community deaths.</p> <p><b>Mortality governance coordinator</b></p> <p>This year the Trust appointed its first mortality governance coordinator/analyst. This role was developed in recognition of the need to combine clinical scrutiny with family involvement to drive improvements in the quality of our service. Our analyst provides a central hub for collating and analysing information and learning from across the care groups. The role oversees a central collation of learning and reviews being generated at a specialty level via mortality and morbidity (M and M) reviews.</p> <p>A key element of this coordinated approach to learning has been the development and introduction of a mortality reporting app for teams to input learning and information. This easy tool allows selected learning to be uploaded by staff to a central repository for review and thematic analysis.</p> <p><b>Bereavement care</b></p> <p>The Trust's bereavement care service underwent a review during the year with new service changes phased in towards the end of 2022. This will see the team be more present on the wards from now on to support families and staff during immediate bereavement.</p> <p>A key feature of this new service will be extending it to cover seven days a week. The team now provides support in obtaining consent for post-mortem examinations where either the clinical team or the relatives feel that further information about the patient's condition might be obtained. Feedback and information from the bereavement service has been incorporated into both the Trust's end of life programme board and our learning from deaths report to ensure that families contribute to improvement.</p>	

## Key areas identified for further improvement

- Due to capacity issues, we have not been able to establish a learning from deaths steering group this year. We will re-visit this in 2023/24 aiming to have achieved this by 2024.
- Delays in implementing the learning from deaths reporting app mean that embedding it fully also remains a key objective for 2023/24 to ensure all learning can be coordinated and shared.
- We have not yet delivered on our plan to introduce a learning from deaths bulletin to be circulated Trust-wide that highlights key identified learning and improvements that could be actioned or adopted in other specialties. We will aim to complete this in the coming year.
- As the medical examiners service develops, the Trust and the service will look at how to ensure information from the scrutiny reviews is shared and used to inform quality improvement. This will be one of the key areas of focus for the hospital lead medical examiner.
- We will also concentrate on bringing together case reviews from across specialty morbidity and mortality reviews for wider discussion and dissemination.

## How ongoing improvements will be measured and monitored

These services report into our quality committee steering group who will continue to maintain oversight and monitoring.



**PRIORITY SIX**

**Shared decision making (SDM)**

**Achieved**

**Why was this a priority?**

Shared decision making (SDM) is an innovative approach to healthcare that emphasises the importance of patient autonomy and communication and collaboration between healthcare providers and our patients. It encourages healthcare providers to take the time to explain to the patient their condition, the available treatment options and the risks and benefits associated with each option, allowing the patient to make an informed decision about their treatment.

SDM is now a core element of the NHSE approach to universal personalised care and is gaining importance internationally. This reflects the patients’ expanding knowledge of diseases and treatments through information available via media platforms and demonstrates a move by patients’ and clinicians for more active patient involvement. SDM represents a new relationship between people, professionals and the health and care systems. It provides a positive shift in power and decision making, helping people to have a voice, to be heard and to be better connected to their communities.



SDM is also a common feature of best practice guidelines, including the NHSE guidelines for communicating with patients and NICE guidelines. The 2022 NHSE ‘delivery plan for tackling the COVID-19 backlog for elective care’ document states that providers will be required to adopt SDM in admitted non-day case pathways by April 2023, and all admitted pathways by April 2024.

SDM is a core part of the 2020-25 clinical strategy at UHS. Initial projects and pilots in services have confirmed for us the benefits of this approach for our staff and patients. Our ambition is to continue to embed this patient focused principle and care approach across the Trust.

**What have we achieved?**

**To continue supporting existing pilot areas to expand use of SDM in their service**

The shared decision models started at UHS in 2021/22 and have continued to grow with investment in pilot roles to expand these models. These pilots included:

- Advanced nurse practitioners (ANP's) in the surgical liaison team supporting those living with frailty to receive a detailed care plan and comprehensive geriatric assessment, aiming to reduce the likelihood of repeated admissions and prolonged stays in hospital.
- ANP's in onco-geriatrics supporting patients with both frailty and cancer diagnosis to plan treatment that meets their individual needs.
- ANP's and administrative support in the perioperative medicine clinic ensuring patients with additional co-morbidities who are waiting for major surgery have detailed shared decision making conversations to understand personalised risks and benefits. This has been shown to improve outcomes, decisional regret, and quality of life.

We have also developed models in paediatrics bringing SDM to patients who are transitioning from paediatric to adult services, while in maternity we have introduced SDM in birth planning.



## **To take learning from pilot areas and support new specialties to adopt SDM principles**

Using learning from pilot areas and patient feedback from a 9-item SDM questionnaire (SDMQ9 and SDM-Q-Doc) about SDM principles, we have supported specialties to produce patient decision aids (PDA'S) and treatment tools for patients and healthcare staff to use together to help make decisions. The patient decision aids/treatment tools have been developed in accordance with NICE guidelines. Specialties we have worked with this year include:

- Paediatric nephrology (SDMQ9 questionnaire collection and PDA for dialysis treatment choices).
- Neurosurgery (SDMQ9 questionnaire collection and PDAs for suspected pituitary tumour and unruptured intercranial aneurysm).
- Interventional cardiology and transcatheter aortic valve implantation (SDMQ9 questionnaire collection and PDA for coronary angiogram).
- Cardiac surgery (SDMQ9 questionnaire collection and PDAs for severe aortic stenosis, coronary artery disease and great saphenous vein harvesting for coronary artery bypass grafting surgery).
- Medical oncology (PDA for generalised patient information leaflet detailing support offered).
- Medicine for older people - inpatient acute surgical team (SDMQ9 questionnaire collection and PDA for non-complex appendicitis).

To expand on embedding SDM principals during 2023/24 we will continue working with additional specialties to collect SDMQ9's for patient feedback and work on the use of patient decision aids for treatment choices in their areas. Some areas are already showing interest include head and neck cancer services, spinal services, paediatric and adults congenital heart pathways in cardiac services and pharmacy.

## **To develop Trust-wide approach to SDM and extend reach of the project across the Trust. This will support further achievement against the NICE guidelines**

When assessing delivery of SDM against NICE guidelines, UHS performs well, especially in targets related to Trust buy-in, governance and practices of pilot areas. However, to do better we need to ensure principles are implemented in all specialties Trust-wide.

Education programmes are one of the most important ways for us to create awareness of SDM and to provide better patient care in line with the NICE guidelines. This year we have implemented training through five key platforms:

- Educating foundation year and junior doctors at their induction.
- A short SDM training video, which is planned to become part of mandatory training.
- Detailed digital training package available on our VLE training platform.
- Distribution of materials to medical and life science schools of nine universities, supporting understanding of SDM amongst future clinicians.
- In March 2023 we ran a SDM conference week which was open internally and externally. At the conference we discussed the principles of SDM, the challenges and benefits of implementing it in practice and how to integrate it into treatment planning to support engagement and learning in SDM.

We have also expanded our reach across the organisation by:

- Working with the transformation team to maximise discussion across the organisation and ensure teams working in clinical areas can advocate SDM principles.
- Improving visual messaging on SDM around the UHS site, encouraging patients to be involved in decision making
- Developing the SDM champions role. These champions are committed healthcare professionals who are advocates for SDM in the Trust. They have a key role in promoting SDM and leading activities to support embedding principles. There are several SDM champions across all divisions and specialties in the Trust with each member working hard to embed SDM into UHS practice. They have completed SDM-Q9 questionnaires, patient story work, created of PDAs, taken part in SDM training, and hosted and presented at education days.

### To expand patient involvement in the project

To increase our patient involvement this year we worked with the patient support hub to attend a series of roadshows at local libraries across Southampton. The roadshows were run over several months and aimed to build a profile around SDM. They also promoted the 'Ask 3 Questions' campaign, a patient information campaign from the Health Foundation.



It is often difficult for a patient to make a choice at the point of decision making. The "Ask 3 Questions" initiative encourages the patient to gain all the information they might need to make an informed choice, and if they feel they need support, prompts them to ask where to go to get this.

At the beginning of 2023 we ran a series of patient focus groups for members of the patient forum to discuss their experience of SDM making at the Trust. This platform allowed for in-depth discussions around positive and negative experiences from patients which we will use to help inform ongoing SDM work.

### What our patients tell us:



## **To measure the impact of SDM**

We have successfully expanded the use of the SDMQ9 questionnaire. We aimed for a 75% positive response on average to these questionnaires which was our NHSE CQUIN target. The responses from quarter one to quarter four in 2022 reflected positive experiences, and this is demonstrated in the questions 'my healthcare team wanted to know exactly how I want to be involved in making the decision' achieving an average 85% response rate of 'agree, and 'my healthcare team and I reached an agreement on how to proceed', achieving an average 89% response rate of 'agree.'

To further reflect positive responses from patient satisfaction surveys we accounted for the friends and family test (FFT). From the FFT we focused on the percentage of patients reporting on being involved in decisions about care and treatment as best aligns with shared decision making principals. 2022 maintained a positive response rate of 80% and above where patients had responded they 'felt involved.' This metric is reported monthly to the Trust Board.

In addition, we are seeing the first results of data reviewing whether quality SDM conversations impacted on decisions to go ahead with major surgery and on likelihood of decisional regret. We will review this data in depth to understand implications on demand for treatment options and opportunities to replicate study in other specialties.

## **To deliver the SDM NHSE CQUIN**

This year we have engaged with a CQUIN with NHSE to deliver SDM principles in five specialties, to implement PDAs in these areas and to collect SDMQ9s with a positive response rate of 75% on average. We have achieved 100% against criteria in quarters two and three and are on track to deliver this again in quarter four.

## **To work with NHSE to share learning as a leading site for SDM**

As a leading site nationally for SDM principles, we have worked with NHSE on creating materials for others to learn from. This includes blog entries and sharing case studies on the NHSE 'futures platform.' We have worked with NHSE to develop case studies on patient involvement and staff training which will soon be published. We also had representation from the clinical director of personalised care presenting at our conference in March and are supporting NHSE on a programme to capture stories of how personalised care has positively impacted people's lives. We hope this will help raise awareness of the potential of personalised care and shining a light on good practice.

## **Key areas identified for further improvement**

We need to support a move from SDM being delivered within pilot specialties and early adopters to being implemented Trustwide. To enable this, we will:

- Continue with communications to expand reach of training materials, building into expected training modules for all staff.
- Include shared decision making metrics in existing governance structures for clinical quality and effectiveness.
- Digitalise materials on core Trust programmes so that they are accessible to all staff.
- Continue to link with other transformation programmes to increase reach of SDM principle and ensure that when services are changed that SDM principles are considered.
- Integrate pilot roles into recurrently funded posts and presenting learning to encourage further adoption of shared decision making.
- Consider how to integrate SDM measurement into Trust governance systems to encourage regular measurement and review of success in implementing SDM principles.

- Improve our level of patient involvement in 2023/24 by identifying ways patients can become actively involved in the project. We plan to deliver regular focus groups with changing subject themes to rotate throughout the year, request patient feedback on decision aids and involve patients in establishing feedback loops to clinical teams.
- To expand work on the reach of SDM materials to all patients we plan to improve patient involvement at a pathway level, work on accessibility of information and collect demographic data alongside SDMQ9 responses which will help us to identify whether our approaches are supporting people from all demographics and whether our data collection is representative of those who access our care.
- We also aim to consider pathways with community and primary care providers to ensure SDM is felt consistently at all points in a patient's journey

### **How ongoing improvements will be measured and monitored**

- We will continue to measure our overall success as an organisation through self-assessment against the NICE guidelines.
- We will also continue to monitor how involved patients feel with care through the friends and family tests and report this at board level so that we can be held to account.
- We will also continue to collect SDMQ9s within specialties to understand how well SDM tools have been implemented.
- As a programme we will measure our success in increasing reach of SDM through numbers of staff trained, numbers of specialties creating decisions aids and collection SDMQ9s.

<b>PRIORITY SEVEN</b>	<b>Working with our local community to expose and address health inequalities</b>
<b>Achieved</b>	
<b>Why was this a priority?</b>	
<p>We recognise that nationally avoidable variations and systematic differences in health across our communities must be tackled to ensure that everybody can access, receive, and benefit from the same high quality of care. COVID-19 exposed how different communities and individuals can be affected by health conditions and how specific characteristics such as gender, ethnicity, or disability can influence access to care.</p> <p>UHS plays a significant role in the health system in our region, and it is vital that we work with our local partners to take a systematic and proactive approach to identifying, understanding, and removing health inequalities across our services. We are committed to continually improving our patients' experience, encouraging patient and public involvement, and ensuring the innovations we support reflect what matters to the people who will use them.</p>	
<b>What have we achieved?</b>	
<p>During the year we refocused our efforts on making sure that our involvement and participation activities support our health inequalities agenda, while also working to deliver responsive information and advice to patients, carers, and families.</p> <p><b>Engagement</b></p> <p>During the pandemic we saw a decrease in patient engagement, so over this past year, the team has continued to build back that engagement by going out to talk to our different communities across primary and community services. Carers events have been held in the community and in hospital, while the UoS (a key partner), led a 'transformation action' workshop with thirty members of the local community to discuss how best to support vulnerable adults.</p> <p>This year structured participation events have enabled a focus on health inequalities to be raised with patient groups. Our maternity voices partnership and our youth ambassador group have discussed some of the issues facing our patients and variations in the care experience and explored improvement plans. We have attended Southampton Mela (an annual multicultural event), and Southampton Pride to engage with and get feedback from a range of voices. We have worked with services to increase the promotion of digital methods for surveying patients and delivering training to staff on how to translate feedback into tangible actions and to support our patients.</p> <p>Examples of how that feedback has translated into action include:</p> <ul style="list-style-type: none"> <li>• Urology services working with estates to improve access for patients following feedback about six sets of heavy fire doors which needed to be opened on the way to the department.</li> <li>• Maternity services have introduced a new triage pathway and streamlined a 'first point of contact' initiative to ensure women are contacted and supported earlier in their pregnancy.</li> <li>• New patient information packs have been developed and promoted for several services across the Trust.</li> </ul> <p>We have also helped set up various patient groups for support on issues including vaginal mesh service, head and neck cancer, cystic fibrosis, and paediatric diabetes. These groups give people a platform where their views and opinions can be heard, and where specific patient cohorts can be represented. They help us to work together to share ideas to help improve and develop the services we offer.</p>	

## **New roles**

A key achievement in the year was securing funding for, and appointing to, several important roles for taking this work forward. A head of health inequalities was appointed with the remit of scrutinising our existing data and information and charting a way forward to improve how we capture data and gain insight into where inequalities are encountered.

We have also appointed to our carers lead vacancy and, using charitable funding, have been able to appoint a Gypsy, Roma, and Irish Travellers community health liaison post. This post will focus on working with these communities to understand the barriers and challenges they have accessing our services and working across the Trust to make our services more inclusive.

## **Patient Support Hub**

The Patient Support Hub at UHS was developed during the pandemic and exists to be a single point of contact for patients and their families who need extra support from UHS. Our team of volunteers provide practical and emotional support to patients. This year the hub has been promoting volunteering at UHS and the services of the hub among various community and youth groups including Solent job centre, Southampton dementia festival and at education centres such as the Itchen and Peter Symonds colleges.

Members from the hub attended a cross-cultural lunch held the at New Town Youth Centre where representatives from more than sixteen different organisations, as well as residents and supporters of cross-culture work attended. The event promoted various initiatives which run across the city, including information on community radio, tackling loneliness, caring for those experiencing cancer or dementia, driving public involvement in health services, combating sexual violence and female genital mutilation, supporting young people and families, storytelling for mental health and social prescribing.

## **Living well diabetes' initiative**

One of our key interventions has been the "living well with diabetes" initiative which aims to provide non-clinical specialist support for people living with diabetes via our patient support hub.

The service has been designed to use trained volunteers to follow up and support patients with a diabetes diagnosis. They help patients to improve and self-manage their condition and live well by encouraging and signposting patients to structured education programmes. They provide reliable information resources and encourage behaviour change which can lead to healthier lifestyles.

Our project manager met with the diabetes prevention team, GPs in the HIOW area, different diabetes charities, community diabetes teams, the Solent engagement lead and retinal screening team to introduce a new 'living well with diabetes' self-referral service.

This service is run by a team of dedicated volunteers and specialist nurses and helps people with diabetes access information, education, health improvement programmes and other useful resources to help them understand how they can control their condition and prevent the risk of complications. It offers a wide range of holistic support where all aspects of psychological, physical, and social wellbeing are considered. This includes emotional support, befriending calls, and signposting to useful resources in the community, as well as supporting people with their physical health and lifestyle. Patients are offered twelve weeks of support, with one session per week.

Since its launch in late 2022, the service has supported sixty-six patients through the programme and is currently recruiting more volunteers to expand its numbers further. To help this recruitment drive we ran a "living well with diabetes" virtual event which was well attended.



## **My Medical Record (MyMR)**

We have engaged with local GP services to supply them with posters and flyers to promote My Medical Record (MyMR) which is a free and secure personal health record which gives patients the ability to co-manage their healthcare online and via an app. The patient experience team is liaising with various agencies to promote MyMR around the community. They are focusing on groups such as women's groups, communities where English is second language and Black, Asian and minority ethnic groups with the aim of mitigating against digital exclusion. This aligns with the NHS operational planning guidance 2021/22 which aims to tackling healthcare inequalities.

## **Health matters**

Our team has been involved with men's health matters, giving information and signposting resources for people living with a mental illness, testicular cancer, and prostate cancer. The team was worked with the trust to help develop our smoking cessation quality priority described in Part Two of this quality account.

The team also worked with the British Heart Foundation running a "heart health" virtual event with the aim of informing vulnerable and at-risk populations about the signs and symptoms of heart attacks and cardiac arrest and the treatments given.

## **Quality and patient safety partners (QPSP)**

At UHS we have a team of quality and patient safety partners (QPSP's). These are patients, carers and other lay people who play an important part in supporting and contributing to our governance and management processes for patient safety. The Trust QPSP team are currently engaged in implementing the new NHS patient framework which includes work to improve patient safety governance, patient wellbeing in wards, multiple sclerosis pathway reviews, way finding in the building and safer patient transfers.

We have developed a new leaflet publicising the QPSP role which has been widely circulated with various community organisations and youth groups to recruit from people from ethnic minority communities, deprived backgrounds, and people with protected characteristics. We hope this will help to drive changes for the good of all future patients and reduce health inequalities in patient experience and outcomes.

## **Raising Voices for Research (RViR)**

The main aim of RViR is to increase the involvement of underserved communities in health and social care research by working with voluntary organisations. This will in turn help the team to reach out to our underserved communities and to understand how best to engage and increase their involvement.

During 2022 the RViR team delivered presentations on demystifying health and social care research to voluntary organisations and encourage collaboration. Eleven organisations have signed up so far to join a new research collaborative which will serve as platform for mapping research opportunities, sharing best practice and working together to increase involvement. We have engaged with twelve community groups, supported groups to sign up to the RViR, and encouraging community members to sign up for community events raising awareness on health research.

## Maternity voices

Our maternity voices partnership is an NHS working group where a team of women and their families, commissioners, and midwives and doctors work together to review and contribute to the development of our local maternity care.

Our maternity voices volunteers are sharing a survey via social media aimed at understanding the views of local communities and are going out into the community to speak to service users about their experiences. They are looking at how and why they access our maternity services, and whether it met their needs and expectations. Maternity voices are also trying to reach a diverse group of service users and are particularly keen to speak to those with additional vulnerabilities, such as young parents, those with disabilities, where English is not their first language, and hard to reach communities.

## UHS in the Community

In response to winter pressures and the cost-of-living crisis, we launched a 'UHS in the community' programme, which consisted of health information and advice sessions delivered at various libraries around Southampton. The libraries were identified as 'warm spaces' that provide a warm and safe environment. The sessions covered information on mental health services, 'choose the right service,' tobacco dependency, MyMR, and other UHS support services. These sessions received overwhelmingly positive feedback from the public who attended.

## What our patients tell us:



## Discharge to assess

Sometimes a patient can be ready to leave hospital but not well enough to return to their previous place of residence. In 2022 we introduced our discharge to assess (D2A) pathway for these patients so they can now be discharged from UHS into a care home where they can continue to receive additional support and further assessment.

The discharge to assess model works on the principle of making sure patients do not stay in hospital for any longer than they need to. Patients are discharged as soon as their acute treatment is complete, and all assessments are followed up in the community, after discharge. These assessments are based around the patient's level of function, environment and care needs to ensure they remain as independent as possible at home.



## Youth Ambassadors Group (YAG)

Our YAG have completed several projects to improve patient experience during the year. They have taken part in the UHS clinical accreditation scheme, run Easter activities for inpatients, and created a 'song about health' where people are encouraged to explore their mental health through music. The YAG are also supporting the experience of care team to develop interactive health information sessions in local secondary schools following a successful YAG activity session held in the summer of 2022. Local training sessions are now being launched.

## Southampton Hospitals Charity

The Trust continues to benefit from funds raised by Southampton Hospitals Charity. These funds are used for projects that are shaped by staff and patients identifying opportunities for improving experience. Projects have included:

- Funding for child psychology to develop a 360-degree virtual tour video of the department, allowing patients and their families/carers the opportunity to familiarise themselves with the clinical area before their visit. This information is helpful for a lot of children, particularly those who feel anxious about attending hospital if they have previously had traumatic experiences. It is also particularly valuable to children and young people who have autism and struggle with unfamiliar situations.
- The Charity supported the Trust's play team in purchasing virtual reality headsets for children and young people to use during treatment or as preparation for surgery. The headsets help in relieving some of the anxiety and stress which can be associated with surgery.
- Recognising that parents often need to stay with their child during overnight admissions, the Charity has purchased parent beds and reclining chairs to help make overnight stays more comfortable. The Charity also continues to support carers visiting the Trust and have funded carers meal vouchers for any carer needing to stay overnight.
- To help patients and families who may have arrived in an emergency or have faced long waits, the Charity funded a mobile phone charging box. This ensures that patients and visitors to ED can stay connected with family while in hospital.



## Health inequality strategy

Our head of health inequalities is working towards the draft health inequality strategies (HIE) for the Trust. HIE strategies are important to develop a common understanding of the health inequalities that exists in the community and to plan how different departments might work together to systematically address those inequalities. The strategy will describe the role of each UHS support services in identifying and mitigating the health equalities.

## Key areas identified for further improvement

- Our discharge to assess project identified four other key areas to develop which we will aim to complete in 2023/24:
  - 1 A staff training package to cover carer involvement and reasonable adjustments.
  - 2 The introduction of digital hospital passports which can be used across the whole Trust. The passport is a simple tool which identifies someone as being in a caring role for one of the hospital's patients, involving them more fully in the patient's care, and connecting them with further support.
  - 3 Further developing carer involvement and patient involvement.
  - 4 Our carers team will further support the discharge team with a review of the carer discharge pathway and the development of admission and discharge packs.
- We will complete our health inequalities strategy. This will include key metrics for monitoring trends and performance and enabling us to target interventions that will tackle the identified inequalities.
- Data and information examining operational, experiential and outcomes data will be used to review where inequalities are found.
- We will establish a health inequalities dashboard and reporting schedule to enable oversight of Trust performance across a range of indicators covering patient experience, access, and clinical outcomes

## How ongoing improvements will be measured and monitored

The health inequalities dashboard will be reported to Trust Board.

<b>PRIORITY EIGHT</b>	<b>Ensure patients are involved, supported, and appropriately communicated with on discharge</b>
<b>Achieved</b>	
<b>Why was this a priority?</b>	
<p>The two most common themes from patient feedback, complaints and incidents relating to patient discharge are communication and robust discharge co-ordination. Both have a significant impact on the quality of the patient experience of their discharge.</p> <p>During the pandemic we made rapid improvements in both areas by health and social care teams working more closely together with a clear, shared goal. However, communication with families and carers was less successful due in part to the restricted visiting introduced for safety reasons during the pandemic.</p> <p>Feedback from our Healthwatch partners further reinforced the need for improved patient, carer and family involvement and improved communication during the discharge process as well as prompting a more collaborative working between social and health care staff.</p>	
<b>What have we achieved?</b>	
<p><b>Where best next? Campaign</b></p> <p>The “Where Best Next?” campaign was launched as part of a package of measures to specifically target reducing length of stay and to ensure that patients get the care, they need in a location best suited to them.</p> <p>By ensuring patients are moved along their care pathway and back to where they call home as soon as they are medically fit to do so we can make sure that patients are discharged in a safe, appropriate, and timely way and improve their experience.</p> <p>“Where Best Next?” prompts several practical actions to help frontline staff work with their patients and families. There are five key principles which relate to different stages of a patient’s stay - some to the moment of admission, some to their time on a ward and some to the end of their stay:</p> <ol style="list-style-type: none"> <li>1. Plan for discharge from the start: from the outset of a patient’s admission, the multidisciplinary team leading their care, plus the patient, their family, and carers, all need to have a clear expectation of what is going to happen during their stay. Reducing unnecessary patient waiting should be a priority for all teams, with a patient’s time being viewed as the most important ‘currency’ in healthcare.</li> <li>2. Involve patients and their families in discharge decisions: patients and families need to understand that long stays in hospital can lead to worse health outcomes and can increase long-term care needs. This is particularly relevant for older patients. Teams should be able to have high quality conversations to explain this.</li> <li>3. Establish systems and processes for frail people: we know that frail older people tend to have a longer length of stay, which can lead to complications and worse health outcomes, with an increase in their long-term care needs. So, for their wellbeing, we need to minimise this as much as possible.</li> <li>4. Embed multidisciplinary team reviews.</li> <li>5. Encourage a supported ‘Home First’ approach : staying in hospital for longer than necessarily has a negative impact on patient experience and outcomes. Making sure that patients are given the chance to continue their lives at home is vital for their long-term wellbeing outcomes.</li> </ol>	



JHS has been promoting these principals through our SAFER campaign. This campaign focuses on the importance of working as a team with our patients to get the best outcomes, making every day 'one of action' towards getting them back home, and embedding a culture where patients and staff feel able to ask each other what is happening to progress their care pathway each day.

## Anticipatory discharge conversations and NHSE four key questions

During 2022/23 we launched our 'daily actions for discharge' which combined a document for our staff which pulls together several reminders, prompts and signposts to communicate effectively with patients and their families and carers, and help progress discharges efficiently and safely.

We prompted a 'first twelve hours' approach to discharge planning, training our staff how to be proactive in the first twelve hours. We now train staff to ask appropriate questions of our patients and their family or carers using the NHSE 'four questions' approach and have designed and embedded a discharge checklist to guide staff.

We included signposting to our acute discharge hub team who work to offer patients a positive, collaborative, and coordinated discharge experience. This team supports patients with complex needs such as non-weight bearing patients, enhanced behaviour needs, homelessness, family or patient disputes, repatriation and dementia and delirium. We welcomed a local advocacy service to work more closely with our hub to help identify and communicate with patients who may require additional support and wider advocacy.

We have designed and launched a range of patient information leaflets which cover areas such as 'planning together: leaving hospital when the time is right,' 'what you need to know about leaving hospital,' 'leaving hospital to go to another place of care' and 'looking after family or friends after they leave hospital.'

## Carers involvement in discharge processes

Our 'carers involvement in discharge processes' project was designed to investigate how carers are currently brought in during the planning of discharge. We assess how carers would like to be involved, and then agree together how we can move forward to achieve the most pressing aims set by the carers themselves

From January to March 2022, UHS invited carers of patients to describe to the experience of care team how they would like to be involved in planning discharges from the Trust for patients under their care. A second survey was launched to allow for Trust staff to anonymously share their experiences of engaging with carers prior to discharge and express their views on carer involvement in planning for discharges.

## DAILY ACTIONS FOR DISCHARGE



- 
**HOME FIRST**  
 The most efficient discharges are back home. Additional care should only be prescribed where there is a definitive clinical need – consult a senior clinician if in any doubt. D2a beds should only be selected by the SPOA.
- 
**CARE PACKAGES**  
 Check if a POC is already in place. How long will the patient slot be open? Can this be extended?
- 
**UHS@Home**  
 Can this service support the discharge? Please check daily as capacity changes regularly.
- 
**CHANGES TO CARE PACKAGES**  
 If a care package exists but needs a temporary uplift please approach UHS@Home to see whether this can be topped up rather than creating a new POC.
- 
**EARLY REFERRALS**  
 Begin this process before the MOFD date so you have a target to work to. If your doctor team does not give a future MOFD date please go back and ask for one.
- 
**EQUIPMENT**  
 Order any essential equipment necessary for discharge for the MOFD date, not the care start date.
- 
**COVID-19 STATUS**  
 Check COVID-19 status and be clear on isolation dates. These should be recorded on apex.
- 
**NEXT OF KIN**  
 Ensure we have contact details for NOK so that we can communicate discharge times, what will be needed and how they can support.
- 
**SAFEGUARDING ALERTS**  
 Please escalate any safeguarding alerts that have been open for 48 hours or more to your SPOC so that we can monitor how many are outstanding.
- 
**SELF-FUNDING PATIENTS**  
 (when on Opel 4) do not need an OCR for increased care. Please speak to the patient and seek consent to increase their care if required.
- 
**REPATS**  
 Please consider repats as early as possible. We would recommend dual planning (repat alongside usual discharge planning) to yield which ever option comes up first.

**The discharge hub is here to support you.  
If you need help or advice please contact ex. 6758**

## Questions to ask during your hospital stay:

1. What is the main reason I am in hospital for?
2. What is going to happen to me today and tomorrow?
3. What extra help might I need when I leave hospital?
4. When will I be able to leave hospital?

The experience of care team also conducted one-to-one and group meetings with carers who volunteered to speak to the team to discuss their experiences in greater depth which allowed us to gain a greater insight. Over the last two years we have found that the public has become fatigued with virtual involvement, so this approach has allowed us to build relationships and increase our membership. Carers were engaged and having the opportunity to be at the centre of discussions was well received.

We discussed what a 'gold standard' experience would look like and are now working to use the ideas we received to inform new plans.

### Public involvement and satisfaction

We have a task and finish group which continually reviews all patient related information involving discharge and have developed strong partnership working with external agencies to support a system approach to hospital discharge. Pathways, escalations, and outcome expectations have been clearly articulated, and we are providing healthy challenge to the system to work together for the outcomes of our patients. We have secured funding for a senior complex discharge presence in our acute medical unit (AMU) to support early engagement and links with community teams, carers and next of kin when complexity is identified within the first twelve hours. The remit of this post will be to spot and refer early to allow a smooth discharge plan for these patients, reducing unnecessary delays and offering better case management as appropriate. They will provide a single point of contact for the patient and next of kin for all discharge communication.

We have completed several multi agency discharge events with our external partners, focusing on specific wards that provide specialist care to patient groups (e.g. dementia focus), but also wards that have space to learn with their discharges. These events have aimed to support their staff with their knowledge, training, and access to information to expediate discharges from their areas. As a result of these we have brought the UHS@Home service (which allows people to complete acute treatment in their own home) in greater contact to the wards to ensure we are not missing any bed days to support the "home first" approach for our patients.

We value the work with our external partners and this year we have created a teaching calendar for UHS staff to work alongside our colleagues in the community to better understand the challenges they may face when it comes to accepting discharges. Many UHS staff have not worked outside of acute settings, and we want them to understand the perspective of the community. We are aiming to introduce shadowing opportunities for UHS staff in care home settings in the coming year.

### Digital solutions

Our digital capacity has improved this year and now allows our partners in local care homes to complete virtual patient assessments. Providers can dial into wards to assess patients' needs virtually which speeds up the process and helps expediate discharges. They can also use these virtual sessions to show patients the care settings that they might wish to move to, promoting patient choice and understanding. The project has seen sign up from twenty-five care homes across Southampton and Hampshire.

### Reduction in 'on the day' discharge cancellations

To reduce the number of 'on the day' cancellations of discharges we have secured funding from the ICB to fund an ambulance crew who will not only support planned discharges but also collect any 'on the day' patients whose other transport has been unexpectedly cancelled. We are proactively seeking notification from ward leaders if they feel a discharge is at risk of failing to enable speedy intervention by these crews.





We have established a link with our urgent response service UHS@Home to provide bridging care to all packages where there is a start date with a provider which is not imminent. This reduces the chance that the patient will become unwell again and helps the patient return home.

We have embedded a comprehensive escalation process which our team and the senior ward leaders use to ensure we have every opportunity to reduce on the day cancellations where we can support creative thinking and problem solving.

### **Complaints data**

In 2022/23 we used complaints about patient discharge as opportunities to better understand our Trust processes and drive areas of improvement. Case studies from complaints are brought to fortnightly governance meetings with our external partners to look at system challenges and areas of improvement. This year we launched a programme of learning and developed sessions with local care home and domiciliary providers to enable a better understanding of the challenges we all face for our most vulnerable patients.

We have noticed better communication and understanding of issues that arise, and we are able to offer more reassurance that our discharge plans will be based around care home preferences where we can. We look at trends and themes including delays in planned discharges, discharge arrangements that had poor planning, discharges that took place too early, discharges at inappropriate hour and inadequate discharge planning.

### **Patient Support Hub**

We are promoting the role of the acute discharge hub across the Trust. This hub supports the wards and patients with the most complex cases in terms of discharge. This team works collaboratively with patients and their families or carers, with both internal teams at UHS and with external teams at Southampton City Council and Hampshire County Council, Solent and Southern Health Foundation Trust and the Integrated Care System.

The team line up the assessments required to progress each discharge and will escalate when external or internal processes may not be progressing at the speed needed. The ward retains responsibility for the safe and effective discharge of each patient. The team also completes staff information sessions, shares leaflets and guidance and ensures there is some administrative support for the social work teams that are based in the hub. This helps raise our confidence that we are spreading the key principles of complex discharge to all staff groups, while continuing to work collaboratively with our patients.

### **Staff educational and training**

This year we have launched the UHS Staffnet pages. There are fourteen tiles of information for staff to seek live, in the moment advice on how to support patients where there are barriers to discharge.

### **Key areas identified for further improvement**

- We are committed to continuing to explore ways to improve collaboration and communication with our patients to drive forward a more supported discharge experience and will continue to work in partnership on new initiatives focused on what our patients ask for.
- We aim to strengthen the system working across UHS with the ICB and our local authority partners by joint training and development opportunities across our teams and ensuring we have clear operating procedures for our system processes.
- We plan to improve our opportunities to meet our key performance indicators.
- We will continue to support the AMU team with a senior presence from our team to add value and skill in managing complex discharges.
- To provide training and development across the Trust to improve communication from UHS to the external partners.

### **How ongoing improvements will be measured and monitored**

We work closely with and report to our chief operating officer, and report to Trust Board.

## 2.1.2 Priorities for improvement 2023/24

This section presents our quality priorities for 2023/24. Our priorities are built around our ambitions and intention as a Trust to deliver well-led, safe, reliable, and compassionate care in a transparent and measurable manner.

To determine our quality improvement priorities for 2023/24 we have consulted with several stakeholders including our Trust's quality committee, the Trust's Board, the Trust executive committee, commissioners, patient representatives (through our local Healthwatch group) and our council of governors. We have aligned our consultation with feedback from patient surveys and complaints as well as incidents. We have used our progress against last year's priorities to help decide which priorities need continuing focus in 2023/24 and used information gained by:

- **Review of data relating to quality to identify areas for improvement.**
- **Review of the most significant consequences of the COVID-19 pandemic.**
- **Incorporating relevant national priorities and objectives.**

We have continued to align our priorities to the three core dimensions of quality:

- **Patient experience - how patients experience the care they receive.**
- **Patient safety - keeping patients safe from harm.**
- **Clinical effectiveness - how successful is the care we provide?**

The quality committee on behalf of Trust's Board approved the priorities and there will be regular reports on progress to the committee throughout the year.

## Quality priorities 2023/24

### Patient experience

Quality priority one: we will improve care for people with LDA, autistic people and people on the autism spectrum across the Trust. We will support staff delivering this care.

Quality priority two: we will ensure carers are fully supported, involved, and valued across all our services by developing our carers support service in partnership with Southampton Hospitals Charity.

Quality priority three: we will put patients at the centre of transforming the way we deliver care, enabling their voices to improve the quality of care and outcomes for all.

### Patient safety

Quality priority four: we will work to support patients, service users and staff to overcome their tobacco dependence via a smoking cessation programme.

Quality priority five: we will develop a culture where all clinical staff can respond to current needs of our diabetic community.

### Clinical effectiveness

Quality priority six: we will develop our clinical effectiveness process, connecting to The Trust's Always Improving approach to measuring, understanding, and using our outcomes to improve patient's care.

## Quality priorities

No 1	
Improvement priority	Core Dimension
<b>We will improve care for people with learning difficulties, autistic people, and people on the autism spectrum (LDA) across the Trust. We will support staff delivering this care.</b>	<b>Patient experience</b>
Rationale for selection	
<p>Research from the learning from deaths in patients with LDA (LeDeR) service improvement programme (<a href="https://leder.nhs.uk/">https://leder.nhs.uk/</a>) shows that people with LDA die earlier and do not receive the same quality of care as people without a learning disability or who are not autistic or on the autistic spectrum.</p> <p>The Care Quality Committee (CQC) and NHS England (NHSE) have both identified that people with LDA have faced huge inequalities when accessing and receiving health care and learning disability improvement standards have been developed to help NHS Trusts measure the quality of care, they provide to people with LDA.</p> <p>The role of the learning disability liaison service at UHS is to facilitate open and easy access for adults with LDA and their carers to the various departments within UHS. The team provides specialist knowledge and expertise to help people with LDA achieve a positive experience and clinically appropriate outcomes following admission and liaison with acute hospital services.</p> <p>They also support education and training for our staff, and work in partnership with the Southampton and Hampshire community LDA teams, allowing them to access the skills and resources associated with this multidisciplinary team.</p> <p>Although this is a vital service for people with LDA in our local community, we acknowledge we have not been able to focus on this work during the last few years while resources have been redirected to meet the overwhelming pressures caused by the COVID-19 pandemic.</p> <p>We are now committed to re-energising this work as a matter of priority during 2023/24 to meet the needs of this patient populations and their careers.</p>	
What we will do	
<p>Our LDA working group was suspended during the pandemic. We will relaunch the group to oversee this workstream and provide guidance and support.</p> <p>We will review findings from this year's learning disability/autism improvement standards benchmarking project undertaken at UHS and use this intelligence to identify where improvements are needed. We will generate a focused improvement action plan to drive the work forward.</p> <p>We will re-establish strong governance oversight of this work.</p> <p>We will deliver the Oliver McGowan mandatory training that considers the patient's rights, unique needs, and health vulnerabilities to at least one hundred staff members to ensure we are growing a workforce that is knowledgeable and skilled at meeting the needs of patients with LDA.</p> <p>We will continue to work in collaboration with our patient partners, their families, and carers to make sure their feedback and experience directly influences workstreams and co-design of service improvement.</p>	



## Progress metrics

The LDA working group will be restarted by May 2023.

An improvement action plan will have been generated by July 2023 with governance oversight to monitor progress. This oversight will include quality checkers, patient/carer and staff surveys / feedback, complaint themes and feedback via the LDA working group.

We will have re-launching the LDA champions role by September 2023.

We will aim to support 100 UHS staff through the training programme by March 2024.

By March 2024 we will have established patient partner roles within UHS and continue building links to our wider network of established patient, family, and carer groups to ensure representation at working groups and Trust board.

No 2

Improvement priority	Core Dimension
<p><b>We will ensure carers are fully supported, involved, and valued across all our services by developing our carers support service in partnership with Southampton Hospitals Charity.</b></p>	<p><b>Patient experience</b></p>
<p><b>Rationale for selection</b></p>	
<p>At the beginning of 2021 we launched our new carers strategy to develop and improve the care and support we provide to unpaid carers whilst their cared-for person receives treatment at the Trust.</p> <p>In the strategy we set out to learn from organisations that get it right (including community and mental health NHS Trusts, charities, and social care), and transfer that learning into an acute setting.</p> <p>The strategy is funded by our Southampton Hospitals Charity which exists solely to make a difference to patients, families, and carers using UHS services. Funding this project through the charity is fully in-line with the objectives and purposes of the Charity and is an opportunity for it to make a difference which is what our donors tell us they want their gifts to be used for.</p> <p>Our carers service is run by a team of volunteers under the supervision of our carers lead. The support it offers includes creating personalised plans to signpost carers to services best placed to help them, access to rest breaks and time away from the wards during long-stay in patient visits, blue badge parking, food vouchers, temporary bed, and advocacy to help ensure their voices are heard in the hospital and community.</p> <p>The pandemic disrupted our progress against our strategy, but by highlighting this as a quality priority, and with the commitment of support from our charity, we are going to accelerate our work to improve the support carers are provided.</p>	
<p><b>What we will do</b></p>	
<p>We will enhance our carers support service by recruiting a charity-funded carers support worker to work alongside our existing carers lead.</p> <p>We will collaborate with key stakeholders to continue offering concessions and vouchers for carers staying overnight in hospital to support their cared-for person</p> <p>We will work with local partners to create a clear and recognised 'pathway to support' that carers can access easily.</p> <p>We will review and relaunch our carers training package for staff to ensure that wherever carers interact with our services, the right support is available. We will aim for key staff in our staff in outpatient and day services (where carers may need more flexibility to attend with their person) to have completed the package.</p>	
<p><b>Progress metrics</b></p>	
<p>We will have appointed a charity-funded carers support worker and be able to articulate the added value. Carers will have a more comprehensive package of concessions and vouchers to help support their cared-for person.</p> <p>We will have developed and be able to describe our 'pathway to support.'</p> <p>We will have relaunched our carers training package and evidence numbers trained and be able to evidence added value.</p>	

No 3

Improvement priority	Core Dimension
<p><b>We will put patients at the centre of transforming the way we deliver care, enabling their voices to improve the quality of care and outcomes for all.</b></p>	<p><b>Patient experience</b></p>
<p><b>Rationale for selection</b></p>	
<p>The best care is care that which is delivered in collaboration and partnership with patients and their families and carers. Supporting them to manage their own health and make informed decisions about their care and treatment can improve outcomes and experience.</p> <p>Through shared decision making (SDM) and our QPSP programmes, we have already committed to involving our patients in improving the quality of care and how care decisions are made.</p> <p>We know there is still work to do in driving this agenda forward. We are planning to prioritise how we work this year with patients and communities to focus on where inequalities are and identify what improvements can be made.</p>	
<p><b>What we will do</b></p>	
<p>Continue to work across corporate and divisional services to embed patients and carers into quality and service improvement.</p> <p>Take forward our engagement with communities, working to ensure that a range of care experiences are considered and where possible, data is interrogated fully to ensure that communities are not disadvantaged.</p> <p>We will work with our Gypsy, Roma, and Irish Traveller community health liaison officer to ensure that these communities are engaged with and brought into work to improve the inclusivity of our services</p> <p>We will embed health inequalities focus within our patient reported outcome measures (PROMS) workstream, ensuring that outcome measures are fully analysed in detail to look at variations.</p>	
<p><b>Progress metrics</b></p>	
<p>We will be able to describe at least five projects which patients and carers have worked with the Trust to develop service improvement.</p> <p>We will be able to evidence at least five projects which have been developed with a range of our local communities.</p> <p>We will be able to show improved Gypsy, Roma, and Irish Traveller engagement by the introduction of new initiatives and positive feedback from these communities.</p> <p>PROMS data will demonstrate improved outcome measures.</p>	

No 4

Improvement priority	Core Dimension
<p><b>We will support patients, service users and staff to overcome their tobacco dependence via a smoking cessation programme.</b></p>	<p><b>Patient safety</b></p>
<p><b>Rationale for selection</b></p>	
<p>Smoking remains the leading preventable cause of premature death and disease, responsible for half the difference in life expectancy between the richest and poorest in society. Smoking tobacco is linked to over one hundred different conditions and just over 500,000 hospital admissions each year, with smokers being more likely to be admitted to hospital than non-smokers.</p> <p>There is good evidence that stopping smoking improves recovery for a range of acute conditions, and slower decline in chronic conditions. Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities</p> <p>We are increasingly looking after people with long-term health conditions, and we need to do more in creating an environment where people are supported to make healthier decisions. One in eight people in Southampton smoke, and smoking accounts for one in six of all deaths in Southampton which is higher than the national average.</p> <p>We believe becoming a smoke-free site and supporting people to overcome their tobacco dependency via a smoking cessation programme is a statement that looks after our community, our people, and our environment. In October 2022 we took our first step by establishing a tobacco dependency team, and by making our smoking cessation programme a quality priority this year we aim to continue to build on this promising start.</p>	
<p><b>What we will do</b></p>	
<p>We will develop a training programme for the UHS workforce to promote knowledge and skills at meeting the needs of our smoking population and aim for at least one hundred of our staff to have completed the training. The programme will include education about nicotine replacement therapy (NRT) prescribing where appropriate, and referral processes to specialist smoking cessation support for patients.</p> <p>We will appoint at least fifty staff champions for smoking cessation within all inpatient areas to ensure patients have access to timely support.</p> <p>We will improve our multidisciplinary team approaches to targeted smoking populations, notably mental health (51% mental health patients in Southampton smoke), drug and alcohol, and LGBTQ+ communities. By March 2024, all inpatients will have their smoking status recorded and have been offered specialist smoking cessation support with a tobacco dependency advisor. They will be offered nicotine replacement therapy and have access to continued support upon discharge.</p> <p>We will work with the digital/IT team to improve current IT systems to streamline the recording of patient smoking status, NRT dual therapy prescribing and referral processes.</p> <p>We will move towards a sustainable, substantive funding model to support the UHS smokefree agenda and any NHS long term plan requirements.</p> <p>We will work in partnership with local universities to ensure that medical students, nurses, and allied health professionals are trained in advice and intervention conversations to support service provision, peer education and a skilled workforce.</p>	

## Progress metrics

The training programme described above will have been developed and delivery target achieved.  
At least fifty smoking cessation champions will have been appointed.

Digital/IT improvement will be demonstrated, and we will be able to easily evidence the data.

We will see sustained or improved metrics for submission of monthly data to NHSE via our strategic data collection service.

We will be able to evidence an increase in NRT prescriptions via our internal electronic prescribing system.  
Sustained or improved metrics for 4/52 follow-up data will be evidenced to demonstrate successful quit rates following inpatient interventions.

Increased eQuest referrals data will be evidenced to illustrate the number of referrals and interactions with the TDT.

A funded model will have been agreed or in traction.

No 5

Improvement priority	Core Dimension
<b>We will develop a culture where all clinical staff can respond to current needs of our diabetic community.</b>	<b>Patient safety</b>
<b>Rationale for selection</b>	
<p>One in five inpatients at UHS has diabetes and we know that this will increase to approximately one in three inpatients within the next ten years.</p> <p>Errors and harm have occurred across UHS in recent years where attention to diabetes was neglected. We do not have an out-of-hours diabetes service cover at UHS and no current plan to fund one. Although this reflects a national picture, we are aware it may increase the possibility of risk.</p> <p>Given that it is unlikely the current UHS diabetes service will be able to review all patients with diabetes it is important that we are confident all clinical staff understand basic diabetes care for inpatients to enable them to safely support and deliver the most basic care needs for their patients.</p>	
<b>What we will do</b>	
<p>We will improve the knowledge and skills needed to review and care for individuals with diabetes who are in the inpatient setting through formal teaching sessions.</p> <p>We will further develop existing diabetes resources and 'app' based guidance where information on basic diabetes management is clearly presented.</p> <p>We will provide bespoke education for ward / clinical areas.</p> <p>We will be involved in the education for all newly qualified nurses and doctors as well as those joining the Trust from overseas who may be unfamiliar with UK diabetes clinical practices and expectations.</p>	
<b>Progress metrics</b>	
<p>We will be able to show we have delivered appropriate training and education for the relevant staff groups and have comprehensive records to records of training.</p> <p>We will assess staff confidence in diabetes care provision pre and post training event attendance.</p> <p>We will be able to evidence a reduction in inappropriate referrals to our service, as teams should be able to address the diabetes basics themselves using existing guidelines.</p> <p>We will see a reduction in the number, severity and nature of clinical incidents related to diabetes across inpatients.</p>	

No 6

Improvement priority	Core Dimension
<p><b>We will develop our clinical effectiveness process, connecting to the Trust's Always Improving approach to measuring, understanding, and using our outcomes to improve patient's care.</b></p>	<p><b>Clinical effectiveness</b></p>
<p><b>Rationale for selection</b></p>	
<p>As an ambitious organisation, we want to support our people to achieve world class outcomes by doing the right thing, at the right time, for the right person.</p> <p>Getting these elements 'right' is essential to being as effective as we can and to making a positive difference in the lives of the people and population we serve. By focusing on the outcomes, we help people to achieve, we can understand how effective we are and where we need to make improvements.</p> <p>We know that delivering effectiveness by 'doing the right thing at the right time for the right person' involves effort at every level of our organisation. We recognise there are many notable examples in our organisation of where teams deliver outstanding outcomes for the people they serve. However, there are also areas where this is not the experience of people using our services.</p> <p>Our aim is to be able to systematically measure and understand outcomes in all specialties across our organisation, benchmarking against our previous performance and best practice nationally to understand where we are achieving the best outcomes and where we need to improve for the people we serve.</p> <p>This will allow us to be assured we are a learning organisation that understands where it needs to improve and takes action to prioritise improvement activities as well as knowing when to celebrate and share our success.</p>	
<p><b>What we will do</b></p>	
<p>We will ensure the outcomes our services collect, and share are meaningful to patients.</p> <p>We will expand the collection of outcomes to ensure all specialties are reporting.</p> <p>We will support teams to share data over time and, where possible, benchmark against national/international data as well as our past performance.</p> <p>We will develop the clinical effectiveness process to support clinical, governance and management teams in planning services.</p> <p>We will connect our clinical outcomes with improvement and research priorities to create a continual learning approach.</p> <p>We will revise the clinical effectiveness strategy with a focus on linking outcomes, governance, and improvement, enabling world class care for our patients.</p> <p>We will develop a clear process to connect clinical outcomes to research and improvement teams.</p> <p>We will develop our approach to celebrating and communicating our outcomes outside of specialties.</p>	



## Progress metrics

We will have patient representative/s as a standing group member/s of our clinical assurance meeting for effectiveness and outcomes (CAMEO) panel. They will have attended 75% (9/12) of meetings.

We will be able to evidence we have increased the number of specialities reporting outcomes to 95% (currently 70/87, 81%).

We will be including PROMs within speciality outcomes reported at CAMEO. By March 2024 have 25% (22/87) of specialities will be reporting PROMS.

We will have successfully co-designed and implement an updated outcomes reporting tool for specialities that incorporates data over time. We will have 25% (22/87 specialities reporting using this).

A revised strategy will have been written and taken to Trust Board/Trust executive committee (TEC) for approval by December 2023.

An info graphic of key care group outcomes will be produced after each CAMEO and shared internally by September 2023.

## 2.2 Statements of assurance from the board

**This section includes mandatory statements about the quality of services that we provide relating to the financial year 2022/23. This information is common to all quality accounts and can be used to compare our performance with that of other organisations. The statements are designed to provide assurance that the board of directors has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement**

### 2.2.1 Review of services

During 2022/23 UHS provided and/or sub-contracted 103 relevant health services (from total Trust activity by specialty cumulative 2022/23 contractual report). UHS has reviewed all the data available to them on the quality of care in all these relevant health services.

The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by UHS for 2022/23.

### 2.2.2 Participation in national clinical audits and confidential enquiries

During 2022/23 fifty-three national clinical audits and four national confidential enquiries covered NHS services that UHS provides.

During 2022/23 UHS participated in 96% of national clinical audits and 100% national confidential enquiries of which it was eligible to participate in.

NCEPOD studies participated in during 2022/23 were:

- Transition from paediatric to adult services.
- Crohns Surgery.
- Community acquired pneumonia.
- Testicular torsion.
- UHS fully supports the maternal, newborn, and infant clinical outcome review programme (MBRRACE-UK) and all the reviews that take place under this umbrella.

The national clinical audits that UHS participated in, and for which data collection was completed during 2022/23, are listed below (Figure 5) alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry if known at time of writing this report.

## QUALITY ACCOUNT

**Figure 5: The national clinical audits that UHS participated in, and for which data collection was completed during 2022/23**

No	Total number of NCAs UHS were eligible to participate in (n=53)	Eligible (53)	Participated (49 = 92%)	% Actual cases submitted / expected submissions
1	Breast and Cosmetic Implant Registry	✓	✓	100%
2	Case Mix Programme (CMP) (ICNARC)	✓	✓	100%
3	Chronic Kidney Disease Registry - UK Renal Registry	✓	✓	100%
4	National Acute Kidney Injury Audit	✓	✓	100%
5	Elective Surgery (national PROMS Programme (Hips and Knees)	✓	✓	38% *
7	Emergency Medicine QIPs – Mental health self-harm	✓	✗	0% **
8	Epilepsy 12 – National Clinical Audit of Seizures and Epilepsies for Children and Young People	✓	✗	0% ***
9	Falls and Fragility Fractures Audit Programme (FFFAP) national hip fracture database	✓	✓	100%
10	Falls and Fragility Fractures Audit Programme (FFFAP) fracture liaison database	✓	✓	100%
11	Falls and Fragility Fractures Audit Programme (FFFAP) National Audit of Inpatient Falls	✓	✓	100%
12	Inflammatory Bowel Disease (IBD) Registry	✓	✓	100%
13	LeDeR Learning from lives and deaths of people with a learning disability and autistic people	✓	✓	100%
14	Muscle Invasive Bladder Cancer at transurethral resection of the bladder (MITRE)	✓	✓	100%
15	National Adult Diabetes Audit – National pregnancy in diabetes audit	✓	✓	100%
16	National Adult Diabetes Audit –Inpatient safety audit	✓	✓	100%
17	National Asthma and COPD audit programme (NACAP) (asthma in children)	✓	✓	100%
18	National Asthma and COPD audit programme (NACAP) (asthma in adults)	✓	✓	100%
19	National Asthma and COPD Audit Programme (NACAP) (COPD secondary care)	✓	✓	100%
20	National Asthma and COPD Audit Programme (NACAP) Pulmonary rehabilitation	✓	✓	100%
21	National Audit of Breast Cancer in Older People (NABCOP)	✓	✓	100%
22	National Audit of Care at the End of Life (NACEL)	✓	✓	100%

# QUALITY ACCOUNT

No	Total number of NCAs UHS were eligible to participate in (n=53)	Eligible (53)	Participated (49 = 92%)	% Actual cases submitted / expected submissions
23	National Audit of Dementia (NAD)	✓	✓	Waiting to hear
24	National Cardiac Arrest Audit (NCAA)	✓	✓	100%
25	National Cardiac Audit Programme (NCAP) - Adult cardiac surgery	✓	✓	100%
26	National Cardiac Audit Programme (NCAP) - Cardiac Rhythm Management (CRM)	✓	✓	100%
27	National Cardiac Audit Programme (NCAP) - congenital heart disease (CHD) paed	✓	✓	100%
28	National Cardiac Audit Programme (NCAP) - Heart Failure audit	✓	✓	100%
29	National Cardiac Audit Programme (NCAP) - Acute Coronary Syndrome or Acute Myocardial Infarction	✓	✓	75%
30	National Cardiac Audit Programme (NCAP) - Percutaneous coronary interventions (PCI)	✓	✓	100%
31	National Child Mortality Database (NCMD)	✓	✓	100%
32	National Early Inflammatory Arthritis Audit (NEIAA)	✓	✗	0% ****
33	National Emergency Laparotomy Audit (NELA)	✓	✓	100%
34	National Gastrointestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)	✓	✓	100%
35	National Gastrointestinal Cancer Programme - National Oesophago-gastric Cancer (NOGCA)	✓	✓	100%
36	National Joint Registry	✓	✓	100%
37	National Lung Cancer Audit (NLCA)	✓	✓	100%
38	National Maternity and Perinatal Audit (NMPA)	✓	✓	100%
39	National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	✓	✓	100%
40	National Ophthalmology Audit Database (adult cataract surgery only)	✓	✓	100%
41	National Paediatric Diabetes Audit	✓	✓	100%
42	National Perinatal Mortality Review Tool	✓	✓	100%
43	National Prostate Cancer Audit (NPCA)	✓	✓	100%
44	National Vascular Registry (NVR)	✓	✓	70%-85%
45	Neurosurgical National Audit programme	✓	✓	100%
46	Paediatric Intensive Care Audit Network (PICANet)	✓	✓	100%
47	Perioperative quality improvement programme (PQIP)	✓	✗	0% ****

# QUALITY ACCOUNT

No	Total number of NCAs UHS were eligible to participate in (n=53)	Eligible (53)	Participated (49 = 92%)	% Actual cases submitted / expected submissions
48	Respiratory Audit – Adult respiratory support audit to start Feb 2023	✓	✓	In process
49	Sentinel Stroke National Audit Programme (SSNAP) continuous SSNAP Clinical patient Audit, organisational audit	✓	✓	100%
50	Serious Hazards of Transfusion (SHOT) UK National haemovigilance scheme	✓	✓	100%
51	Society for Acute Medicine’s Benchmarking Audit (SAMBA)	✓	✓	100%
52	Trauma Audit and Research Network (TARN)	✓	✓	100%
53	UK Cystic Fibrosis Registry	✓	✓	100%

\*Participation rate lower than the national target due to waiting times and moving away from face-to-face pre-assessments. Provision of PROMS questionnaires are being monitored.

\*\* Royal College of Emergency Medicine (RCEM) for mental health is waiting for lead to be nominated and then data entry can commence. We have a year to submit all the data.

\*\*\*UHS are only participating in the organisational part of this audit. The patient part of the audit is time consuming (about 45 minutes per patient per consultation so around 10 hours/week), requires clinical knowledge and offers no benefit to patients or our service.

\*\*\*\*0% submission is on hold due to staff leaving and waiting for new staff to be trained.

\*\*\*\*\*UHS has not contributed towards this programme since the onset of the pandemic due to PQIP being set up as a National Institute for Health and Care Research (NIHR) clinical research network (CRN) supported research project with patient consent. They have not had the resources available due to the large data collection burden for each patient, and no specific funds associated with this project.

The reports of twenty national clinical audits were reviewed by the provider in 2022/23 and UHS intends to take the following action described below to improve the quality of healthcare provided.

**Figure 6: National Clinical Audit: actions to improve quality**

National audit title	Actions
1. Patient Reported Outcome Measures (Hip and Knee replacements)	<ul style="list-style-type: none"> <li>To analysis the monthly SNAP data collected by surgical pre-assessment for any problems.</li> <li>To improve the number of questionnaires being completed.</li> </ul>
2. Trauma Audit and Research Network (TARN) database	<ul style="list-style-type: none"> <li>To develop a Computerised Tomography (CT) pathway to allow patients to be sent straight to CT.</li> <li>To educate trauma and orthopaedics (T&amp;O) ANP's, major trauma (MT) advanced clinical practitioner (ACP)'s and T&amp;O doctors on performing tertiary surveys on major trauma patients</li> <li>Work on rehab pathways out of UHS/MTA and to work with subdural haematoma to utilise spinal rehab.</li> <li>Reconfiguration of Solent rehab services to take place in the coming year.</li> </ul>

National audit title	Actions
3. National Asthma and COPD Audit Programme (NACAP) Pulmonary rehabilitation report	<ul style="list-style-type: none"> <li>• To start using Incremental Shuttle Walk Test (ISWT) to comply with the exercise testing guidelines.</li> <li>• To produce a standardised exercise plans that can be customised as required.</li> <li>• To assess how to have time for leadership activities with a small team.</li> <li>• To review UHS SOP with other services to have an agreement on one standardised SOP.</li> </ul>
4. National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) Adult asthma and Chronic Obstructive Pulmonary Disease (COPD) organisational audit summary report	<ul style="list-style-type: none"> <li>• To make 7-day respiratory specialist advice available to all patients admitted with an asthma / COPD exacerbation.</li> </ul>
5. National Confidential Enquiry into Patients Outcome and Death (NCEPOD) Mental Healthcare in Young People and Young Adults (review)	<ul style="list-style-type: none"> <li>• Recruitment efforts currently in progress to source a child and adolescent mental health services (CAMHS) consultant lead.</li> <li>• CAMHS liaison nursing staff in process of exploring training options to improve practices around the prevention and management of violence and aggression in young people.</li> <li>• To review IT systems to enable better electronic record sharing between UHS and Solent.</li> <li>• To develop a mechanism and environment for confidential discussions.</li> </ul>
6. National Confidential Enquiry into Patients Outcome and Death (NCEPOD) Acute heart failure (review)	<ul style="list-style-type: none"> <li>• To tool out REACH-HF digital tool to improve compliance for patients accessing exercise-based programme or cardiac rehabilitation.</li> <li>• An EQ+ dashboard to be requisitioned to facilitate data collection on the total of heart failure patients under UHS care.</li> </ul>
7. NHS Resolution Safety Action 1: Is the Trust using the National Perinatal Mortality Review Tool to review perinatal deaths to the required	<ul style="list-style-type: none"> <li>• To audit quarterly to ensure UHS is compliant on using the tool.</li> </ul>
8. Surveillance of surgical site infections in NHS hospitals in England published July 2022	<ul style="list-style-type: none"> <li>• Communication to be made to the anaesthetist team to document temperatures intra-operatively as per NICE guidance.</li> <li>• The theatre infection control link nurse highlighted that the theatre forms do not have a section for documenting temperatures.</li> <li>• Theatre forms to be modified for the temperature of patient to be added.</li> </ul>
9. Royal College of Emergency Medicine (RCEM) Fractured Neck of Femur (#NOF)	<ul style="list-style-type: none"> <li>• Ongoing drive to improve documentation of observation and pain score by undertaking regular hot audits.</li> <li>• Two doctors are to undertake an analgesia for pain project to look at why UHS struggle to achieve adequate analgesia in patients with severe pain.</li> <li>• To feedback the outcome to local ambulance service.</li> <li>• Ongoing work as part of #NOF protocol to reduce time to x-ray.</li> <li>• To review #NOF protocol to try and improve time to admission.</li> </ul>

National audit title	Actions
10. Female Genital Mutilation (FGM) audit report 21/22	<ul style="list-style-type: none"> <li>To circulate reminder to all staff to fully document disclosures of FGM on the BadgerNet form through Theme of the Week.</li> </ul>
11. National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) Adult asthma report 21/22	<ul style="list-style-type: none"> <li>To increase nursing support to expand the 'in-reach' team which will help to increase compliance against KP4.</li> </ul>
12. National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) Child and Young Person Asthma Report 21/22	<ul style="list-style-type: none"> <li>To educate the CED team to use and correctly complete the audit proforma.</li> <li>To ensure CED staff are reminded and in teaching sessions should give patients steroids alongside their first inhaler.</li> <li>To give patients and carers smoking cessation advice by producing a poster with QR code which will be linked to the under-eighteen's stop smoking advice service.</li> <li>To ensure clinicians document that they have given stop smoking advice to patients and carers.</li> <li>Change of practice is planned to get parents to give their child the first inhaler in CED with a member of the CED team checking their inhaler technique.</li> </ul>
13. National Cardiac Audit Programme (NCAP) Heart Failure (HF) report September 2022	<ul style="list-style-type: none"> <li>Aiming to deploy DAWN HF system (IT solution) to record audit data in real-time.</li> </ul>
14. National Cardiac Audit Programme (NCAP) Adult Cardiac Surgery report published September 2022	<ul style="list-style-type: none"> <li>To push forward with the update on HICCS database so it will be compatible with the NICOR dataset.</li> <li>A project to look at stable angina in ED pathway to be completed.</li> <li>Initial meeting with stakeholders to discuss contracts and improving the pathway of management of patients on the Isle of Wight.</li> </ul>
15. National Paediatric Diabetes Audit (NPDA) Parent and Patient report experience measure published September 2022	<ul style="list-style-type: none"> <li>Paediatric diabetes team to review outcomes in more detail.</li> <li>Paediatric diabetes team to identify key areas for improvement by surveying more patients on key areas where we appear to have performed badly and then feed this into fortnightly team QI meetings.</li> <li>To feedback to Child Health management and COPD team regarding outpatients waiting area issues.</li> </ul>
16. National Vascular Registry (NVR) Report published November 2022	<ul style="list-style-type: none"> <li>To gain more theatre access time to increase theatres lists per week to meet the eight-week target.</li> <li>An increase in both middle grade and consultant level staff is required to be able to effectively run more theatre lists.</li> <li>To uplift staff numbers in radiology to be able to create a 24/7 service.</li> <li>To increase the number of staff that can enter data into the NVR as our data is incomplete and requires more resource.</li> <li>The data for the CQUIN for critical limb ischaemia has been questioned about its accuracy and is being reviewed.</li> <li>After March 2023 there is no provision for data entry into the NVR for radiology this requires review.</li> <li>Waiting to hear whether the business case for a new vascular lab has been agreed which will help with the outpatient podiatry problems.</li> </ul>

National audit title	Actions
17. National Audit of Inpatient Falls	<ul style="list-style-type: none"> <li>To use the data through the Trust falls steering group to identify and support QI initiatives.</li> <li>To restart falls champions to support ward level involvement.</li> <li>To conduct a post falls management audit to understand post fall management generally and not just high harm falls.</li> <li>To regularly interrogate and thematic review of data to understand emerging themes.</li> </ul>
18. UK Cystic Fibrosis Registry	<ul style="list-style-type: none"> <li>To take forward a strategy to improve adherence assessment within the clinical service.</li> </ul>
19. National Cardiac Audit Programme - Acute Coronary Syndrome or Acute Myocardial Infarction	<ul style="list-style-type: none"> <li>An updated to the HICCS system is required and waited for</li> <li>To upload three years data once HICCS update has been completed.</li> </ul>
20. National Emergency Laparotomy Audit (NELA)	<ul style="list-style-type: none"> <li>To improve access to theatres.</li> <li>To improve management of patients with sepsis.</li> </ul>

The reports of sixty-four Trust-wide and local clinical audits were reviewed in 2022/23 and as result the Trust will take actions described below to improve the quality of healthcare provided

**Figure 7: Local Clinical Audit: actions to improve quality**

Audit title	Actions
1. Improving the detection and management of sepsis.	<ul style="list-style-type: none"> <li>To develop an automatic electronic escalation for all deteriorating patients, to enable timely recognition, escalation, and clinical review of the patient.</li> </ul>
2. Assessing generic medical record keeping standards on four orthopaedic wards	<ul style="list-style-type: none"> <li>To contact IT services to enquire whether patient location may be added to printed labels.</li> <li>To contact medical HR to enquire about the feasibility of providing junior doctors with stamps, with their name and GMC number on.</li> </ul>
3. SAVING BABIES LIVES Element 2A. Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction.	<ul style="list-style-type: none"> <li>To collaborate with the digital team to change the process around fetal growth risk assessments. We are 100% compliant for risk assessing at booking but need to change our processes for doing this at future contacts with women.</li> <li>Email to be sent to Saving Babies' Lives Care Bundle Version 2 lead highlighting the 16-20 weeks risk assessment tool findings.</li> <li>Continue to collaborate with the Badger maternity notes team to get communication out to staff and to audit data quarterly.</li> </ul>
4. Digital Documentation Audit	<ul style="list-style-type: none"> <li>To send communication to clinicians outlining the results and findings of the documentation audit, celebrating the improvements to documentation, and highlighting the areas for further improvement.</li> <li>Maternity digital team to continue data quality checking and targeted training and updating with the work force.</li> <li>The new digital obstetric consultant link to work with the digital team. This will improve streamlined documentation for the medical teams, improving navigation and use of the system.</li> </ul>



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Audit title	Actions
5. Element 5 SAVING BABIES LIVES: Reducing preterm births	<ul style="list-style-type: none"> <li>To collaborate with the Badger maternity notes team and labour ward team to raise awareness of information recording.</li> <li>To re-audit in July for Q1 of 2022 after putting out communication to staff and raising awareness.</li> <li>To ensure staff training and updates to ensure that the documentation is in the correct place for future data collection.</li> </ul>
6. SAVING BABIES LIVES Element 4 Effective foetal monitoring during labour	<ul style="list-style-type: none"> <li>Staff training compliance to be escalated to the Trust Board around engaging the obstetric teams.</li> <li>Midwifery compliance to be reviewed to try and ensure staff are rostered appropriately.</li> <li>To get an update for the new medical devices database to capture information of staff training around the use of Continuous electronic foetal monitoring (CTG) machines.</li> </ul>
7. SAVING BABIES LIVES - ELEMENT 1 Reducing smoking in pregnancy	<ul style="list-style-type: none"> <li>To have regular updates with quality and assurance teams to ensure compliance figures are improving.</li> <li>Public health midwife is writing the guideline including SOP for smoking referral processes.</li> <li>To keep raising the awareness of carbon monoxide (CO) monitoring, now that community midwives have all got a CO monitor this should improve data and figures.</li> <li>Re-auditing per quarter to monitor compliance.</li> </ul>
9. SAVING BABIES LIVES Element 2A. Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction	<ul style="list-style-type: none"> <li>To continue to work around raising the awareness of the need to re-screen women for their risk of foetal growth restriction at 16-20 weeks.</li> <li>Communications to be sent out by the digital team to remind staff what is required at each antenatal visit.</li> </ul>
10. Adherence to Blood glucose monitoring (BGM) in patients started on Steroid treatment	<ul style="list-style-type: none"> <li>To present the results of the audit and recommendations to facilitate nursing education.</li> <li>To put poster of Joint British Diabetes Societies recommendations and promotion of blood gas monitoring prescription in clinical areas.</li> </ul>
11. Element 3 SAVING BABIES LIVES': Raising awareness of reduced fetal movement	<ul style="list-style-type: none"> <li>There are several discussions being had about how best to approach this poor compliance.</li> <li>Additional local audits to be conducted in response to our poor badger compliance.</li> <li>The quality and assurance teams to be made aware.</li> </ul>
12. Audit of High Impact interventions Urinary Catheter Care Bundle May 2022	<ul style="list-style-type: none"> <li>Divisions and care groups are required to review and discuss this report with areas taking action to address those clinical areas requiring support to provide assurance of compliance.</li> <li>Matrons / care group clinical leads to ensure all areas submit their audits on time to the infection prevention programme.</li> <li>Action plans and reaudit to be submitted for the four red areas.</li> <li>Reaudit to be completed for the two amber areas.</li> </ul>
13. UHS Sharps Audits May 2022	<ul style="list-style-type: none"> <li>Divisions and care groups are required to review and discuss this report with areas taking action to address those clinical areas requiring support to provide assurance of compliance.</li> <li>Twelve areas scoring between 85% and 94% will be required to reaudit within three months.</li> </ul>

Audit title	Actions
14. A clinical audit of documentation of consent for anaesthesia in elective surgical patients	<ul style="list-style-type: none"> <li>• To improve preoperative information to patients by using the UHS website, videos, and links to Royal College of Anaesthetics (RCOA) Anaesthesia risks and events Infographic.</li> <li>• To different preoperative assessment areas to ensure anaesthesia information is given and documented.</li> <li>• Improve documentation of risk discussion by raising awareness among anaesthetists.</li> <li>• The audit results to be presented to the department at departmental clinical governance meeting. To be circulated to all anaesthetic department members so that anyone who may miss the presentation were made aware of the findings.</li> <li>• To re-audit regularly to seek improvement and maintain awareness.</li> </ul>
15. Improving Patient Safety of Acute Care Lumbar Puncture (LP)	<ul style="list-style-type: none"> <li>• To standardise checklist approved via clinical governance team and publish it via Staffnet where it will be accessible to all UHS medical professionals.</li> <li>• LP cerebrospinal fluid eQuest bundle to be made available.</li> <li>• To facilitate LP pre-made kits available in AMU procedure room.</li> </ul>
16. Availability of Oral / Enteral Syringes at UHS	<ul style="list-style-type: none"> <li>• To share results and recommendations with ward leaders to aid compliance.</li> <li>• Medicines safety team to conduct spot checks on wards.</li> <li>• Medicines safety team to provide wards with 10ml syringes where they were not available.</li> </ul>
17. SAVING BABIES LIVES': Element 3 Raising awareness of reduced fetal movements.	<ul style="list-style-type: none"> <li>• To continue to raise awareness of baby movements through social media platforms.</li> <li>• QR code for your babies' movements leaflet to be made available.</li> <li>• Fetal movements to be a mandatory field of each antenatal contact and to be discussed at each appointment.</li> </ul>
18. UHS Trust wide Audit of Hand Hygiene Practice Quarter 1 2022/23	<ul style="list-style-type: none"> <li>• Twenty-seven areas scored below the 60% and will need to review their individual reports and identify areas and actions for improvement as per hand hygiene improvement framework</li> <li>• The report to be reviewed and discussed at infection prevention committee, with divisional representation, and improvement actions agreed.</li> </ul>
19. Audit of High Impact interventions Central Venous Catheter Care June 2022	<ul style="list-style-type: none"> <li>• Fifteen areas to submit their audit submissions within the next month.</li> <li>• Three areas scored between 85% and 94% are required to re-audit within three months.</li> <li>• Five areas scored below 85% will be required to produce an action plan to address the non-compliance and provide evidence of implementation.</li> <li>• To re-audit within one month ensuring compliance addressed through action plans.</li> </ul>
20. Audit of High Impact interventions Peripheral Intravenous Cannula Care June 2022	<ul style="list-style-type: none"> <li>• For insertion - ten areas to submit their audits within the next month.</li> <li>• Four areas scored below 85% will be required to produce action plan to address non-compliance and provide evidence of implementation.</li> <li>• To re-audit within one month ensuring compliance addressed through action plan.</li> <li>• For ongoing care five areas to submit their audit within the next month.</li> <li>• One area scored between 85% and 94% area to re-audit within 3 months.</li> <li>• Twelve areas scored below 85% and will produce an action plan to address non-compliance and provide evidence of implementation.</li> <li>• To re-audit within one month ensuring compliance addressed through action plan.</li> </ul>

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Audit title	Actions
21. Quality Improvement Project on Ward Transfer Process of Cardiology Patients from Coronary Care Unit/Cardiac High Care Uni	<ul style="list-style-type: none"> <li>To update responsible consultant name on Worklist and eCaMIS at the time of morning ward round on coronary care university and cardiac high dependency unit (CCU/CHDU).</li> <li>To use the transfer check list and check the consultant's name on Worklist and eCaMIS by on call CCU Registrar and Nurse in charge.</li> <li>To re-assess the data when transfer checklist form is ready and available to use.</li> </ul>
22. SAVING BABIES LIVES Care Bundle (Version 2) Element 4: Quarterly audit of the percentage of babies born <3rd centile >37+6 weeks' gestation	<ul style="list-style-type: none"> <li>To continue to re-audit quarterly.</li> <li>UHS to submit a variance document to support growth scans for women with a BMI &gt;40 from 32 weeks as incidence very low with BMI &gt;35 (0.003%).</li> </ul>
23. SAVING BABIES LIVES Element 4-Effective fetal monitoring during labour.	<ul style="list-style-type: none"> <li>To re-audit in a year or because of any incidents being recorded.</li> </ul>
24. Trust wide Bed Rail Audit	<ul style="list-style-type: none"> <li>To review if a bespoke UHS bed rail policy is needed and action accordingly.</li> <li>To create a staff education package on bed rail usage and risk assessment.</li> <li>To establish the different types of beds available at UHS and have clear processes in place for staff to be able to access an alternative as needed.</li> <li>To complete a more in-depth audit of bed rail usage which includes consideration of dementia / delirium in the patient's assessment and whether these outcomes are accurate.</li> </ul>
25. SAVING BABIES LIVES Element 5 Standard B: Reducing preterm birth	<ul style="list-style-type: none"> <li>To continue to audit quarterly.</li> <li>Work being done on labour ward to ensure prompt action on the delivery of babies where woman was given magnesium sulphate &lt;30 weeks, steroids, and intravenous antibiotics.</li> </ul>
26. Management of Anterior Cruciate Ligament injury in Children	<ul style="list-style-type: none"> <li>To develop an acute knee pathway.</li> </ul>
27. Element 3: Saving Babies Lives 28. Raising awareness of reduced fetal movements.	<ul style="list-style-type: none"> <li>To continue to look at ways of reporting reduced fetal movement to ensure we are raising awareness.</li> </ul>
29. Ockenden report, Immediate and Essential Action 5: Risk Assessment Throughout Pregnancy, Q33	<ul style="list-style-type: none"> <li>To continue to audit intended place of birth risk assessments.</li> <li>To collaborate with the digital team to raise awareness and education around recording this.</li> </ul>
30. An audit comparing the prescription of Prasugrel with Clopidogrel as antiplatelet of choice in the management of STEMI in the Emergency Department (ED)	<ul style="list-style-type: none"> <li>To send out email to members of staff updating /reminding them of the new guidelines/ treatment protocol.</li> <li>To update and circulate posters / visual cues in the ED reminding them of the current recommended treatment protocol.</li> <li>To discuss with ambulance crews on the possibility of them stocking prasugrel instead of clopidogrel as it is the new recommended drug of choice.</li> <li>To discuss with pharmacy to have ready availability of prasugrel in the ED drug stock.this.</li> </ul>

## QUALITY ACCOUNT

Audit title	Actions
31. Auditing the impact of implementing a 'finger food' menu in a sample of medicine for older people (MOP) patients	<ul style="list-style-type: none"> <li>To feedback results to SERCO food suppliers.</li> <li>To present audit findings at Dementia Working Group meeting.</li> <li>To feedback results / audit to other interested parties.</li> <li>Speech and Language Therapy and dietetics to consult with SERCO to create and implement a finger food menu on a wider Trust basis.</li> </ul>
32. SAVING BABIES LIVES' Element 1: Reducing smoking in pregnancy	<ul style="list-style-type: none"> <li>To continue to re-audit and look at smoking referrals.</li> <li>Consultant is reviewing stats of women smoking in pregnancy.</li> </ul>
33. Element four - Saving Babies Lives' - Effective fetal monitoring during labour.	<ul style="list-style-type: none"> <li>To continue to monitor compliance and raise awareness about fresh eyes for intrapartum Cardiotocography (CTG)'s.</li> </ul>
34. Multi Professional Hand Hygiene Audit – in Patient Areas	<ul style="list-style-type: none"> <li>Thirty areas will need to complete audit and send audit results to infection prevention team</li> <li>Eleven areas scored between 85%-94% will need to complete a re-audit and care group managers / care group clinical leads to provide support.</li> <li>Four areas scored below 84% and will be required to produce an action plan, re-audit and be referred to hand hygiene training.</li> </ul>
35. Multi Professional Hand Hygiene Audit – Outpatient Areas	<ul style="list-style-type: none"> <li>Thirty-one areas will need to complete and send audit results to infection prevention team.</li> <li>Three areas scored between 85%-94% will need to complete a re-audit and care group managers / care group clinical leads to provide support.</li> <li>One area scored below 84% and will be required to produce an action plan, re-audit and be referred to hand hygiene training.</li> </ul>
36. Saving Lives Hll 5 Ventilated Patients (Q27 - accepted alternative) Repeat audits	<ul style="list-style-type: none"> <li>Areas involved in the care of ventilated patients, are to ensure work is ongoing to sustain 100% compliance as overall Trust score was 93%.</li> <li>Two areas scored below 84% and will be required to produce an action plan and re-audit.</li> </ul>
37. Saving Lives Hll 4 Surgical Site Infection. Acute contract. Repeat audits.	<ul style="list-style-type: none"> <li>One area scored between 84% - 94% are required to review and discuss the findings and act to address suboptimal performance.</li> <li>One area scoring below 84% and will be required to produce an action plan and re-audit.</li> </ul>
38. Trust Wide Audit of Cleanliness and Decontamination of Clinical Equipment September 2022	<ul style="list-style-type: none"> <li>Those areas that did not submit an audit will require matrons / care group clinical leads to give support to participate in the infection prevention annual audit programme.</li> </ul>
39. UHS Personal Protective Equipment Audit September 2022	<ul style="list-style-type: none"> <li>Divisions and care groups are required to review and discuss this report with non-compliant areas acting to address those clinical areas requiring support to provide assurance of compliance.</li> <li>Seven areas scoring between 85% and 94% are required to re-audit within three months.</li> <li>Four areas scored below 85% will be required to complete action plans and then to re-audit to ensure compliance.</li> </ul>

## QUALITY ACCOUNT

Audit title	Actions
40. Neurological assessment and documentation for patients admitted with tibia fracture	<ul style="list-style-type: none"> <li>To complete some teaching lectures about how to accurately assess and document neurological findings in trauma patients.</li> <li>Adding tick boxes for the peripheral nerves to the department trauma proforma for clerking to make sure each nerve is assessed and documented properly.</li> <li>To add sections in the operation notes and e-trauma to remind on-call team and operating surgeon to properly document peripheral neurological status of the patients.</li> </ul>
41. Does the University Hospital Southampton Emergency Department meet the RCEM national standards for patients with shoulder dislocations	<ul style="list-style-type: none"> <li>To re-audit against RCEM standards once Pentrox representative has attended and new staff have been trained.</li> </ul>
42. SAVING BABIES LIVES - ELEMENT 1 Reducing smoking in pregnancy.	<ul style="list-style-type: none"> <li>To have regular updates with quality and assurance team to ensure compliance figures are improving.</li> <li>Public health midwife is writing the guideline including SOP for smoking referral processes.</li> <li>To keep raising awareness of CO monitoring, now that community midwives have all got a CO monitor this should improve data and figures.</li> </ul>
43. SAVING BABIES LIVES Element 2A Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction (FGR)	<ul style="list-style-type: none"> <li>For staff training on patient information and digital team input for training around the small gestational age (SGA) guideline and new process change in relation to the FGR risk assessment.</li> </ul>
44. SAVING BABIES LIVES Element 5 Standard B: Reducing preterm birth	<ul style="list-style-type: none"> <li>To continue to audit quarterly.</li> <li>Ongoing work being done on labour ward to ensure prompt action on the delivery of magnesium sulphate &lt;30 weeks, steroids, and intravenous antibiotics.</li> </ul>
45. Auditing breakfast service offered to patients on an elderly care ward	<ul style="list-style-type: none"> <li>A further audit to be conducted by Band 5 staff members on menus available on medicine for older peoples (MOP) wards to ensure patients have a choice and meets nutritional needs.</li> </ul>
46. A re-audit of adult venous thromboembolism risk assessment compliance with NICE guidelines in the Medical for Older People department	<ul style="list-style-type: none"> <li>When changes in patients' weight and renal function occur, this should be documented in ward round notes on a weekly basis at least.</li> <li>Any changes to a patient's weight and / or renal function their venous thromboembolism (VTE) prophylaxis should be reviewed.</li> </ul>
47. Audit on appropriate labelling and diagnosis of IDA (iron deficiency anaemia) and parenteral iron replacement therapy in MOP patients	<ul style="list-style-type: none"> <li>A teaching and sharing audit presentation in MOP departmental teaching session to be conducted.</li> <li>To educate and promoting awareness and compliance of UHS adult monitor infusion guideline among healthcare professionals through teaching session and circulate in emails.</li> <li>A re-audit to be conducted after session to ensure improvement is made.</li> </ul>

## QUALITY ACCOUNT

Audit title	Actions
48. SAVING BABIES LIVES': Element 3 Raising awareness of reduced fetal movements.	<ul style="list-style-type: none"> <li>To continue to raise awareness of baby movements through social media platforms.</li> <li>QR code for 'your babies movements' leaflet will be made available.</li> <li>Fetal movements are a mandatory field for each antenatal contact and to be discussed at each appointment with pregnant person.</li> </ul>
49. Patient blood management in Neuro Intensive Care unit	<ul style="list-style-type: none"> <li>To discuss the findings of this audit in the next departmental audit meeting and suggest changes to practices.</li> </ul>
50. Auditing compliance of ward discharge for patients with dysphagia against the oropharyngeal dysphagia policy	<ul style="list-style-type: none"> <li>To feedback results to speech and language team (SLT) team.</li> <li>To circulate report to ward leads / matrons / divisional leads.</li> <li>To support SLT adding thickener to electronic prescribing system (JACS).</li> <li>To support pharmacist / medical teams to add thickener to medication to take home for patient discharge.</li> <li>To re-audit which will include the following: <ul style="list-style-type: none"> <li>- If patients are going to their discharge destination with tins of thickener.</li> <li>- If patients are going to their discharge destination with x2 beakers.</li> <li>- If patients have correct consistencies on their discharge letters.</li> <li>- If patients are having correct verbal handovers to discharge destination.</li> <li>- If patients who require thickener have it included on their TTOs.</li> <li>- If thickener is being prescribed on JAC by SLT.</li> </ul> </li> </ul>
51. Audit and Service development project: Breast Surgery Infection guideline – The development of MicroGuide protocol	<ul style="list-style-type: none"> <li>To develop a micro -guide breast specific chapter for primary and secondary breast infection.</li> <li>To develop the Microapp in conjunction with microbiology team and antimicrobial stewardship team.</li> <li>Audit results to be presented at departmental audit or M and M meeting.</li> </ul>
52. General Intensive Care Unit (GICU) Venous thromboembolism (VTE) Prophylaxis Audit	<ul style="list-style-type: none"> <li>To implement a pop-up window in EHR (Metavision) that appears after twelve hours of admission and does not disappear until a VTE assessment has been completed and documented. This EHR pop up should be a simple tick only window.</li> </ul>
53. SAVING BABIES LIVES' Element 1: Reducing smoking in pregnancy	<ul style="list-style-type: none"> <li>An action plan will be in place to improve staff training to support women with quitting smoking in pregnancy.</li> <li>To continue to re-audit and review smoking referrals.</li> <li>To continue to review CO monitoring in pregnancy at booking and 36 weeks appointments to increase compliance.</li> <li>To reaudit quarterly.</li> <li>Monthly data to be collected by public health midwife on new bookings.</li> <li>Regular updates with quality and assurance team to ensure compliance figures are improving.</li> <li>A smoking referral processes guideline to be written including standard operating procedure (SOP).</li> </ul>
54. Element 5 SAVING BABIES LIVES: Reducing preterm births	<ul style="list-style-type: none"> <li>To ensure staff training and updates are completed so that the documentation is in the correct place for future data collection.</li> </ul>

## QUALITY ACCOUNT

Audit title	Actions
55. Arterial line transducer height in GICU	<ul style="list-style-type: none"> <li>• To discuss the findings with the general ICU lead matron.</li> <li>• To discuss the transducer levelling at every meeting for a week as a first line intervention.</li> <li>• To ensure if patients bed is moved the nursing team are alerted to this and they review the transducer levelling.</li> <li>• To re-audit in January 2023 to see if these interventions have improved compliance.</li> </ul>
56. SAVING BABIES LIVES Element 2A. Risk assessment, prevention, and surveillance of pregnancies at risk of Fetal Growth Restriction (FGR)	<ul style="list-style-type: none"> <li>• A new process changes in relation to the FGR risk assessment to be implemented.</li> <li>• New videos and documents to be produced.</li> <li>• New guideline to be made live as soon as possible.</li> </ul>
57. Infection, Prevention and Control (IPC) - Miscellaneous audits: sharps audit	<ul style="list-style-type: none"> <li>• Thirty-three non-submission areas to submit an audit within one month.</li> <li>• Eleven areas scored between 85% and 94% to submit a re-audit within three months.</li> <li>• Three areas scored below 85% to submit an action plan and re-audit within one month.</li> </ul>
58. IPC - Saving Lives HII 6 Urinary Catheter Care audit	<ul style="list-style-type: none"> <li>• Thirty-one areas of non-submission to submit an audit within 1 month.</li> <li>• One area scored below 85% to submit an action plan and re-audit within one month.</li> <li>• Ongoing care: fifteen areas of non-submission to submit an audit within one month.</li> <li>• One area scored between 85%-94% are required to re-audit within three months.</li> <li>• Seven areas below 85% to submit an action plan and re-audit within one month.</li> </ul>
59. IPC – Central Venous Catheter Care audit	<ul style="list-style-type: none"> <li>• Six areas of non-submission to submit and audit within one month.</li> <li>• Ongoing care: ten areas of non-submission to submit an audit within one month.</li> <li>• One area scored between 85%-94% are required to re-audit within three months.</li> <li>• Two areas scored below 85% to submit an action plan to address non-compliance and provide evidence of implementation and then to re-audit within one month.</li> </ul>
60. IPC – Peripheral Intravenous Cannula Care audit	<ul style="list-style-type: none"> <li>• Thirty-seven areas of non-submission to submit an audit within one month.</li> <li>• One area scored between 85%-94% are required to re-audit within three months.</li> <li>• Three areas scored below 85% to submit an action plan to address non-compliance and provide evidence of implementation and then to re-audit within one month.</li> <li>• Ongoing care: nineteen areas of non-submission to submit an audit within one month.</li> <li>• Three areas scored between 85%-94% are required to re-audit within three months.</li> <li>• Eight areas scored below 85% to submit an action plan to address non-compliance and provide evidence of implementation and then to re-audit within one month</li> </ul>

## QUALITY ACCOUNT

Audit title	Actions
61. IPC – Personnel Protection Equipment audit	<ul style="list-style-type: none"> <li>• Twenty-three areas scored between 85%-94% and two areas scored below 85% Divisions and care groups to review and discuss the report with areas acting to address those clinical areas requiring support to provide assurance of compliance.</li> </ul>
62. Immobilization techniques used for trauma patients attending CT imaging	<ul style="list-style-type: none"> <li>• To ensure radiographers transfer patients with multiple trauma injuries (standard level one trauma) to CT scanning table with scoop for patient safety.</li> <li>• ED to ensure that all patients with multiple trauma injuries attend CT scan with a scoop.</li> </ul>
63. Does the University Hospital Southampton Emergency Department meet the Royal College of Emergency Medicine (RCEM) national standards for patients with shoulder dislocations	<ul style="list-style-type: none"> <li>• To invite Pentrox representatives in to educate new staff.</li> <li>• To introduce a patient group directive (PGD) and then re-audit.</li> </ul>
64. VTE risk assessment in acute medical unit	<ul style="list-style-type: none"> <li>• To present the results at local departmental teaching.</li> <li>• To spread the message of good performance via poster to encourage clinicians to achieve 100%.</li> <li>• To provide regular reminders in daily morning and night handovers to do VTE risk assessment for admitted patients.</li> </ul>



## 2.2.3 Recruiting to research

The number of patients receiving relevant health services provided or subcontracted by UHS in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was over 10,000. We ranked fourteenth for total recruitment amongst all acute NHS Trusts in England and delivered the most COVID-19 studies.

More information about our commitment to research can be found in the section 'Our commitment to research' in part 3 of this report.

## 2.2.4 Commissioning for quality and innovation (CQUIN) payment framework

The CQUIN payment framework makes a proportion of NHS healthcare providers' income conditional upon achieving certain improvement goals. The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers.

NHS England define CQUIN as 'a mechanism to secure improvements in the quality of services better outcomes for patients and drive to transformational change by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

A proportion of UHS income in 2022/23 is conditional upon achieving quality improvement and innovation goals agreed between UHS and any person or body they entered a contract, agreement, or arrangement with for the provision of relevant health services through the CQUIN.

Further details of the agreed goals for 2022/23 and for the following twelve-month period are available electronically at NHS England » 2022/23 CQUIN. Of the CQUINs found in the link, income is conditional upon achieving for the following nine.

**Figure 8 : The CQUINS income is conditional upon achieving for**

NO.	CQUIN	CQUIN Aims
CCG1	Flu	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact.
CCG2	Appropriate antibiotic prescribing for UTI in adults ages 16+	Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.
CCG3	Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.
CCG7	Timely communication of changes to medicines to community pharmacists via the discharge medicine service	Achieving 1.5% of acute Trust inpatients having changes to medicines communicated with the patients chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.

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NO.	CQUIN	CQUIN Aims
CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients	Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.
PSS1	Achievement of revascularisation standards for lower limb Ischaemia	Following guidance published by the vascular society to reduce the delays in assessment, investigation, and revascularisation in patients with chronic limb threatening ischaemia and in turn reduce length of stay, in-hospital mortality rates, readmissions, and amputation rates. Estimated annual savings are £12 million.
PSS2	Achieving high quality shared decision-making conversations in specific specialised pathways to support recovery	Achieving high quality shared decision making conversations to support patients to make informed decisions based on available evidence and their personal values and preferences and knowledge of the risks, benefits, and consequences of the options available to them about both their clinical condition and the consequences of the current pandemic. SDM enables health professionals to comply with the post-Montgomery legal requirement to take "reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment and of any reasonable alternative or variant treatments." SDM is not new; many of the policy and legal drivers have been in place for many years prior to COVID-19, but in 2021 the case for change is more compelling than ever. This is backed up by two highly significant regulatory publications that were published since the onset of the pandemic – the NICE Guideline on Shared Decision Making and the GMC Guidance on decision making and consent.
PSS3	Achieving progress towards Hepatitis C elimination within lead Hepatitis C Centres	In support of the NHS England and NHS Improvement public commitment to achieve hepatitis C elimination ahead of the WHO target of 2030 and be the first country in the world to do so. Supports the NHS Long Term Plan in reducing health inequalities as many of the groups most affected by HCV are not in regular contact with healthcare services and experience significant health inequalities. Increased clinical benefits as direct acting antiviral drugs are well established and have high cure rates. Finding and treating patients who are not aware of their HCV infection improves long term prognosis for patients and prevents onward transmission, additionally supporting prevention.
PSS5	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	<p>The aim of this indicator is to reduce the risks of harm to patients from a combination of not being categorised and then, should they have been categorised as priority 2 or 3, waiting longer than the clinically advised thresholds of four weeks and twelve weeks, respectively.</p> <ul style="list-style-type: none"> <li>• This indicator is in support of the national drive to improve the level of priority categorisation recording.</li> <li>• From a measurement perspective, it focuses on a set of pathways which have been identified as a priority for elective recovery within specialised commissioning, where we know historically there have been long waiting lists and/or waiting lists have been particularly challenged during the pandemic, and where risks of harm to patients are acutely high from exceeding clinical waiting time thresholds.</li> <li>• As at 19/12/21, 6,926, or 39%, of patients waiting to receive treatment in the selected pathways/procedures were recorded in the WLMDS without one or all a priority categorisation, procedure code and decision to admit date.</li> </ul>

## 2.2.5 Statements from the Care Quality Commission (CQC)

UHS is required to register with the CQC, and its current registration status is registered without conditions attached to the registration.

The CQC has not taken enforcement action against UHS during 2022/23.

UHS has not participated in any special reviews or investigations by the CQC during the reporting period. The registration details are available on the CQC website.

The CQC last inspected the Trust between December 2018 and January 2019. The inspection focused on the quality of four core services: urgent and emergency care, medicine, maternity, and outpatients, as well as management, leadership, and the effective and efficient use of resources. In January 2019 NHS Improvement carried out a Use of Resources (UoR) inspection and the CQC completed their inspection.

The report was published on the 17 April 2019 and the Trust was rated as 'good' overall and 'outstanding' for providing effective services.

All sites and services across the organisation are now rated as 'good' in the effective and caring domains, with Southampton General Hospital 'outstanding' in these areas.

As part of the report, the CQC also published the Trust's UoR report, which is based on an assessment undertaken by NHS Improvement of how effectively and efficiently Trusts are using resources.

UHS was rated as 'good' in the well-led category and for using its resources productively, with its combined UoR and quality rating now 'good.'

We are particularly pleased all our services are now rated either good or outstanding in the effectiveness and caring domains and to received positive feedback regarding the culture across teams and departments'.

**Figure 9: Overall rating for UHS**

Overall rating for this Trust	Good	
Are services at this Trust safe?	Requires improvement	
Are services at this Trust effective?	Outstanding	
Are services at this Trust caring?	Good	
Are services at this Trust responsive?	Requires improvement	
Are services at this Trust well-led?	Good	

We look forward to the next opportunity to have our services re-assessed and our ratings updated. In the interim we have been working hard to keep the CQC updated on developments in all its key lines of enquiry. We use regular bulletins, sharing of information and documents, remote update meetings and monthly update and escalation reports. We encouraged our staff to engage with the CQC 'because we all care' campaign, sending feedback and comments about their experience and views about the Trust and we continue to value a collaborative relationship.

## 2.2.6 Registration with the CQC

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages care services to improve.

Registration with the Care Quality Commission: UHS is required to register with the Care Quality Commission and its current registration status for locations and services is as below.

Regulated activity: Surgical procedures:

### **Regulated activity: Surgical procedures:**

**Provider conditions:** This regulated activity may only be carried on at the following locations:

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- Regulated activity: Treatment of disease, disorder, or injury
- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Royal South Hants Hospital, Brintons Terrace, Southampton SO14 0YG
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- Lymington New Forest Hospital - Surgical patient pathway and outpatients Wellworthy Road, Lymington, Hampshire SO41 8QD

**Regulated activity:** Maternity and midwifery services

- New Forest Birth Centre, Ashurst Hospital, Lyndhurst Road, Ashurst, Southampton SO40 7AR
- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA

**Regulated activity:** Diagnostic and screening services

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Royal South Hants Hospital, Brintons Terrace, Southampton SO14 0YG
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- New Forest Birth Centre, Ashurst Hospital, Lyndhurst Road, Ashurst, Southampton SO40 7AR

**Regulated activity:** Transport services, triage and medical advice provided remotely

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- Hampshire and Isle of Wight Air Ambulance (HIOWAA)

**Regulated activity:** Assessment or medical treatment for persons detained under the 1983 (Mental Health) Act Provider conditions:

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD

UHS was registered with the CQC since its inception in 2010 and has maintained its registration without conditions or enforcement action ever since, including 2022/23.

## 2.2.7 Payment by results

UHS was not subject to the Payment by Results (PbR) clinical coding audit report for 2022/23 by the Audit Commission.

The last PbR audit was in 2013/14 and no further external audits were recommended for the Trust, as we were found to be fully compliant. The Audit Commission has now ceased to exist; however, the Trust continues to maintain an internal audit programme, carried out by Approved NHS Digital Clinical Coding.

## 2.2.8 Data quality

Data quality refers to the tools and processes that result in the creation of the correct, complete, and valid data required to support sound decision-making.

UHS submitted records between April 2022 – Nov 2022 to the NHS-wide Secondary Uses Service for inclusion in Hospital Episode Statistics. As of November 2022 (latest reporting month) the percentage of records in the published data:

Which included a valid NHS number were:

- 99.4 % for admitted patient care.
- 99.7 % for outpatient care.
- 95.4 % for accident and emergency care.

which included a valid General Medical Practice Code were:

- 99.9 % for admitted patient care.
- 98.8 % for outpatient care.
- 98.7 % for accident and emergency care.

UHS will be taking the following actions to improve data quality:

- Analyse the data and classify the inaccuracies according to the key error codes.
- Identify areas of poor data quality and bad practices.
- Make recommendations to help improve the quality of data.
- To evidence the quality of data entry.
- Aim to help everyone at our Trust become a data quality CHAMP. CHAMP is a measure of how Complete, Honest, Accurate, Meaningful and Prompt our data is.

## 2.2.9 Data Security and Protection Toolkit (DSPT)

The DSPT is an online assessment tool that enables the Trust to measure its performance against the national data guardian’s ten data security standards. Submission of the DSPT is a mandatory annual requirement.

The Trust’s submitted its 2021/22 assessment in June 2022. The Trust was unable to provide the required level of assurance for one of the mandatory assertions. That assertion was 3.2.1 “Have at least 95% of all staff, completed their annual Data Security Awareness Training?”. An improvement plan was submitted and accepted by NHS Digital.

As a result, the Trust is ‘approaching standards and actions are in place to increase the percentage of staff completing their data security training. This includes regular reporting to senior management and a refresh of the online training package.

## 2.2.10 Learning from deaths

During 2022/23 2322 UHS patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

**Figure 10: Number of deaths per quarter 2022/23**

Q1	Q2	Q3	Q4
592	645	650	434

By 31 March 2023, 2322, case record reviews and eighty-three investigations have been carried out in relation to the deaths included in Figure 10.

In eighty-three cases a death was subject to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 592 in the first quarter; 645 in the second quarter; 651 in the third quarter; and 434 in the fourth quarter.

Three, representing 0.1% of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of zero representing 0.0% for the first quarter; two representing 0.09% for the second quarter; one representing 0.04% for the third quarter; and zero representing 0.0% for the fourth quarter.

These numbers have been estimated using the total incident investigations related to patient deaths referred to and investigated by the patient safety team using the structured judgement review (SJR) and root cause analysis (RCA) methodologies. These referrals come from medical examiners, adverse event reporting, child death and deterioration group (CDAD), clinical events reviews, the infection prevention team and clinicians involved in care.

From 01 April 2022 until current there were thirty-three investigations that the patient died as a direct result of the incident.

Examples of learning from case record reviews and investigations conducted in relation to the deaths identified is presented below:

**Figure 11: Examples of learning from cases**

Thematic learning	Summary of completed action(s)	How learning has been shared	Impact of action
Storage of mixed doses of prophylactic and therapeutic Enoxaparin on medication trolley is likely to increase the risk of medication errors	The mixed storage of Enoxaparin in plastic containers on medication trolleys has been discussed at the nurse practice group but changes have yet to be adopted. Medicines pharmacy team are investigating options to reduce the risk of medication errors related to Enoxaparin and it has been agreed that therapeutic doses of Enoxaparin will not routinely be stocked on medication trolleys.	Case to be discussed at care group governance and learning disseminated via the UHS medication safety group.	Separating therapeutic doses of Enoxaparin reduces the immediate availability of mixed doses and the risk of a therapeutic dose being administered instead of a prophylactic dose.

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Thematic learning	Summary of completed action(s)	How learning has been shared	Impact of action
Management of foetal monitoring including criteria for starting foetal monitoring (CTG) for women who are not in labour, recognition of foetal monitoring abnormalities and appropriate escalation of concern	<p>Review and dissemination of guidelines re MDAU (maternity day assessment unit) practice.</p> <p>Establishment of a second check from senior colleague for all high risk CTGs.</p> <p>Feedback to staff to ensure that CTG monitoring is not discontinued when there has been a change in baseline which has not been reviewed by a senior obstetrician.</p> <p>Staff to undertake annual training within the foetal surveillance study day and must complete competency documents following completion of the course.</p> <p>CTG Sessions are also held every Tuesday for all staff to attend.</p> <p>Remind staff to use the antenatal CTG toolkit.</p> <p>Update guidelines to provide clearer guidance on foetal monitoring management plans.</p>	<p>Review and dissemination of guidelines re MDAU practice.</p> <p>Education for staff regarding CTG interpretation.</p> <p>Education of staff to remind them of the correct processes to call for NNU support for Cat 1 lower (uterine) segment caesarean section via 2222 (emergency) call not via local call bell system or telephone.</p> <p>Share learning via the Theme of the Week email and regional networks.</p>	<p>Improved communication and safety.</p> <p>Improved education and training. Improved guidance and clearer management plans.</p>
Pressures within ED due to increased attendances and high acuity of patients is impacting on their ability to deliver quality care	<p>Delivery of the ED work plan (develop primary care links, pathways within the department, mental health initiatives, workforce plan). This is shared and reviewed regularly with the executive team.</p>	<p>Multidisciplinary educational programme addressing strategies to mitigate/reduce cognitive errors.</p>	<p>Improved patient pathways.</p> <p>Improved patient safety and outcomes.</p> <p>Strategies on how to reduce distractions in the ED reduce the risk of patients coming to harm.</p>
Failure to clearly communicate when dual antiplatelet therapy can be stopped and re-started when needing neuro interventional radiology procedures	<p>Following any invasive procedure, recommencing of antiplatelet therapy should be included on the post-operative notes, under post-procedure instructions.</p> <p>To have a written standard operating procedure, to include named consultant for all neuro interventional patients.</p>	<p>Share learning of report with consultant radiology team to ensure this action is escalated and continuity of post operative instructions within the speciality.</p> <p>This case is to be presented at the next neurosurgical and stroke M&amp;M to discuss consultant handover between specialities and to agree communication lines that should be used for future patients. This will be minuted and highlighted through care group governance for Neurosciences.</p>	<p>Ensure all teams involved in the patient care have access to and can follow any instructions post invasive procedure.</p> <p>To mitigate any future events re-occurring and improve patient safety.</p>

Thematic learning	Summary of completed action(s)	How learning has been shared	Impact of action
Lack of formally agreed management guidelines for patients with sigmoid volvulus	To develop sigmoid volvulus management guidelines. Sigmoid volvulus medical checklist to be added to patient notes for all sigmoid volvulus patients.	Following the results of the volvulus management audit discussion to be held at endoscopy users' group.	Improved compliance with current policy and procedure and improved patient safety.
Fall risk assessment is not always completed in a timely manner as per hospital policy on transfer/post fall/following a change in clinical condition	Timely completion of assessments in line with Trust policy. Formal assessment of confusion / delirium. Provision of 'Baywatch' staffing (noting that in current staffing climate this may not always be achievable). Lying and standing BP completion. Neuro observations to be completed in line with policy. Timely provision of analgesia. Reassessments post fall of risk assessment tool (SIRFIT) / care plan / bed rail assessments.	Shared via safety huddles, peer review programmes and at clinical leader forums and governance groups.	Improved patient care tailored to individual needs. Falls mapping will be the process of a real-time review of each fall occurring on the ward to quickly identify learning as well as information that can be used to identify trends and themes.

Eight case record reviews and eight investigations completed after 1 April 2022 which related to deaths which took place before the start of the reporting period.

There are currently nine investigations ongoing which relate to deaths which took place during the reporting period, however final actions and therefore learning points are not yet available.

Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the SJR and RCA methodologies.

Zero representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient

## 2.2.11 Reporting against core indicators

Since 2012/13 NHS foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital to enable the public to compare performance across organisations.

The tables below provide information against several national priorities and measures that, in conjunction with our stakeholders, form part of our key performance indicators which are reported monthly to the Trust's board.

These measures cover patient safety, experience, and clinical outcomes. Where possible we have included national benchmarks or targets so that progression can be seen, and performance compared to other providers.

All the core indicators are updated with the most recent publications from NHS Digital/NHS England and NHS Improvement/Gov.uk



The following agreed metrics used in previous years are no longer available as we no longer collect this information:

- Groin hernia surgery and varicose vein surgery. In the past neither hernia repair nor varicose vein surgery were reported on in the quality accounts because the low numbers being performed meant it was not statistically significant. This was confirmed by checking the registries through NHS Digital for hernia and varicose vein surgery for 2017/18 and continues to date. There were only small numbers for hernia repair and no data available for varicose veins. Varicose veins are treated at UHS, but they are dealt with at the independent treatment centre.
- The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period: data has not been collected for the past two years. Our VTE programme continues and aims to reduce preventable harm to our patients by promoting timely and accurate VTE risk assessment and ensuring thromboprophylaxis is prescribed accurately and administered effectively when required.

## Core indicator 12a: the value and banding of the Summary Hospital-level Mortality Indicator (SHMI)

The SHMI reports on mortality at Trust level across the NHS in England. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated there. It covers patients admitted to hospitals in England who died either while in hospital or within 30 days of discharge.

NB: UHS is part of the acute (non-specialist) cluster now (1 of 136 organisations): the acute teaching Trusts cluster ended in 2014 when the NRLS had an internal reconfiguration of how they benchmark organisations. Figure 12: The value and banding of the Summary Hospital-level Mortality Indicator (SHMI)

SHMI	July 20 - June 21		August 20 – July 21		2022/23	
	Value	OD* banding	Value	OD* banding	Value	OD* banding
UHS	83.1	2	81.78	2	Awaiting data	Awaiting data
National Ave	100	2	100	2	Awaiting data	Awaiting data
Highest Trust Score	120.17	1	118.47	1	Awaiting data	Awaiting data
Lowest Trust Score	71.95	3	71.88	3	Awaiting data	Awaiting data
	Nov 20 - Oct 21		Dec 20 – Nov 21		Dec 2021 – Nov 22	
	Value	OD* banding	Value	OD* banding	Value	OD* banding
UHS	81.97	2	82.49	2	Awaiting data	Awaiting data
National Ave	100	2	100	2	Awaiting data	Awaiting data
Highest Trust Score	118.47	1	118.6	1	Awaiting data	Awaiting data
Lowest Trust Score	71.61	3	71.93	3	Awaiting data	Awaiting data

\*OD definition: the SHMI gives an indication for each non-specialist acute NHS trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

## Regulatory/Assurance Statement:

UHS considers that this data is as described for the following reasons: performance data is consistently gathered, and data quality assurance checks made. Robust reporting and monthly scrutiny are carried out at multidisciplinary quality committees. We have reported a lower-than-expected SHMI ratio for the last three years.

UHS has taken the following actions to improve the SHMI indicator and so the quality of its services, by introducing, embedding, and developing the IMEG processes described in the Learning from deaths section of this quality report.

## Core indicator 12b: the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust

**Figure 13: The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust**

	February 20 - January 21	March 20 - February 21	2022/23	2022/23
UHS	41.5	41.6	Awaiting data	Awaiting data
National Ave	36.9	37.3	Awaiting data	Awaiting data
Highest Trust Score	62.3	62.38	Awaiting data	Awaiting data
Lowest Trust Score	7.2	7.8	Awaiting data	Awaiting data

	June 20 - May 21	July 20 - June 21	2022/23	2022/23
UHS	43.0	43.5	Awaiting data	Awaiting data
National Ave	38.0	39.1	Awaiting data	Awaiting data
Highest Trust Score	65.0	63.7	Awaiting data	Awaiting data
Lowest Trust Score	38.0	10.6	Awaiting data	Awaiting data

	November 20 - October 21	December 20 - November 21	2022/23	2022/23
UHS	35.9	34.9	Awaiting data	Awaiting data
National Ave	39.5	39.7	Awaiting data	Awaiting data
Highest Trust Score	63.9	64.4	Awaiting data	Awaiting data
Lowest Trust Score	11.5	11.2	Awaiting data	Awaiting data

## Regulatory/Assurance Statement:

UHS considers that this data is as described for the following reasons: the data is reviewed by the palliative care team, interrogated in line with the key lines of enquiry identified by that group and have reporting and governance arrangements and progress reports to the board.

UHS has taken the following actions to improve the percentage of patient deaths with palliative care coded and so the quality of its services, by working with NHS Digital and the specialist palliative care coding team and by continuing to monitor palliative care coding against national best practice to ensure that the number of expected deaths is accurately recorded.

**Core indicator 19: the percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period**

**Figure 14: The percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period**

	2019/20	2020/21	2021/22	2022/23
Emergency readmissions, within 28 days (as average of monthly %)	11.76%*	12.4% April-Feb	11.83% Apr to Jan	11.50%

**Regulatory/Assurance Statement:**

UHS considers that this data is as described for the following reasons: we have a process in place for collating data on hospital admissions from which the readmission indicator is derived. We have maintained our low unplanned readmission rate for both paediatric patients and adult patients with both rates remaining below national average throughout the year.

UHS has taken the following actions to improve the percentage of patients readmitted to a hospital, and so the quality of its services by working to ensure we treat and discharge patients appropriately so that they do not require unplanned readmission, working with partners in the system to address long-standing pressures around demand, capacity and patient flow and working closely with system partners to ensure safe discharge practice.

**The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends**

**Figure 15: The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends<sup>1</sup>**

Staff Recommends Care %	2020	2021	2022
UHS	86%	83.2%	78.8%
Best	91.8%	89.5%	86.4%
Worst	49.6%	43.5%	39.2%
Worst	74.3%	67%	61.9%

<sup>1</sup>Figures based on staff who completed the survey during the relevant year.

**Regulatory/Assurance Statement:**

UHS considers that this data is as described for the following reasons: We use nationally reported and validated data from the national staff survey and our results perform well in comparison to other acute Trusts with improvement shown this year.

UHS has taken the following actions to improve the percentage of staff who would recommend the Trust as a care provider, and so the quality of its services by continuing to encourage participation in this survey and by developing local action plans and responses to the feedback received. Consolidating our initiatives, while continuing to pay attention to priority areas of the staff survey: bullying and harassment, health, and wellbeing.

**Core indicator 24: the rate per 100,000 bed days of cases of C. difficile infection reported within the Trust among patients aged two or over during the reporting period**

**Figure 16: The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust among patients aged two or over during the reporting period**

	2019/20	2020/21	2022/23
UHS	12.3	38.7	14.12
National Average	13.2	45.6	16.47
Highest Trust Score	51	141	53.62
Lowest Trust Score	0	0	0
Lowest Trust Score (non-zero)	1.7	2.3	0.97

**Regulatory/Assurance Statement:**

UHS considers that this data is as described for the following reasons: we use nationally reported and validated data; we monitor performance regularly through our Trust Infection Control Committees and daily and weekly taskforce meetings.

UHS has taken the following actions to improve the rate of C difficile infection, and so the quality of its services by: focusing on improving hand hygiene; adopting national and local campaigns including visual prompts and hand hygiene stations prominently positioned at entrances to the hospital and ward areas; raising the profile of infection prevention throughout the Trust and at board level; training staff on infection prevention and hand hygiene; focusing on high standards of cleanliness, screening of emergency and elective patients and focusing on effective antibiotic stewardship and ensuring that patients are effectively isolated and monitoring and feeding back on cases where inappropriate prescribing is a possible contributory factor.

**Core indicator 25: the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death**

**Figure 17: The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death**

	Oct19-Mar20	Apr 21-Mar 22	2022/23
<b>UHS</b>			
Rate Incidents per 1000 admissions	34.50	38.10	30.20
Number Incidents	6373	1153	11327
Number Severe Harm	43	78	77
% Severe harm or death	0.67%	0.78%	0.68%

**Regulatory/Assurance Statement:**

UHS considers that this data is as described for the following reasons: We use the nationally reported and verified data from the National Reporting and Learning System (NRLS); our individual incident reporting data is made available by the NRLS every six months.

UHS has taken the following actions to improve these indicators, and so the quality of its services by continuing to encourage staff to report incidents of harm; the Trust routinely monitors incident rates and the proportion of incidents which result in severe death or harm.

## Other Information

**Figure 18: other information**

	2020/21	2021/22	2022/23
Serious Incidents Requiring Investigation (SIRI)	90	70	118
Never Events	1	6	3
Healthcare Associated Infection MRSA bacteraemia reduction	1	No available data	n/a
Healthcare Associated Infection Census" (as average of monthly %)	299%	No available data	No available data
Healthcare Associated Infection Clostridium difficile reduction	63	71	80
Avoidable Hospital Acquired 33* Grade III and IV Pressure Ulcers	20	No available data	191
Falls - Avoidable Falls	2	No available data	61

**Regulatory/Assurance Statement:**

UHS considers that this data is as described for the following reasons: we use nationally reported and verified data from the NRLS.

UHS intends to take the following actions to improve this percentage of patient safety incidents reported that resulted in severe/major harm or extreme harm/death and so the quality of its services by continuing to work to eliminate avoidable harm and improve outcomes.

## 2.2.12 Seven-day hospital services

The seven-day hospital services (7DS) programme was developed to support providers of acute services to deliver high quality care and improve outcomes on a seven-day basis for patients admitted to hospital in an emergency.

Ten 7DS clinical standards were originally developed and since 2015 trusts have been asked to report on four priority standards:

**Clinical standard 2: consultant-directed assessment.**

**Clinical standard 5: diagnostics.**

**Clinical standard 6: interventions.**

**Clinical standard 8: ongoing review**

The Trust currently meets all four of these standards and delivers a comprehensive 7DS which helps keep patients safe and helps with flow through the hospital seven days a week. This has been particularly important during our recovery from the COVID-19 pandemic, and while working to meet the national challenges around patient flow.

**Clinical standard 2:** All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

All emergency specialties have consultant on call rotas with either planned ward round review to support the standard or continuous review throughout the shifts. The timing of review is entered through the electronic system which enables monitoring.

In November 2019 UHS audited compliance and demonstrated we achieved the standard 95.52% of the time. On average patients waited 3 hours 17 minutes for an assessment, 3 hours 41 minutes on a weekday and 2 hours 20 minutes at the weekend. Further audits are planned during 2023/24.

**Clinical standard 5:** Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within one hour for critical patients.
- Within 12 hours for urgent patients.
- Within 24 hours for non-urgent patients.

UHS consistently achieves this standard across seven days a week, all specialties provide consultant cover and interventions seven days a week:

- Within one hour for critical patients.
- Within 12 hours for urgent patients.
- Within 24 hours for non-urgent patients.

We also provide many of these services for neighbouring trusts, including interventional radiology, MRI, interventional endoscopy, emergency surgery, percutaneous coronary intervention and complex cardio arrhythmia and microbiology.

**Clinical standard 6:** Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

Due to radiology working practices and economies of scale UHS consistently achieves clinical standard 6 target across seven days a week for:

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency surgery
- Emergency renal replacement therapy
- Urgent radiotherapy
- Stroke thrombolysis and 7-day mechanical thrombectomy cover.
- Percutaneous coronary intervention
- Cardiac pacing

**Clinical standard 8:** All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway:

The Trust is meeting this standard by twice daily consultant reviews taking place in admission areas, intensive and high care areas, and once daily review in other inpatient wards.

UHS supported achieving this standard by implementing NEWS2 across all adult areas (excluding obstetrics) as described previously in this report. Patient acuity and needs are updated daily on the doctors' worklist application which provides detail on handover and to the on-call team. Patients requiring urgent review are seen by the duty team as highlighted through the national early warning score (NEWS2) or by the nursing team.

## 2.2.13 Freedom to speak up (FTSU)

The Trust is committed to continuing to promote an open and supportive culture to ensure that all employees, workers, and volunteers feel safe in speaking up about issues of the quality of patient care or safety. We recognised this culture as being vital in safeguarding patients from harm and promoting an environment where mistakes are acknowledged, learned from, and prevented from happening again.

The Trust has had its own FTSU Guardian as an independent and impartial source of advice for those wishing to speak up since October 2017. The role is supported by the FTSU national guardian's office, which is responsible for providing leadership, training, and advice to FTSU Guardians.

We have developed a network of fully trained FTSU champions so that all staff can access confidential and impartial support in times of need. This team of advisors are available to support staff who are subject to, or accused of, bullying, harassment, and discrimination whilst at work, staff who need advice on issues such as conflict in the workplace, and staff who are thinking of leaving UHS. During 2022/23 we continued to grow our community of champions and have increased the number of champions from 38 to 60. The champions are from inclusive backgrounds and cover a wide variety of areas at UHS.

The Trust provides FTSU awareness sessions at Trust induction to ensure that all new starters are aware of the FTSU guardian/champions and our raising concerns (whistleblowing) policy. We provide education to ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively. We also send out regular communications across the Trust to raise the profile and understanding of the raising concerns agenda.

We have a multidisciplinary approach to concerns raised through the monthly raising concerns (whistleblowing) steering group, chaired by an executive lead. The group shares key findings/recommendations from concerns that have been raised to foster a culture of openness, transparency, and learning from mistakes. The group

monitors evidence that investigations are evidence based and led by someone suitably independent in the organisation.

Our progress and performance are measured through our annual staff survey and FFT results as well as feedback from those who have raised concerns. Benchmarking concerns we have received against national FTSU guardian's office data and the regional FTSU guardian network helps us track our performance. High level findings are presented at Trust Board on a bi-annual basis and include overviews of the cases reported and any themes identified. We also discuss progress against the national FTSU office guidance for NHS Trusts and self-assessment tool, progress against key actions related to the vision and strategy and any relevant benchmarking or recommendations following national publications.

We continue to improve our resource page on our internal intranet with up-to-date information about our FTSU service, and promotional leaflets and posters available and displayed in all working areas.

**Speak up – we will listen**  
Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

**What concerns can I raise?**  
You can raise a concern about risk, malpractice or wrongdoing you think is harming the service we deliver. Just a few examples of this might include (but are by no means restricted to):

- unsafe patient care
- unsafe working conditions
- inadequate induction or training for staff
- lack of, or poor, response to a reported patient safety incident
- suspicions of fraud (which can also be reported to our local counter-fraud team)
- a bullying culture (across a team or organisation rather than individual instances of bullying).

Remember that as a healthcare professional you may have a professional duty to report a concern. If in doubt, please raise it.

If your concern is related to your employment and affects only you, this type of concern is better suited to our grievance policy.


**How do I raise my concerns?**  
In most circumstances, the easiest way to get your concern resolved is to raise it with your line manager.

If you don't think it is appropriate to raise it with your line manager or they do not resolve it for you, you can use one of the options set out below:

- 1 **Raise the matter with your line manager**
- 2 **Contact our Freedom to Speak Up Guardian**  
Christine Mbabazi  
023 8120 4328 or 07818 521753  
Christine.Mbabazi@uhs.nhs.uk or RaisingConcern@uhs.nhs.uk
- 3 **Contact our Executive Director**  
Gail Byrne, Director of Nursing  
023 8079 4953 Gail.Byrne@uhs.nhs.uk
- 4 **Contact our Non-Executive Director**  
Cyrus Cooper  
Cyrus.Cooper@uhs.nhs.uk
- 5 **Raise the concern externally; if the earlier steps have not been resolved the concern or there are pressing reasons to by-pass them**

**More about the Freedom to Speak Up Guardian**  
Christine Mbabazi is the Trust's Freedom to Speak Up (FTSU) Guardian. The role was established as a recommendation of the Francis review to work alongside NHS Trusts in becoming more open and transparent places to work.

If you are ever concerned about patient or staff safety and do not feel that your concerns are being adequately addressed, please contact Christine.



**Christine Mbabazi**  
07818 521753  
RaisingConcern@uhs.nhs.uk

“I'm here to listen to any concerns that you have about working at the Trust”

The Trust also has a raising concerns policy that establishes clear lines of escalation for concerns to be raised which are as follows:

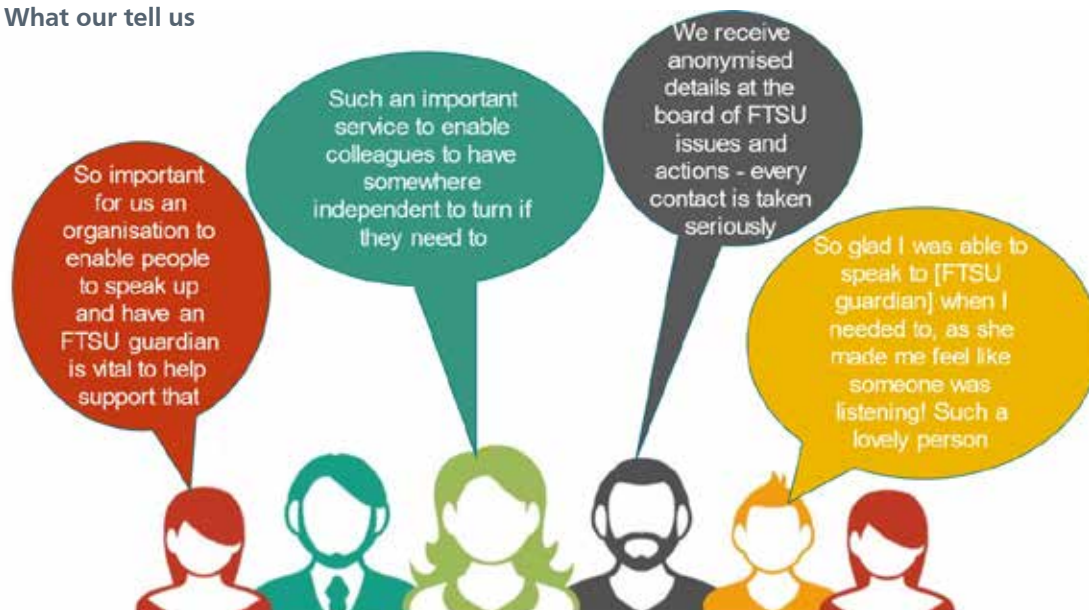
- Raise the matter with your line manager.
- Contact the FTSU guardian or FTSU champion.
- Contact the executive director responsible for FTSU.
- Contact the non-executive director responsible for FTSU.
- Raise the concern externally.

The continuing effectiveness of this policy is reviewed at Trust Board on a bi-annual basis.

We continued to develop and strengthen our processes and structures. Having a FTSU guardian and champions has given confidence to individuals to raise issues that they would not have raised in the past because they are protected from any repercussions and have the advantage of either confidentiality or anonymity



## What our tell us



### 2.2.14 Rota gaps

The guardian of safe working is responsible for ensuring that working hours are safe for junior doctors; we know that this is important for patient and staff safety.

The guardian also helps support the implementation and maintenance of the contract for doctors in training, has independent oversight of junior doctors' working hours and works with the medical workforce team to identify any training opportunities.

The guardian provides a mechanism whereby safety concerns related to working hours and rota gaps can be identified, responded to, and addressed. A regular report is submitted to Trust Board which includes updates on rota compliance, vacancies/gaps and plans for improvement and junior doctor exception reporting.

We act each month to make sure that rota gaps are identified and filled wherever possible. We aim for proactive engagement with Health Education England (HEE) so we can accurately plan targeted campaigns for hard to recruit specialties and the judicious use of locums where necessary. We also embrace the UHS Fellowship and aim to offer the same safeguards for all our junior doctors whether in deanery training posts or not.

There are 751 doctors-in-training employed by the Trust and they all work on the 2016 contract (including lead employer hosted placements).

There are 375 junior doctors employed in non-training posts; all these doctors work on UHS local terms and conditions which mirror the 2016 contract.

The current vacancy rate is 8.42% which equates to seventy-four wte vacant posts. Recruitment continues for current vacancies and medical HR are working with departments to plan for future gaps. There are certain specialties where recruitment and retention are particularly challenging including acute medicine, emergency medicine, general medicine, and trauma and orthopaedic.

From the 1 July 2022 the NHS Professionals (NHSP) connect contract was ceased and all locum bank duties were processed through Medic OnLine and HealthRoster (software that was already procured and funded by UHS).

The expenditure for locums continues to be high, relating to covering both short-term vacancies and longer-term gaps in the rotas.

The changes in locum rates from September 2022 for doctors in training and subsequent communication have improved clarity for everyone involved and identified departments which have significant challenges in recruitment and retention.

Exception reporting continues to be both low risk and low cost to the Trust.

There is ongoing monitoring of exception reporting and appropriate support given to the consultant rota leads and the medical workforce team.

Medical recruitment remains a high priority for the Trust and there is continued vigilance around rotas, sickness, and sustainability of the working patterns of doctors in training.

Rota annualisation can help alleviate the problem of annual leave and the introduction of the new locum system has led to more efficient and timely coverage of short-term rota gaps. In addition, specialties with significant challenges are becoming easier to identify earlier, allowing more effective intervention.


Work is being carried out around the role of junior doctors, advanced nurse practitioners, physician assistants and a range of non-clinical roles.

These problems reflect the national picture and are well understood internally with improvement plans being generated and reviewed regularly to ensure that the building blocks for a successful junior doctor workforce are in place in UHS

# Part 3: Other information















## 3.1 Our commitment to safety

We are proud of our long-standing commitment to patient safety and continue to focus on improving the quality of safe care that we provide. We recognise the importance of a culture where staff are comfortable to report when things go wrong, and we work hard to ensure that the appropriate support for staff is available in an effective, efficient, and timely way. Individuals can share their experiences and provide feedback regarding any support they have received. We continually work to improve safety in the Trust, learn from incidents and celebrate successes.



University Hospital Southampton  
NHS Foundation Trust

### Our planned outcomes for next 2 years

<p><b>Strategic</b></p> <ul style="list-style-type: none"> <li> Adopting an <b>Systems based</b> approach to patient safety incidents.</li> <li> Delivering <b>patient safety education and coaching</b> to those involved in safety investigations, risk and governance to embed <b>PSIRF methodology</b> across the organisation and aligning with core behaviours of the UHS way of thinking.</li> <li> Resulting in an <b>just and learning culture</b> that allows us <b>learn, grow, heal and excel</b>, with patient safety at its core, to develop an engaged and ambitious workforce who consistently <b>deliver safe and outstanding care</b></li> </ul>	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li> Patient safety investigation <b>focus on where there is greatest learning for the organisation</b></li> <li> A <b>range of tools</b> are used to learn from incidents and <b>regular thematic reviews</b> are carried out.</li> <li> <b>Patients involved in projects</b> that lead to improvements in patient safety</li> <li> All staff understand the <b>role in patient safety</b> and we <b>support</b> those staff involved in patient safety incidents</li> </ul>
<p><b>Quality</b></p> <ul style="list-style-type: none"> <li> <b>Build confidence, capability and capacity</b> for patient safety learning and improvement across the Trust so staff feel empowered to deliver PSIRF in their areas</li> <li> Build on our Educational offering PSII, human factors, appreciative inquiry for staff involved in patient safety</li> <li> Train <b>ALL</b> staff in level 1 patient safety</li> <li> Support and coach staff to deliver <b>PSII and local investigations</b> and ensure involvement of those affected</li> </ul>	<p><b>Effectiveness</b></p> <ul style="list-style-type: none"> <li> Measure <b>implementation effectiveness and organisational readiness</b> over the next year</li> <li> Measure <b>impact of PSIRF implementation</b>, including impact on patients and staff involved.</li> <li> Design and embed <b>robust measures</b> for every PSIRF investigations</li> </ul>

### Patient Safety Incident Response Framework (PSIRF) implementation.

The PSIRF was formally launched in September 2022, and we are working through the phases in line with NHSE ahead of the transition away from the serious incident framework in September 2023.

We have completed the orientation phase and highlight the following achievements:



We have provided multiple sessions on supporting our staff to understand PSIRF and we have also created a guide for staff:

During the orientation phase we held two workshops and have a further four planned for the diagnostic and discovery phase.

### PSIRF and the benefits to patient safety



writing root cause analysis reports which has helped release clinical time for our staff. Our after-action review method of evaluation takes the form of a facilitated discussion following the event we want to investigate. It looks at what we set out to do, what actually happened, what could have gone better and why and how we can do it better next time. They enable understanding of the expectations and perspectives of all those involved and captures learning, which can then be shared more widely. This new approach has been positively received and has created an opportunity to celebrate good practice as well as identifying any learning.

## What our staff tell us:



## Patient Safety Education and Human Factors

Human factors are those things that affect an individual's performance. We know that by understanding human factors and their impact on our working practices we can go a long way to reduce many preventable errors, lead to a much safer working environment, and improve team morale and wellbeing. In 2021 we facilitated seventeen staff to undertake human factors online training with an external company, leading to them being awarded the title of patient safety associates. We commenced our second cohort of training in 2022/23.

## Patient Safety Syllabus

The national patient safety syllabus takes a new approach to patient safety, putting emphasis on pro-active ways to identify risks to safe care, while also including systems thinking and human factors. Following the national launch of levels one and two of the patient safety syllabuses we have added it to our VLE and encouraged completion. The Trust is also contributing nationally to the evaluation of the first two levels. The syllabus is a first of its kind which will help identify risks proactively to prevent errors before they occur.

## Patient Safety Incident Investigation training

Over the last year we have been providing training in preparation for the new investigation styles we will need to adopt as part of the PSIRF. We run the training over two half day sessions, taking the students through a scenario-based teaching. To date we have training 110 staff, with many more sessions scheduled throughout 2023.

## Community of practice for patient safety and human factors

This valuable community continues to meet and now has over 130 members. The group meets regularly during the year with a range of topics covered including psychological safety, just culture and appreciative enquiry in the M&M process.



## Incident reporting

The Trust has continued its work in preparation for the transition to learning from patient safety events (LFPSE) which will replace the national reporting and learning system (NRLS) and has continued to foster a positive reporting culture and learning from incidents. We continue to see a high number of favourable events being reported across the Trust. Favourable event reporting forms (FERF) are a way to show formal appreciation for good aspects of all practice, as well as sharing learning.



## Quality and Patient Safety Partners (QPSPs)

Following a successful pilot in 2021 the Trust has recruited six quality and patient safety partners. We presented a poster on the pilot to the Institute for Healthcare Improvement conference in Gothenburg in June 2022. To meet the national requirement, we have two of our QPSP's sitting on our serious incident scrutiny group (SISG), and on our patient safety steering group. Our QPSP's are also supporting several projects across patient safety, transformation, and estates.

We were privileged to have a virtual meeting with Dr Henrietta Hughes, OBE, the first patient safety commissioner for England in December 2022. Dr Hughes' focus is putting patients first and giving them a voice, and we were included in the write up of her one hundred days report.



**'Getting it right for patients'**

One of my visits was to University Hospitals Southampton NHS Trust which has combined its patient safety partners programme with its quality improvement programme, creating Quality and Patient Safety Partners (QPSPs). These six volunteers come from a range of backgrounds and provide a unique insight into the work of the trust. They have undertaken the same patient safety training as staff and can access a mentor to support them in their work. For one, Linda Taylor, the trust listens to their views and trusts them. 'It works because we all have the same aim - getting it right for patients.'

The QPSPs point to their work on the multiple sclerosis workstream where their input into the understanding of the patient pathway is much more than just when patients enter and leave the hospital. It includes acting on early issues to reduce the chance of being admitted to hospital while helping patients to manage their condition at home after treatment.

Their next focus is on recruiting new QPSPs and ensuring they reflect the make-up of the trust's users, including its diverse population. They are also continuing their work as part of a patient safety partners network and are supporting other NHS trusts in developing similar programmes to put patient voice centre stage.

## **Patient safety case reviews**

To support improving the medical scrutiny of our patient safety case reviews we recruited four medical scoping leads during 2022/23. Each lead has one paid session each to help support reviews and lead on projects across patient safety.

## **LeDeR (Learning from deaths in patients with LDA and autism)**

Following a pause in 2021 we restarted our internal LeDeR reviews. Led by the patient safety team these reviews are multi professional with support from one of the divisional clinical directors, named nurse for adult safeguarding and the learning disability team. Our ambition is to include the views and feedback from the families over the next year.

## 3.2 Duty of candour

Duty of Candour, Regulation 20 of the health, and Social Care Act 2008, is a statutory requirement for all providers registered with the Care Quality Commission (CQC). It covers any patient safety incident that appears to have caused (or has the potential to cause) significant harm. It requires us to undertake an initial disclosure of the incident, provide a written account, complete an investigation share investigation findings and offer formal apologies.

At UHS we have worked hard to ensure that our staff are aware of their obligations against this regulation. Our 'being open policy: a duty to be candid' policy clearly outlines the requirements for the Trust to comply with Regulation 20. This includes both the statutory and professional requirements.

Our Staffnet provides up to date resources and advice, and we have an information leaflet to explain how we investigate and learn from incidents. This information includes how we will be open, involve our patients and their families and keep them updated. Every patient (or their family) is contacted by letter following a moderate or high harm incident and are invited to ask any questions they would like answered as part of the investigation. We offer to meet patients and families if they would find this beneficial.

Compliance for Duty of Candour is supervised by our divisional governance groups, and the corporate patient safety team ensures it is completed for any serious incidents that occur.

## 3.3 Our commitment to improve the quality of our patients' experience

### **Patient-Led Assessments of the Care Environment (PLACE) programmes**

Good environments matter to the care and experience of every NHS patient who should be cared for with compassion and dignity in a clean, safe environment. It is essential that we act on the clear message, directly from patients, about how the environment or services might be enhanced.

The care environment also impact on health outcomes, customer choice (patient and referrer), reputation, staff recruitment and retention. The standard of the Trust's environment forms an increasingly important part of external local and national guidance, quality measures and contractual obligations.

The environment consists of the physical estate (buildings, car parks etc), the condition of the accommodation where services are provided from (cleanliness, maintenance), and its overall appearance and accessibility (presentation and way finding etc).

PLACE programmes provide a framework for assessing quality against common guidelines and standards to quantify our environment, cleanliness, food, and hydration provision. They also look at the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

Assessments are carried out by teams made up of staff and members of the public (known as patient assessors). They provide motivation for improvement by providing a clear message, directly from patients, about how the quality of the environment or services might be improved.

National PLACE programmes were suspended during the pandemic, but we ran a modified version known as PLACE-LITE until this year, when we were able to restart the full programme. It was fantastic to welcome patient assessors back into the programme, with their valuable contribution being missed over the past couple of years. With representation from Healthwatch Southampton, Trust members, governors, independent representatives, and a previously untapped team from the Youth Ambassadors group we were well supported and are confident we had a genuinely representative sample of views. Next year we hope to invite external independent assessors to join our teams.

Each month we conduct an assessment in an agreed area (usually a care group) and provide that area with their results and a localized action plan for them to work to complete. We can then compare the care group results with the Trust- wide and national position to create a heat map for improvement projects.

During 2022/23 we assessed thirty-two areas across the Southampton General Hospital (SGH), Princess Anne Hospital (PAH), Royal South Hants Hospital (RSH), Lymington Hospital and the New Forest Birthing Centre (NFBC) sites.

### **Trust Amalgamated Scores**

The scores from all sites have been amalgamated to provide a single Trust position, which gives an overall Trust score. This table below shows the site scores for each assessment. The Red shaded scores are the annual average score for the SGH Place Lite assessments. This demonstrates reasonable confidence that our place lite programme is a fair reflection of the main results



**Figure 19: PLACE site scores for each assessment**

Site	Cleanliness	Food (taste)	Privacy & dignaty	Condition & Appearance	Dementia	Disability
SGH	98.51	91.24	81.97	96.23	82.57	85.83
SGH Lite	97.87	92.88	70.50	92.60	70.90	80.94
PAH	96.35	88.53	74.83	93.11	60.75	74.32
RSH	98.13		75.76	95.00	67.31	69.67
NFBC	100.00		78.05	93.33	77.27	48.00
Lym	98.75		88.64	96.47	78.79	81.67
<b>Trust</b>	<b>98.35</b>	<b>89.89</b>	<b>79.85</b>	<b>94.83</b>	<b>73.34</b>	<b>71.90</b>

The tables below identify the position in each of the key domains of the assessment and compare in red the average score for acute large teaching trusts.

**Figure 20: Cleaning and Environment (ranking 139 / 222 all organisations)**

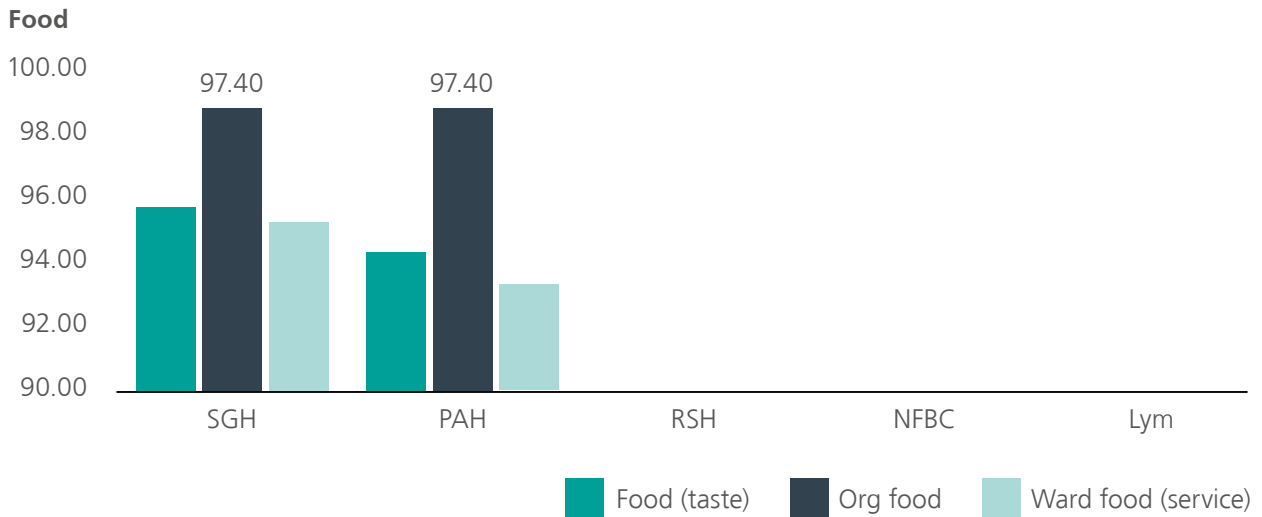
### Cleaning score

Princess Anne Hospital		96.52%
Royal South Hants Hospital		98.13%
Acute large / teach		98.16%
Southampton General Hospital		98.51%
Lymington Hospital (peripheral clinic)		98.75%
New Forest Birth Centre		100.00%

# QUALITY ACCOUNT

**Figure 21: Food and dining experience**

This combines both quality of food, the design and delivery of the meal service, and preparation of patients. This includes food temperature, serving style, taste, texture, suitability, through to clinical involvement in the preparation and readiness of the patient. It also considers disability and dementia aspects such as adaptive cutlery and suitable menus for example, finger foods. Only two sites currently provide inpatient food services.



**Figure 22: Privacy and dignity (ranking 188 / 222 all organisations)**

Privacy and dignity continue to provide challenges in the care environment, however, this more granular approach to the issues in individual care groups will enhance the speed of response compared to once annual assessments.

**Privacy, Dignity & Wellbeing Score %**



**Figure 23: Condition and appearance (ranking 142 / 222 all organisations)**

We are aware that much of our estate is old and well used, and it is an ongoing challenge to maintain it to the standards we and our patients expect. The audits have identified that a combination of issues impact on the condition and appearance of the site, from backlog maintenance issues, clutter, overcrowding, and a failure to report deteriorating items and areas. The local action plans address both the immediate remedial actions, but also the closer collaboration with departments at the time should enhance reporting and response.

**Condition, Appearance & Maintenance Score %**



**Figure 24: Dementia (ranking 142 / 222 all organisations)**

Considering patient needs in relation to dementia takes in a range of components, from location awareness, such as coloured rooms for easy identification, to helping orientation with date and time displays, familiar design, and even considers flooring to avoid confusion such as shiny floors being perceived as slippery, or apparent debris seen in patterns.

**Dementia Score %**



**Figure 25: Disability (ranking 138 / 222 all organisations)**

Consideration of disability, from access to chair heights is another area of improvement for us to focus on. Much of the learning that we have identified from past feedback and from PLACE LITE audits has been incorporated into the 'design guide' that estate projects is creating. This will enable us not only to remediate issues when identified but will proactively design out some issues where this is possible.

**Disability Score %**



The PLACE audits clearly show our areas of largest challenge are our environment, privacy and dignity, dementia, and disability. We are in the process of generating an improvement action plan to address this, and our PLACE assessors will be playing an important part in monitoring the quality of our improvements during 2023/24.

## 3.4 Our commitment to improving the environment for our patients

Delivering world class quality care is more than just about offering the most advanced treatments or delivering the best outcomes, it is also about doing all these things in a sustainable, environmentally responsible way.

We understand the negative impact of some of our activities on the environment, and we strive to make a positive contribution in reducing it and support people to do the same. Environmental sustainability and sustainable development are integral to all that we do here at UHS, and we feel it should factor into each decision we all make.



UHS has set out its response to the challenge of the NHS becoming the world’s first health service to reach carbon net zero with the launch of our own Green Plan which we published to coincide with World Earth Day 2022. Improving the health of our local communities and lessening the burden on our organisation and the NHS more broadly is the aim of our Green Plan, through achieving carbon net zero and resulting in healthier lives for our community and our people.

The Plan sets out the scale of the challenge, our commitment to reducing the impact on the environment and the steps we will collectively take to get there. As the largest employer in Southampton and with an energy consumption equivalent to all the households in Winchester combined, UHS recognises the influence it has on impacting the environment and population we serve.

Carbon dioxide is one of the most harmful greenhouse gasses. The term carbon emissions are often used as an umbrella term for all greenhouse gas emissions. Carbon net zero means achieving a balance of the amount of carbon emitted into the atmosphere, and the carbon removed from it.

Environmental change is a factor in some of the conditions that we treat our patients for, such as the impact of carbon dioxide in air pollution. By taking a proactive role in lessening our impact and being a leading influence in our community, we can go some way to preventing people becoming ill in the first place.

Our Green Plan outlines how we as an organisation are planning to help address these issues at a local level. We are focusing on estates and facilities, supply chains and procurement, travel and transport, biodiversity, food and nutrition and digital transformation. The work of the sustainability board and its sub-groups sit within the foundations for the future strategic pillar.

In March 2023 we were delighted to announce that UHS had been awarded £29.4m from the Public Sector Decarbonisation Scheme to fund a major new energy-efficient heating system fit for the future.

The new energy system at SGH will replace the current infrastructure, which is now approximately twenty-years-old and in need of a significant overhaul. The state-of-the-art new system will help UHS take great strides towards its pledge to become Net Carbon Zero by 2045 reducing CO2 emissions by an estimated 4881 tonnes per year.

## 3.5 Our commitment to staff

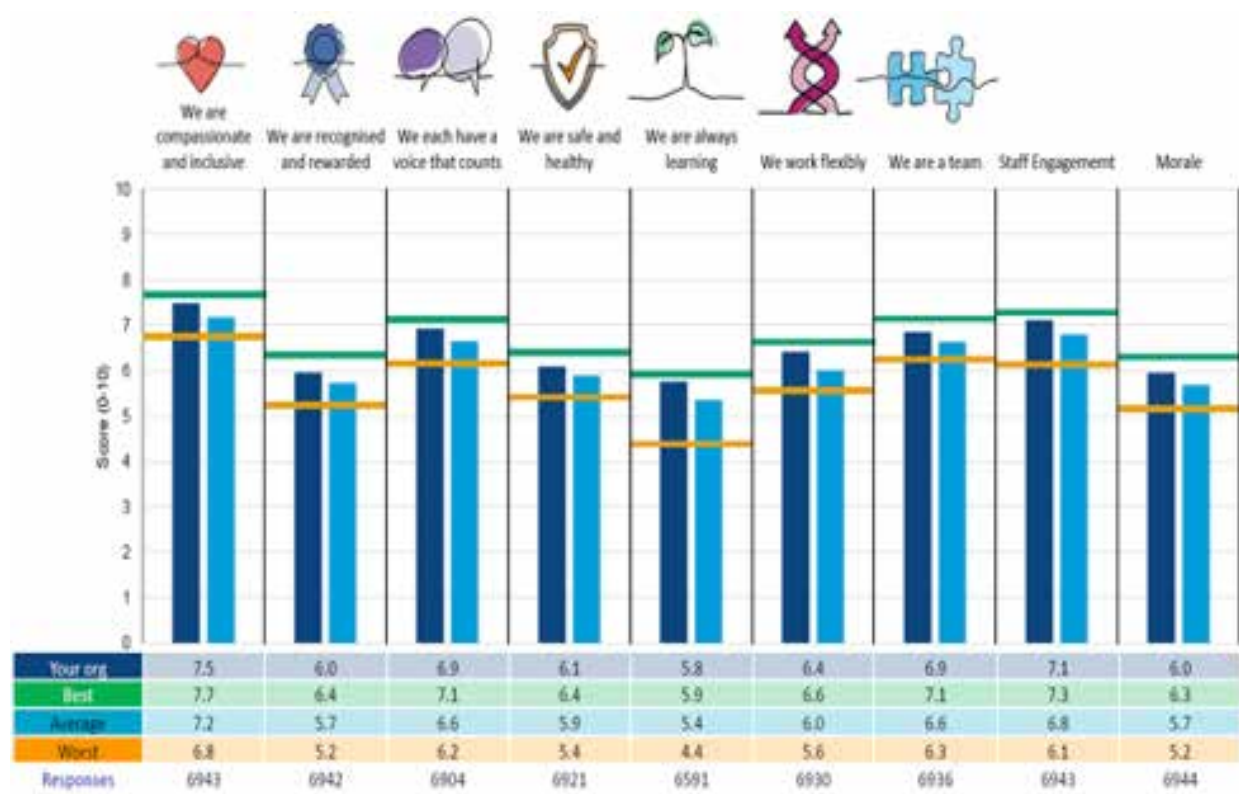
The annual NHS staff survey continues to be the largest mechanism which enables us to hear the experiences of our staff. We had over 7,000 voices heard in the survey this year, 54.7% of our staff, against a national median average response rate of 44%.

The NHS is continuing to recover from the impact of the COVID-19 pandemic and staff are reporting high levels of burnout, dissatisfaction with working conditions, with pay, and workforce shortages impacting on their ability to care for patients. The survey gives us an opportunity to improve what really matters to our staff and focus in on how we really can make UHS the best place to work.

Given the context we are operating in, with a cost-of-living crisis and a challenging labour market, we must focus on the elements we can control and acknowledge the elements outside of our control. For UHS, this is being proud about the purpose that unites us together - the amazing work we do for our patients and families, living our values, behaving with kindness and compassion to each other. We also acknowledge the importance of developing our leaders and managers to be the best they can be, developing a culture where people feel they belong at work, and feel included. We want UHS to be a place where people feel safe to speak up and concerns are acted upon, people feel supported, a place where people have opportunities for growth, development, and people feel valued for the work they do.

The questions in the survey are aligned to the themes of the nationally recognised People Promise. UHS scored above the average for all the themes plus measures of engagement and morale (see themes below, Figure 25), in our benchmark group consisting of 124 acute or acute community Trusts.

**Figure 25: Scores by People Promise themes**



Despite the challenges facing our staff, it is important that we celebrate where we have performed well as a Trust and the positives that our staff experience whilst working for UHS. UHS ranked the seventh highest Trust for recommendation as a place to work nationally, out of the 124 Trusts. Furthermore, UHS is now the top-rated acute Trust for recommendation as a place to work in the Southeast NHS region (out of 17 Trusts) and the highest rated acute Trust within Hampshire and Isle of Wight.

Other national rankings to be proud of are:



UHS scored the highest out of all 124 acute and acute community Trusts for there being opportunities to develop your career in the organisation (63.6%)

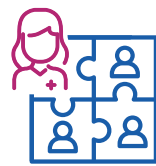


UHS ranked fourth in the benchmark group for staff agreeing that they achieve a good balance between their work and home life.

**Figure 26: UHS scored significantly above national average on the following questions**



**16.9% higher than average:**  
If a friend or relative needed treatment I would be happy with the standard of treatment provided by UHS at 78.8%, a decline of 4.4% from 2021



**8.1% above the average:**  
My organisation respects individual differences (cultures, backgrounds, working styles etc) at 77.4%, a slight increase from 2021



**9.8% above average:**  
Care of patients/ service users is the organisations top priority at 83.3%, a decline of 2.5% from 2021



**12.2% above the national average:**  
I would recommend UHS as a place to work at 68.7%, a decline of 3.3% from 2021



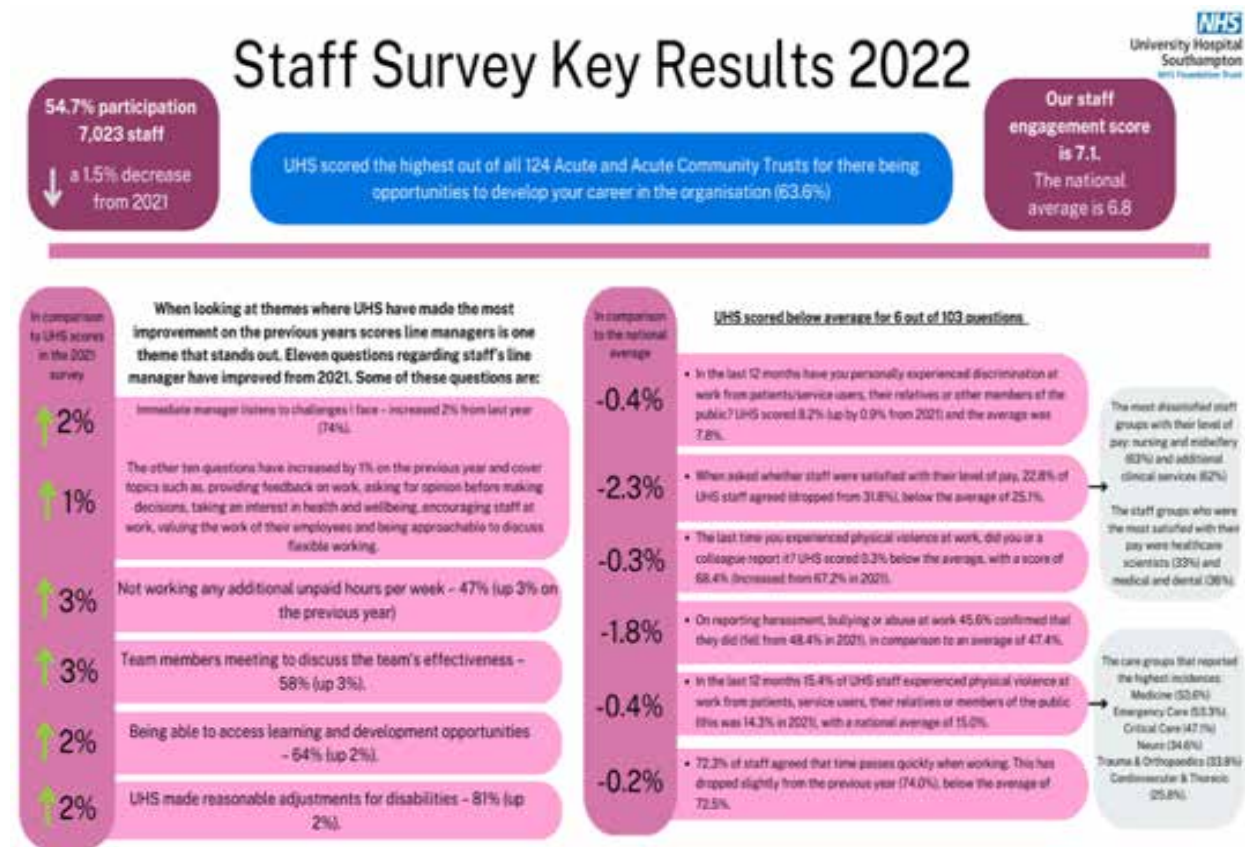
**8.7% above the average:**  
I feel safe to speak up about concerns at 69%, a slight decline from 2021

While the scores for most questions in the survey have remained unchanged from the previous year, we have made improvements on some questions. Questions surrounding line managers, team effectiveness, appraisals and making reasonable adjustments for disabilities have all improved. The results show the fruition of improvements made in response to the 2021 survey, where appraisals have been re-designed and re-launched with the aim of becoming more valuable to staff in terms of their career development and wellbeing. The scores also reflect the work on management development, education and career development, and inclusion and belonging that has also taken place.

Other headlines from our results include an above average engagement score (7.1, with a national average of 6.8). Figure 27 (below) also highlights where our results fell below average, demonstrating further areas that require improvement (such as the need to continue work on reducing violence and aggression from patients)



Figure 27: Key results 2022



Improvement is a continual process and measuring engagement throughout the year with the addition of the quarterly pulse survey allows us to sustain a constant understanding of staff experience. The nine engagement questions that make up the quarterly survey also form part of the annual staff survey.

The three quarterly surveys in 2022/23 have shown an increase in the question 'care of patients is my organisation's top priority' from 84.7% agreement in quarter one to 85.2% in quarter four. However, it does show a steady decrease in staff looking forward to going to work, which has declined by 2.3% between quarter one and quarter four.

It is crucial for team members to see the results and participate in thinking around some of the potential solutions, and where possible, get involved in creating them. Local improvement, where changes are driven locally are more likely to be sustained. At UHS we want everyone to be able to contribute towards making improvements and feel able to make changes in their role, team, department, and trust, embodying and living our Trust value 'always improving.' Each team will be reviewing the top three priorities that they established following the 2021 staff survey, measuring progress against the ones that still apply following the 2022 survey or amending priorities where these have changed following the recent results.

The delivery workstreams of our UHS People Strategy will move into the second year in 2023/24. The People Objectives 2023/24 and other UHS strategies will be informed by 2022 results. However, assurance is provided by the results that the work programmes remain the correct ones to respond to the feedback, and we continue as planned.

Figure 28 below demonstrates the actions already taken in relation to the People Strategy and outlines where we continue to focus moving forward.

Figure 28: Actions already taken in relation to the People Strategy and outlines where we continue to focus moving forward



## The Inclusion and Belonging Strategy and Belonging Blueprint

During 2022 we developed our staff inclusion and belonging strategy and belonging blueprint, both of which were signed off at Trust board in January 2023 and are now launching.

The inclusion and belonging strategy has five key themes:



1. A workforce reflecting our communities, at all roles at all levels, because research tells us that a diverse workforce reduces the likelihood of “group think.” A diverse workforce brings with it diversity of experience, and boots innovation, wellbeing, and positive working cultures.
2. Safe and healthy working environments free from all racism, aggression, hate and discrimination.
3. Recruitment processes which are free from bias and inclusive. We know that recruitment managers are more likely to recruit those that mirror their own cultural norms, and research also tells us that international colleagues may have a quite different perspective on what is considered a “cultural norm.” Evidence also tells us that males will often be more likely to apply for a job that their skills match by approximately 60% verses women who would only apply for a job if they matched above 80%.
4. Inclusive leadership and management. According to the Harvard Business Review (2023) “Teams with inclusive leaders are 17% more likely to report that they are high performing, 20% more likely to say they make high-quality decisions, and 29% more likely to report behaving collaboratively. What’s more, we found that a 10% improvement in perceptions of inclusion increases work attendance by almost 1 day a year per employee, reducing the cost of absenteeism”.
5. Networks that thrive and support creation of an inclusive and safe place to work. Having a community of people that you feel you have shared commonalities with can be powerful, for your wellbeing and for your sense of belonging. Having a network or community space in UHS, provides a platform to speak truth to power at the highest level of the organisation and can help change things for the better.

This year our ambition is to roll out a series of new projects aimed at improving the experience of our staff. These will include a values project to strengthen inclusivity and belonging in our Trust values, continuing to roll out Actionable Allyship training for all staff and establishing the divisional equality, diversity, and inclusion (ED&I) steering groups for local delivery of strategy.

We will launch a positive action leadership programme aimed at supporting leaders from underrepresented groups to progress and improve representation at senior levels and develop career development workshops and tools. We plan to introduce career coaching and reciprocal mentoring with people on the UHS senior leaders programme and as part of our leadership and talent plan, all leadership and management and talent interventions Trust-wide will have an inclusive leadership module and promote inclusive leadership throughout content delivery. Our recruitment processes will be assessed to identify points of potential bias in the process and areas of quick action to improve inclusivity and fairness, and we will also relaunch our recruitment training.

Staff networks remain important to us, so we will launch a revised approach to our networks using our internal Workplace app to improve engagement while developing our programme for network chairs. More resource will be made available to support the networks, and this will include some budget and administrative support.

We recognise the pressures staff can be under from violence and aggression, and we will continue to strengthen our approach to prevention, partner to improve police action, staff reporting and data trends.

We would also like to focus on improving the quality of data and information related to Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), talent and recruitment, experience which we supply in monthly reports to divisions to allow them to make more meaningful decisions around their local plans.

## The Belonging Blueprint

We recognise belonging can mean different things to different people. For many people of diverse ethnic backgrounds their belonging can be moulded by their heritage, but they are not always made to feel accepted. Belonging runs much deeper than where a person is born and is defined by the Cambridge Dictionary as:

“The feeling of being happy or comfortable as part of a particular group and having a good relationship with other members of the group because they welcome you and accept you. A sense of belonging is one of humanity’s most basic needs.”

Our UHS blueprint is a step-by-step guide to co-creating a culture of inclusion and belonging. It is centred on an outcome of inclusion and belonging for all marginalised groups and creating empathetic identities that bridge differences and promotes an inclusive and responsive culture.



## The support programme for the cost of living

In 2022/23 in response to the national cost of living crisis, we worked with our suppliers, local providers and in consultation with our staff-side partners, and staff, to deliver a raft of measures, backed by investment from the Trust. These were aimed at supporting our staff with costs associated with travel, food and drink, childcare, opportunities to earn more, access to discounts, financial advice, and crisis support for the most vulnerable.

### Food at work

Working with Serco, U staff were offered a discount of 60% in our Feast restaurant. In addition, our commercial team has worked with M&S, Subway, WH Smith, and Costa to ensure availability of discounted food at the end of the day.

### Travel to work

The Trust secured additional discounts on public transport with both BlueStar and City Bus with discounts for pre-paid monthly tickets. Our cycle to work scheme provided the option to pay-back bike loans over a longer period and there were low-cost bike options on the VIVUP benefits platform. Our brand-new park and ride at Adanac Park was also made available to all staff for the low cost of £2.50 per month.



## **Childcare at UHS**

We know that childcare is a significant cost for families working at UHS. The Trust Taplins Nursery (run by UHS) has always worked to maintain competitive prices compared to local providers whilst delivering a quality service to our people. To provide further support we rolled-back the price at our Taplins Trust Nurseries to April 2022.

## **Supporting those most in need**

Working in partnership with Southampton Hospitals Charity, we set up a range of hardship mitigation measures. This included a new, dedicated hardship fund which can provide access to vouchers for food bundles from our charity partners, free food at our restaurants, and consideration for hardship grants. These are designed to support unexpected one-off costs that place people into significant hardship.

## **A chance to earn more**

We always encourage our people to ensure they take the time out they are entitled to, to rest and recuperate, and annual leave is an important part of this. However, we also recognise that people do not always use their full leave entitlements each year. We have been asked by our people to consider mechanisms to sell annual leave that is not going to be used so introduced an opportunity for them to sell back any unused annual leave during two periods over the coming year. Selling annual leave will be capped to ensure people take their statutory entitlements and is an entirely personal choice.

## **Making money go further**

Working with our benefits provider VIVUP we secured a further 9% reduction on home electronics and white goods with the flexibility to pay back over 12 months. Staff can make extra savings at selected supermarkets and retailers by purchasing e-gift cards on Vivup. We reminded staff that any member of the NHS is entitled to purchase a Blue LightCard which provides a wide range of discounts on nationwide goods and services.

## **Tax re-claims on uniforms**

We encouraged staff required to wear a uniform to claim tax relief on the cost of their laundering.

## **Expert financial advice**

There is also a range of general support available to staff, and we now have advice and help available through organisations such as Barclays, as well as many charities. This is outlined in our financial wellbeing support pages available on Staffnet. In addition, NHS trusts in Hampshire and the Isle of Wight have partnered with the Citizens Advice Bureau to provide advice on financial matters.

The Leadership Plan (approved at People and OD Committee before Christmas and programmes are now in place) <http://staffnet/Media/Your-development/Leadership-Development-Plan.pdf>

## 3.6 Our commitment to education and training

Education and training are essential to support the delivery of high-quality healthcare and health improvement for our patients. Although the legacy of COVID-19 continues to have its impact on access to face to face education, training, and development, this year has seen us return to more normal educational activity. Despite ongoing challenges with services which are stretched because of our demand and capacity mismatch we have:

- Continued to innovate and expand our educational offerings with opportunities such as more apprenticeships, scientist training posts, medical support workers, and the development of T-level placements (placements which provide students with high-quality, meaningful training, not work).
- Improved the quality and use of workforce information to inform both workforce deployment to maintain safe staffing levels and planning.
- Focused on retaining our staff with initiatives such as the healthcare assistant hub.
- Embedded new roles into the organisation to deliver quality patient care and increase workforce capacity.
- Enhanced our strategic relationship with the University of Southampton.

### Skills for Practice

The UHS skills for practice team have continued to deliver and support several established education programmes to both internal staff and external partners. These programmes include Trust wide clinical skills programmes and development, training, and assessment for undergraduate medical students. A key achievement has been the delivery of objective structured clinical examinations (OSCE'S) to second, third and final year medical students March, April, May, and July 2022.

Skills for practice continues to operate the health care support worker hub, which is a drop-in service available to all support workers across the trust. It is made up of centre facilitators who teach the healthcare support worker induction and provide

### Apprenticeships

There are now 392 apprenticeships in progress across the Trust. This includes 174 registered nurse degree apprenticeship (RNDA) and twenty-three nursing associate apprenticeships. Over forty staff have now completed their nursing associate programme and forty-two have completed their RNDA programme and are now working as registered nurses in the Trust or within the local community.

The Trust also supports other clinical apprenticeships in occupational therapy, diagnostic radiology, operating department practitioners, advance clinical practice and within healthcare science.

The Trust's own apprenticeship centre has paused recruiting new learners whilst moving from City and Guilds to a new awarding body was finalised. Existing apprentices on the senior healthcare support worker (SHCSW) level 3 programme will be supported to complete their apprenticeship with City and Guilds. Pharmacy support worker Level 2 and SHCSW Level 3 apprenticeship programmes will re-commence with the centre in 2023.

Apprenticeships have provided opportunities for career development for support workers and other staff and is part of the Trust's approach to improve retention and build a sustainable workforce. Since 2017 over 55 UHS staff have completed their first apprenticeship and have progressed onto their second higher apprenticeship, with some staff now moving into their third apprenticeship.

## **Pre-registration Students**

Over the course of 2022/23, a key workstream at UHS has been around the articulation and alignment of the way in which capacity for learners is expressed. Most work has focused on the allied health professional (AHP) learner capacity as these groups move to a capacity per week mode. The nursing, midwifery and AHP capacity approach will then move into a HIOW project which is developing a placement capacity management system. This system will enable an understanding of HIOW capacity for placement for all pre- registration non-medical learners plus more importantly demonstrate utilisation of placements.

UHS has also been developing non-traditional placements, including within the central education team, patient safety for example as well as increasing traditional placement capacity. To support this UHS has revisited the roles and responsibilities of staff who are supervising and assessing learners. Further workstreams around this will emerge over 2023/24

## **Return to Practice**

The Trust supports small numbers of return to practice of nurses and allied health professionals, with three nurses about to return to the register having completed a Nursing and Midwifery Council accredited programme at Bournemouth University, with placements within the Trust. UHS have also supported an occupational therapist to return, and she has since taken up a post with the Trust. Work is ongoing to support returners in other fields, including midwifery.

## **Two-year technical programmes (T Levels) college students**

The Trust is working closely with local colleges and the wider ICB to provide industrial clinical placements for college students. These placements are key to supporting local 16–19-year-old learners with healthcare experience and has enabled them to achieve their care certificate. Four learners successfully applied for healthcare support worker posts within the Trust with two others moving to healthcare related undergraduate programmes at local universities.

These T level placements have covered a variety of clinical areas and specialisms including medicine, surgery, child health, neurology, trauma and orthopaedics, cancer care, cardiology, high dependency care, theatres, maternity, and therapies. The Trust has received positive evaluations around the quality and value of these placements from both the students and the clinical areas' perspectives.

## **Health Care Science**

The largest intake of scientist training programme (STP) trainees started in September 2022 with fifteen students across a range of disciplines including two in-service trainees in histopathology. These trainees continue to be supported both locally in their departments and centrally by the UHS healthcare science education lead. In-house train the trainer courses re-started in February 2023 to support UHS staff for training the STP's.

The first leadership course designed especially for healthcare scientists was run in July 2022 with twenty attendees. There was a waiting list, so a further course was purchased using the continual professional and personal development (CPPD) money.

In September 2022, the first output of seven pharmacy technicians from the new certificate in higher education in pharmacy technician practice level four apprenticeship was completed. One went onto the MPharm course and six remain working at UHS. The first joint GP/UHS post was completed in February 2023 and the pharmacy technician works full-time in the GP practice they trained in.

## **Professional Nurse Advocate (PNA)**

In line with new requirements in the NHS contract, the Trust has committed to the development of professional nurse advocates (PNA's) who are qualified to provide restorative supervision, quality improvement support and education support for all registered nurses to strengthen wellbeing and staff retention.

The funding for training is provided nationally and UHS has maximised the opportunity to support staff on this master's programme of study.

Since the initial group of six trainees started in 2021 the trust now has forty-two trainee and qualified PNA's across fourteen specialities.

## **Advanced Practice**

ANP's are a key part of the integrated workforce need as we see increasing complexity of patient pathways.

The Trust has continued to support the development of ANPs across a range of professional groups.

Increasing numbers of non-medical professionals are now supported to gain the additional skills to independently support a wide range of patient groups.

Our advanced practice steering group, which was established in 2020, coordinates the growth and development across these roles ensuring consistency of policy and practice and in 2022 have commissioned an evaluation and benchmark exercise of advanced practice to form the priorities for 2023/24.

The Trust is an active partner with the regional advanced practice faculty and ensures all opportunities for funding and support are accessed.

## **Medical Education**

Despite the considerable challenges we continued to face, the overall picture for learning and training in medical education remained positive during 2022/23., Overall, our GMC national training survey results compare favourably with other university teaching hospitals.

We continue to seek feedback from our growing group of locally employed doctors, which the GMC do not ask for feedback from. We will be publishing our own survey of locally employed doctors (LED) later this year.

Our areas of challenge are foundation posts in surgery and neurosurgery. There have also been areas of concern in trauma and orthopaedics. All areas have been visited by HEE in the last year, and their action plans in place to address these.

UHS continue to support all doctors in training, and our LED education charter ensures minimum standards for the training and education of all trainees.

We have developed our medical education research fellowship in collaboration with HEE and have successfully collaborated with University of Southampton to develop our own centre for medical education research, which will become a centre of excellence for postgraduate medical education research.

We have developed our educator development programme, and in addition to running our successful educational supervisors' updates in house, are now offering a one day "introduction to coaching" course, as well as a themed one-day course on inclusive leadership in healthcare education. The feedback from both has been outstanding.

We have had several changes in the director of medical education team this year. We are proud of the passion and commitment of the educators here at UHS and are confident that we have a strong commitment to training and education of doctors which will continue for years to come.



It has been a year of consolidation in strength for undergraduate medical education. We have further improved teaching feedback, in medicine and surgery. We have clarified the funding arrangement for specific elements of teaching and assessment including clinical exams. This has required some significant changes to working practices. We have re-established successful in person clinical exams. We have turned our focus forward to ways to manage the fluctuations in student numbers we will be facing over the coming five years.

The key new feature this year has been the appointment of two full time medical education fellows. They were appointed with the primary goal of improving the learning environment. They have been involved in delivery of education undergraduate but also postgraduate. They are also involved in research and evaluation of teaching and learning.

## **Workforce**

Workforce key performance indicators and workforce planning data are reported monthly to the trust executive committee (TEC) and the UHS Trust Board in line with our governance requirements, highlighting any risk areas. A monthly staffing status and patient safety report is also submitted. A daily COVID-19-related staffing absence report has been provided since 2020/21 which ran until January 2023. COVID-19 related sickness data continues to be reported via the people report.

Successful recruitment of registered nurses and doctors increased significantly this year, particularly overseas nurse recruitment:

- Additional clinical services, including healthcare assistants (HCAs), by eighty-eight wte.
- AHP's by forty-one wte.
- Recruitment drives for registered nurses resulted in 1038 extra nurses and reduced our vacancy rate to 113 (34%).
- Junior doctors increased by twenty-four wte.
- Medical consultants increased by twenty to thirty-one wte

## **Virtual teaching**

Virtual teaching is now established in all areas of the Trust, and there has been limited face to face teaching in certain areas with appropriate safeguards in place.

We have been successful in bidding for a large amount of financial support from HEE to fund simulation equipment which will be invaluable in helping trainees in craft specialties overcome some of the loss of practical skills that have taken place because of the pandemic.

We have now acquired a state-of-the-art cataract simulator for the eye unit, which will help trainees gain experience in the field of cataract surgery, which has become increasingly difficult in recent times.

## **Supernumary support for doctors**

We continue to invest in our medical workforce and recognise that doctors who are starting the careers in the NHS need additional support. In August 2022, the Trust board supported funding a month of supernumerary time for all our doctors new to the NHS on the Trust fellowship programme. The initial evaluation of this pilot is hugely positive and will form part of our proposals to set out standards of education and training for all our locally employed doctors. We believe that we are leading the way regionally in this initiative.

## **GMC national training survey results**

Our GMC national training survey results continued to be encouraging and compare us favourably with other University teaching hospitals in the overall standings. There are areas of concern in trauma and orthopaedics, and foundation posts in general surgery. Both areas are being evaluated for a workforce review, as it is accepted that the workload on juniors in both areas is a major source of concern.

The GMC trainer survey also showed concerns in oncology, which is being addressed with the approval for more consultant posts. Again, workload in these areas is impacted in the learning environment for both trainees and trainers.

## **Medical education research fellowship**

We were successful in collaborating with HEE on our first medical education research fellowship, and our first fellow started full time in October. It is hoped that this will be the start of closer collaboration between UHS and HEE Wessex and the Universities of Winchester and Southampton in developing high quality postgraduate medical education research that continues to drive excellence and innovative practice.

## **Reporting**

Workforce key performance indicators and workforce planning data are reported monthly to TEC and the UHS Trust Board in line with our governance requirements, highlighting any risk areas.

A monthly staffing status and patient safety report is also submitted. A daily COVID-19-related staffing absence report has been provided since 2020/21 which ran until January 2023. COVID-19 sickness data continues to be reported via the people report.

Our biggest staffing challenge in 2022/23 has been recruitment, and retention of health care assistants (HCAs). The 'additional clinical services' staffing group accounted for the highest turnover of 19% when split by staffing cohort, and this has resulted in concerted Trust-wide focus on reducing turnover for HCAs, including looking at health and wellbeing, career opportunities, peer support, and education, training, and development.

UHS completed and returned a self-assessment for NHSE and NHS Improvement (NHSI) levels of attainment, and an options paper was presented to the Trust investment group (TIG) for medic rostering and job planning to achieve compliance. Good progress was made in 2022/23 in rostering of the medic workforce, particularly our junior medical workforce.

## **Support for learners**

There have been several work streams in progress over 2021/22 to support learners including:

- Placement capacity increases. UHS is very aware of the need to increase placement capacity for all learners and has worked internally to raise awareness, support increases in placements capacity within existing areas whilst also looking to expand into new placements. Placements in research and specialist teams are now established and UHS will continue this work in to 2022/23.
- UHS has participated in a HEE Project to support the increase in capacity across all AHP groups whilst also working on the development of new programmes. This workstream will continue into 2022/23 supported by an associate director of AHP's who came into post in early 2022.
- Across HEE, placement providers have been reviewing and developing a new "risk based" approach to the quality of the learning environments supported by HEE which was introduced in September 2022.
- Working with HEI who are developing new programmes / initiatives including speech and language with AECC University and dietetic and nutrition (postgraduate), also with AECC University.

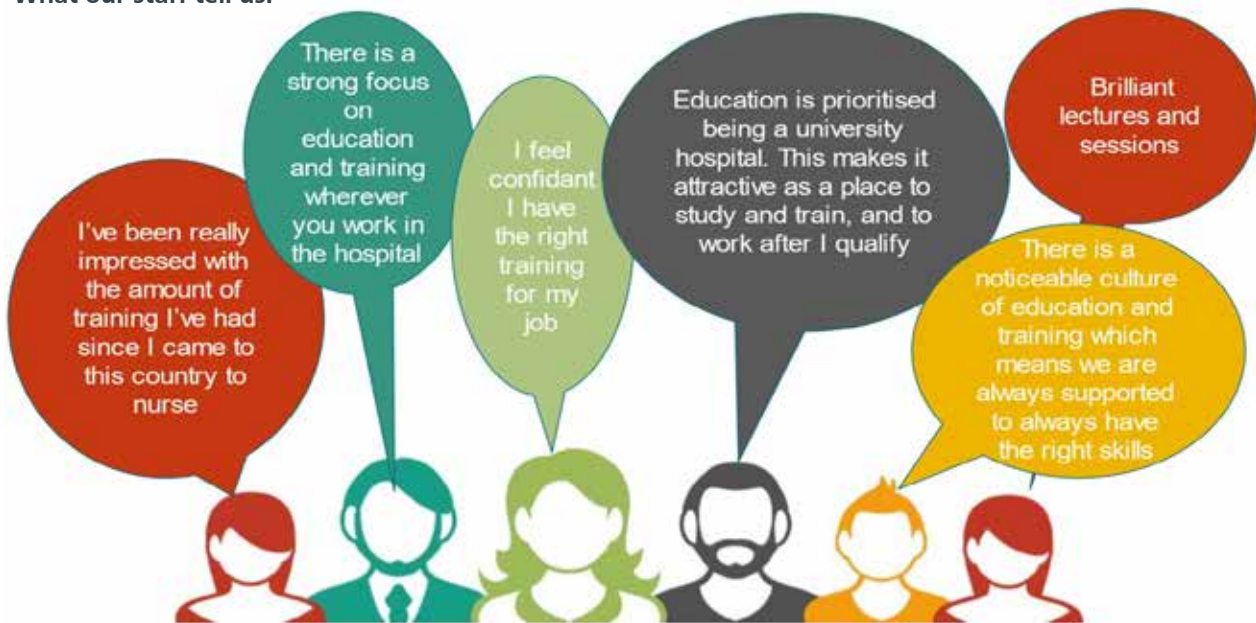
- Keeping HEI's up to date with regards to COVID-19 vaccination status for students, COVID-19 testing approaches and the risk assessments for learning environments so that learners are managed in the same way as our staff with the UHS COVIDZERO approach being central to our communications.

## Continual Professional and Personal Development (CPPD)

The focus of UHS has been to maximise all funding made available from HEE over the last three years. The Trust has received significantly more funding than in previous years and the management of this has been complex due to COVID-19, staff release, education provider ability to provide programmes /modules and the number of requests made over this period.

The team supporting CPPD, have made regular reports to UHS people board, where decisions have been agreed and taken forward to support staff to access learning which in turn support care of our patients.

### What our staff tell us:



## 3.7 Our commitment to clinical research

Our vision for research is to work with our partners at the leading edge of healthcare, realising the research potential in all areas of our hospital for the benefit of our patients and staff. Our aspiration is that every clinical area will be engaged in high quality research and every patient and member of staff should have the opportunity to be part of a research study. 2022/23 saw our research teams move beyond a pandemic footing. We launched and re-opened trials across our services and delivered more studies which addressed the COVID-19 threat. We worked hard to increase access and inclusion for across our research activity.

### **Sustaining our COVID-19 resilience**

COVID-19 remains a threat to health, and to the NHS. It is a very real danger to those least able to fight infections. We continued efforts to prevent and treat infection through vaccine and treatment studies.

The UHS-led COV-BOOST study bolstered national and global confidence. In April 2022 it reported persistent third dose immune responses for five vaccines. These included the three used in the UK booster programme because of COV-BOOST data.

Two weeks later data on fourth doses were published. These showed that the three vaccines used in the UK's spring 2022 booster programme drove immune responses exceeding that of a third dose.

Our treatment studies have continued to advance care for those worst hit by COVID-19. The Southampton-led ACCORD trial showed that bemcentinib improved patients' recovery from severe COVID-19. In January 2023, a global study co-led by Southampton showed that a common antibiotic helped patients avoid intensive care. In the same month, a trial combining two anti-virals, molnupiravir and Paxlovid opened. That study aims to prevent hospitalisation with severe COVID-19.

### **Opening research opportunities across services**

Our research tackling diverse, often rare conditions gives hope and delivers benefit across our services. It is why research is core to our world-class care and clinical leadership. It is why UHS patients gain access to the latest treatments and care. And it is why we can give those with no available treatment options hope through access to trials.

2022/23 saw new trials pioneering use of new treatments, devices, and approaches. These included:

- An in-womb sensor for understanding and tackling individuals' fertility issues.
- Tackling liver cancer by 'bathing' the liver in cancer drugs via dialysis.
- Development of a 'headphone' device for diagnosing life-threatening pressure inside the skull.
- Safely infecting healthy adults with whooping cough to test vaccines that could save babies' lives.
- Trialling vaccines for the leading cause of infant hospitalisation worldwide, Respiratory Syncytial Virus.
- Implanting new auto-defibrillating pacemakers into those at risk of cardiac arrest.

During the pandemic we were able to keep open our cancer studies for those who would come to harm without them. In 2022/23, we re-expanded this research, including our pioneering 'immunotherapy', using the body's own defences to fight cancer.

One such trial offers hope to people unresponsive to treatment for Diffuse large B cell lymphoma (a type of blood cancer). It combines chemotherapy with a drug that stops cancer cells silencing immune cells. Free to attack the cancer, they support the chemotherapy effects. A similarly smart fight is being taken to treatment-resistant tumours. This trial targets the hijacking of healthy cells to form fibrous 'shields' by tumours. Blocking a key enzyme in that process, they aim to open tumours to immune cell attack.

More ground-breaking immunotherapy saw Southampton awarded £2.2 million funding for an allergy trial. It is the first study funded by the Natasha Allergy Research Foundation. It extends our leadership in using very small amounts of food allergens in infancy to prevent severe allergy.

Our innovative Research Leaders Programme aims to support those looking to expand their research. This year saw the first ten clinicians, drawn from across services, complete the programme. Supporting their development, the scheme saw participants awarded over £2.6 million in new grants.

## **Research with impact**

As more studies restarted or opened, the results of others delivered real impact.

Our nutrition and lifestyle research reaches beyond the Trust, supporting our city and nation to be healthier. In August, our data showed almost half of the city's children are not meeting daily physical activity recommendations. Findings followed showing that under half of Southampton mothers met their activity needs. We also demonstrated benefits of vitamin D and dietary supplements in healthy childbirth.

Our leadership in asthma research continued, pinpointing risk factors for managing the condition. In May 2022 data showed that voice analysis could reveal worsening asthma. This was followed by findings linking lung infections in infancy with school-age asthma. In November we published data showing that obesity-driven gut damage worsens asthma symptoms.

In December 2022, a life-changing gene therapy gained US Food and Drug Administration (FDA) approval. That treatment is for people living with haemophilia B. They lack the blood clotting protein Factor XI, making even the smallest bruise life-threatening. Led in Southampton by Dr Rashid Kazmi, The HOPE-B trial showed that a one-time infusion of HEMGENIX raises factor IX levels. That persists over several years, with fewer and less severe bleeds. Replacing regular outpatient Factor XI infusions, it has transformed participants' life, career, and activity options.

Such advanced therapies are the focus for our Southampton emerging therapies and technologies centre (SETT). SETT provides structured support to turn these advances into first-in-field clinical services. UHS is preparing to offer Car-T cell cancer therapy services, based on the work supported by SETT. This complex treatment sees immune T cell extracted and modified to better attack cancer cells. They are re-introduced to the bloodstream after a few weeks, fighting the cancer.

## **Awards underlining quality**

A stream of awards and prizes underscored our research quality and leadership. In June 2022 Prof. Saul Faust's COVID-19 vaccine leadership was recognised with an OBE in the Jubilee honours list. Prof Faust led trials underpinning many vaccines' licensing, and global booster programmes. He also bolstered public confidence, clearly explaining vaccines and trials throughout.

The 2022 Nursing Times Awards saw UHS take the clinical research nursing award. It recognised our use of joint roles for collaboration, placing research within care settings and opening opportunities for clinical research. The competitive awards reward teams showing the highest quality of care and skills.

In July 2022 Dr Luise Marino received the British Dietetic Association's highest accolade. The Rose Simmonds award recognised research developing a tool for spotting nutritional risk in children during remote consultations. That software is known as paediatric remote malnutrition application (Pedi-R-MAPP). Dr Marinos' team adapted this from an adult application, created during the pandemic. It allows remote assessment of children's nutrition, and creation of care plans if needed.

December 2022 saw the iDx Lung trial take the 'Further, faster, together' award in the Cancer Research Horizons Innovation and Entrepreneurship Awards. iDx trialled innovative molecular tests in spotting lung cancer early when it is more easily treated. Key to the award was smart working with mobile CT scanner teams to improve access across the region.

## **Clear, open, and fair research**

We are committed to making our research as inclusive as possible. Over 2022/23 we continued work under the NIHR race equality framework (a self-assessment tool to help organisations improve racial equality in public involvement in health and care research). Training on supporting others experiencing racism was rolled out to research staff. This ran alongside work improving diversity monitoring in trials, and piloting multi-lingual communications.

Having a diverse range of people in research is key to advances that work for all. We collaborated with our local Integrated Care Board to develop this. Together with an alliance of voluntary organisations, we piloted engagement with diverse communities that provides the basis for sustainable research access.

We also invested further in our Patient Public Involvement and Engagement team. Together with our dedicated research communications team they are:

- Expanding our engagement with diverse groups.
- Building opportunities and support for public and patients to shape our research.
- Supporting our researchers to involve patients and public at every stage.

# Annex 1: Statements from relevant integrated care boards, local Healthwatch organisations and overview and scrutiny committees and Council of Governors

## Response to the Quality Report from NHS Hampshire and Isle of Wight Integrated Care Board.

**Hampshire and the Isle of Wight Integrated Care Board (ICB) are pleased to comment on the University Hospital Southampton NHS Foundation Trust's Quality Account for 2022/23.**

It is acknowledged that 2022/23 brought more challenges for the NHS and the Trust, with high emergency demand and patients on waiting lists against the continued issues and management of Covid-19. The ICB would like to formally thank University Hospital Southampton NHS Foundation Trust for working alongside system partners to continue to monitor the quality of care provided to all its patients with a focus on opportunities for shared learning and continuous improvement.

We are satisfied with the overall content of the Quality Report and believe that it meets the required mandated elements.

### **2022/23 Review of Quality Performance**

We supported University Hospital Southampton NHS Foundation Trust's eight quality priorities for Improvement during 2022/23, including:

- Recognising and responding to deterioration in patients
- Shared decision making (SDM)
- Working with our local community to expose and address health inequalities
- Ensuring patients are involved, supported, and appropriately communicated with on discharge.

The Trust reports achieving five of their priorities and partially achieving those relating to

- Developing a culture of kindness and compassion to drive a safety culture
- Improving mental health care across the Trust including support for staff delivering care
- Improving how the organisation learns from deaths.

The work delivered across all priorities has led to some considerable improvements which has and will continue to have a positive impact on both patient experience, safety and outcomes and staff well-being, for example:

- The Trust has successfully introduced NPEWS (National Paediatric Early Warning Scores) into their Southampton Children's Hospital and explored how NPEWS can be adapted for children with complex medical conditions requiring interventions as part of their normal care. A 24 hour paediatric outreach service has also been implemented providing early intervention and enhanced support to ward areas



- Shared decision making models have continued to grow providing more patient autonomy and communication and collaboration between healthcare providers and patients
- A programme of work to ensure involvement and participation activities that support the reducing health inequalities agenda, while also working to deliver responsive information and advice to patients, carers, and families
- Initiatives undertaken to ensure patients are involved, supported and appropriately communicated with on discharge including the establishment of a patient support hub which works collaboratively with patients and their families or carers, with both internal teams and external teams at Southampton City Council, Hampshire County Council, Solent, Southern Health NHS Foundation Trust and the ICB.

As well as the key areas identified for further improvement, it is recommended that the provider continues to measure the impact that the 2022/23 priorities have had on patient outcomes during 2023/24. The ICB commends the Trust on the positive testimonies from patients, carers and staff in relation to each of the priorities and looks forward to seeing the Trust further embed these priorities during 2023/24.

### **Care Quality Commission (CQC)/Improvement Plans**

The ICB notes that whilst there was a CQC visit to the Trust pertaining to a specific incident, there has not been a full CQC inspection or any enforcement action during 2022/23. We are pleased to see the continuation and commitment of delivering quality improvement plans throughout the year.

### **National Confidential Enquires, Audits and Local Audits**

We are pleased that the Trust participated in all relevant national confidential enquiries and 96% of national clinical audits for which they were eligible to participate.

It is noted that, where relevant, actions identified to improve practice and/or patient outcomes have been planned or are being undertaken, for example, to improve the number of patient reported outcome measure questionnaires for hip and knee replacement; ongoing work to improve documentation of observation and pain scores for patients with fractured neck of femur and further work to understand and improve post falls management for all falls.

The review of 64 local clinical audits during 2022/23 has led to the development of a number of actions to improve quality such as the Saving Babies Lives Care Bundle initiatives, development of an electronic automatic escalation for all deteriorating patients to enable timely recognition, escalation and clinical review and a refreshed focus on Trust wide hand hygiene practice.

### **Learning from Deaths**

The ICB notes the learning and actions taken by the provider in relation to learning from deaths. Awards underlying Quality

The ICB extends congratulations to the Trust for a number of national awards and prizes reflecting achievements in research quality and leadership.

### **Collaborative Working**

The ICB would like to thank the Trust for inviting us to participate in internal quality meetings to support our assurances processes. Thank you for continuing supporting local and system quality improvement by being an active, respected and valued member and participating in the:

- Local quality group
- Hampshire and Isle of Wight System Quality Group
- Hampshire and Isle of Wight Learning and Sharing Network
- Patient Safety Specialist Network

### **2023/24 Quality Priorities for Improvement**

The ICB are pleased to review the 2023/24 priorities and support the ambition of the six identified quality improvement areas, particularly the focus on the experiences of people with learning difficulties, autistic people, the diabetic community and support for carers

# QUALITY ACCOUNT

During 2023/24, the ICB look forward to sharing the improvements in relation to the delivery of time critical medications, as one of the agreed areas of System focus and the Trusts continued focus for improvement on infection prevention and control and the reduction in Healthcare-associated infections.

Overall, the Hampshire and the Isle of Wight Integrated Care Board are pleased to endorse the Quality Account for 2022/23 and look forward to continuing to work closely with University Hospital Southampton NHS Foundation Trust during 2023/24 in further improving the quality of care delivered to our population.

Finally, we would like to thank the Trust for their continued support and commitment to the delivery of safe, effective and patient-centred care during what has been another challenging year.

Yours sincerely



**Nicky Lucey**  
Chief Nursing Officer



**James House**  
Southampton Place Director

# Response to the Quality Report from Healthwatch Southampton

**Healthwatch Southampton (HWS) is pleased once again to comment on the quality account of the Trust for the year. As in previous years, the account is well laid out and generally, easy to read.**

The Chief Executives welcome is good to read, and we are especially pleased that the staff survey reports places UHS so highly. This reflects our observations when talking to staff. The account is well set out with the results from the year under review clearly explained in good detail. The table showing the overview of success is most helpful.

We were pleased to see the 'always improving strategy' given a priority and the subsequent achievements are impressive, especially considering the general pressure on staff during the year. and the redesign of the course was obviously a major factor. It is a pity that the objective to develop a culture of kindness and compassion has only been partially met but it is clear that operational pressures have been very high this year and have therefore affected the training. The priority to improve mental health care across the trust remains important and the key areas for further improvement have been identified. It is good to see that 'responding to deterioration in patients' has been achieved; it is especially pleasing to read that parents and carers can instigate a clinical review for children. It is also reassuring that the survival from cardiac arrest is much higher at UHS than the national average. Learning from deaths is not only important clinically but also from the view of the families and carers and we are pleased that they are now included in discussions about the care and treatment of loved ones. The fact that IMEG has expanded its scope to include all deaths is positive. We hope the trust will establish a learning from deaths steering group, and complete the other areas identified for improvement this year. It is good that the objective on shared decision making has been achieved and we welcome the intention to further expand. The various initiatives undertaken to expose and address health inequalities have been successful and we look forward to reading the proposed health inequality strategy Priority 8 'to ensure patients are involved, supported and appropriately communicated with on discharge' is important and reflects the fact that it is common theme from patient feedback: We are therefore especially pleased that various initiatives have been successful in achieving this objective.

As usual HWS was consulted on the quality priorities for the coming year and many of our comments have been reflected in the final quality priorities. The six priorities listed are all important. The format of the presentation is good with the rationale for selection, an explanation of what is to be done and the timeline to monitor progress consistent for each of the priorities.

It is understandable that for the last two years, resources have reflected on the pressures caused Covid-19 and good that the trust is now able to direct some effort to improving care for those with learning difficulties etc. Improving carer support is important and we are pleased that it is now viewed as a priority. Whilst we understand and applaud the involvement of the charity to help achieve this objective, we are concerned that such an important issue relies on charity funding. Priority three, to put patients at the centre of the way in which care, is delivered is obviously important which will be welcomed by many patients, but it must be recognised that some patients will find this difficult to appreciate and be reluctant to question professionals. The objective to develop the smoking cessation programme is understood; it is clear that tobacco smoking is responsible for many hospital admissions. It is right that people are supported in making healthier decisions, but care needs to be taken to avoid the thought that treatment might be withheld from those that are non-compliant. Diabetes is a major concern and the objective for all clinical staff to respond to the needs of diabetics is important and supported. Currently, Healthwatch Southampton is aware that some diabetic patients are very concerned by the apparent lack of knowledge of diabetes from some staff and this priority should help to address that. The final priority, to develop the clinical outcome process is ambitious but supported. Achieving world class outcomes worth pursuing.

Section 3 of the report contains some very interesting information. PLACE inspections were suspended during the pandemic, but UHS ran a modified form using staff members only. In the year under review, patient assessors were again able to participate and HWS was pleased to play its part in these inspections and will continue to do so this year. The adoption of the green plan is welcomed as an important contributor to environmental issues. There is no doubt that staff have suffered badly as a result of Covid-19 and other pressures on the NHS, so it is pleasing to hear of the commitment to staff, read the results of the Staff survey and the various initiatives to improve staff wellbeing. The commitment to staff education and training is important to ensure a well-qualified work force. We are pleased to read of the many important research studies.

Healthwatch Southampton will continue to work with the Trust to maintain and improve patient experience.

**H F Dymond OBE**  
**Chair Healthwatch Southampton**

# Response to the Quality Report from our lead governor on behalf of the Council of Governors

**Governors have had the opportunity to review and comment on the quality account to ensure that it provides a clear and balanced overview of the quality of care provided to patients at our hospitals. We recognise the tremendous amount of work that goes into producing the quality account and that this reflects the pressures and challenges faced by acute hospitals and other health and social care partners.**

With the relaxation of COVID-19 restrictions, Governors have recently returned to meeting onsite and are working on maximising opportunities to meet with staff and patients face to face. Throughout this period, we have continued to receive regular updates on quality and performance at council of governors' meetings and through our working groups. Our patient and staff experience working group has focused on patient and staff survey results, support provided to patients with disabilities through the patient support hub and staff wellbeing. We have also engaged with members through several virtual events such as Living with Diabetes and heart health and governors have attended community events, most recently at Peoples Pride. Over the coming months, we will be attending the Southampton City Council led Love Where you Live community events, to engage directly with the public to better understand barriers that may lead to health inequalities.

Governors were also consulted in the development of the quality priorities in 2023/24 and supported the key areas on which to focus in improving the quality of care provided to patients. We feel the six priorities champion the continuation of living the UHS way: Always Improving, Working Together and Patients First. We are also pleased to see the series of challenging and realistic measures to monitor the progress against the priorities set out in the quality account.

The quality account demonstrates the extensive quality improvement programme within the hospitals and the benefits being delivered through this. This reflects the inclusive, learning and open culture developed in the Trust over a number of years and the continued focus on providing high standards of care to patients in a sustainable way. Our recently publicised Inclusion and Belonging strategy is a great example of UHS's commitment to enhance staff engagement, recognising that staff who feel valued and safe, ultimately deliver better healthcare.

Even with the shift to learning to live with Covid, we acknowledge uncertain and challenging times within the health system remain. Governors have really been impressed with the continued dedication of the staff and the strength and support given by the executive teams.

**Kelly Lloyd**  
Lead Governor

# Response to the Quality Report from the Health Overview and Scrutiny Panel

**The Southampton Health Overview and Scrutiny Panel welcomes the opportunity to comment on the University Hospital Southampton NHS Foundation Trust Quality Account for 2022/23.**

We understand 2022/23 has been a period of considerable challenges for UHS and the wider NHS, reflecting the unprecedented demand for services, workforce challenges (including industrial disputes), and the ongoing response to the Covid-19 pandemic's legacy.

The panel recognises UHS has taken steps to address these challenges to meet the health requirements of our population in the most testing of circumstances, especially the system-wide response to meeting the significant demand for hospital beds during the winter of 2022/23.

We are encouraged by the Trust achieving five out of eight quality priorities set for 2022/23, especially given the pressures outlined above. We also welcome and support the commitment to deliver the three outstanding priorities in 2023/24.

Given the national context where NHS staff are reporting high levels of dissatisfaction, the results from the staff survey which ranked UHS seventh nationally for recommendation as a place to work out of 124 organisations in the acute sector must be commended. This reflects well on the work that has been undertaken by the Trust to support staff wellbeing.

The panel notes the quality priorities for 2023/24, and it particularly welcomes the commitment to ensure carers are fully supported, involved, and valued across all UHS services. This resonates with the findings from the 'Carer Friendly Southampton' inquiry undertaken by Southampton City Council in 2021.

However, as the panel advised last year, we are concerned that with the significant growth in waiting lists for diagnosis and treatment that the Trust has too many priorities and would benefit from focusing directly on this issue without spreading its aspirations too widely. It is vital to concentrate on the area that is arguably causing greatest concern, as remedying it will be the most effective measure of the Trust's success.

Whilst again expressing concerns about the number of priorities, it is encouraging to see a continued focus by UHS on improving the understanding of the diverse health and care needs of local communities and addressing inequalities. The impact of Covid-19 has exacerbated existing disparities across Southampton, and we support efforts that seek to address this issue in our city.

The committee looks forward to working closely and positively with UHS to explore how the Trust will be working as part of the Integrated Care System to address the backlog of people requiring treatment, whilst ensuring that the quality of health services for the people of Southampton improves.

Yours sincerely



**CLlr Warwick Payne**  
**Chair of the Health Overview and Scrutiny Panel**  
**Southampton City Council**



# ANNUAL ACCOUNTS

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## Statement from the chief financial officer

**In 2022/23 the Trust, along with the wider healthcare system, continued to face significant operational pressures. This included restoration of services to beyond pre-Covid levels, whilst managing regular waves of Covid as well as other seasonal respiratory illnesses. As a Trust, we continued to deliver significant levels of additional elective activity, achieving 108% of 2019/20 activity levels, beyond the 104% national target.**

It is within this context that we reflect on the financial performance of the Trust.

Changes to the NHS funding infrastructure in recent years means the majority of Trust income remained within block contracts. This adversely impacted the Trust in-year relative to other Trusts, with pressures relating to comparative funding for elective activity and the cost of high-cost drugs and devices. The Trust also increased the number of patients treated with a follow-up outpatient appointment with growth in areas such as cancer care, for which funding was fixed. On top of these pressures, the Trust faced a large increase in energy costs.

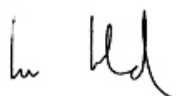
The Trust was able to respond to these pressures, with the delivery in full of a £45.6m savings programme. However, despite this achievement, the Trust delivered a deficit of £11m once items deemed as “below the line” by NHS England were removed. A proportion of savings were also delivered non-recurrently.

We have continued our reinvestment of surplus cash into infrastructure for the Trust, with capital investment of over £88 million, including investment in new wards, theatres, diagnostics equipment, digital infrastructure and backlog maintenance. These investments aim to maximise clinical capacity, both in terms of physical infrastructure and our ability to maximise utilisation.

Looking ahead, we are starting 2023/24 with an underlying financial deficit. This position, combined with NHS efficiency targets and reductions in COVID-19 funding, mean we are starting the year with a significant financial headwind.

Our focus for 2023/24 is therefore one of financial recovery, whilst maintaining the quality of care we deliver and continuing to deliver additional activity levels to ensure our patients are not waiting too long for their care. We recognise this may require increases to capacity, as well as transformation of our services, and we continue to drive forward transformation programmes for outpatients, theatres optimisation and patient flow.

We do however continue looking forward with optimism that our investments in infrastructure and transformation provide the “foundations for the future”, including sustainable finances, and support us to deliver “world class people, delivering world class care” as outlined in our strategy.



**Ian Howard**  
Chief Financial Officer

# Independent auditor's report to the Council of Governors of University Hospital Southampton NHS Trust

## Report on the Audit of the Financial Statements

### Opinion on the financial statements

We have audited the financial statements of University Hospital Southampton NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2023, which comprise the Consolidated Statement of Comprehensive Income, the Consolidated Statement of Financial Position, the Consolidated Statement of Changes in Taxpayers' Equity, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2023 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group's and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2022-23 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United

Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust and the group and Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

## **Other information**

The other information comprises the information included in the Annual Report and Accounts 2022/23, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## **Other information we are required to report on by exception under the Code of Audit Practice**

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2022/23 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

## **Opinion on other matters required by the Code of Audit Practice**

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with NHS foundation trust annual reporting manual 2022/23; and
- based on the work undertaken in the course of the audit of the financial the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

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

## Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2022/23, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

## Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).
- We enquired of management and the Audit and Risk Committee, concerning the group and Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of management, internal audit and the Audit and Risk Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, fraudulent expenditure recognition and significant accounting estimates. We determined that the principal risks were in relation to:
  - improper revenue recognition
  - completeness of year end expenditure and accruals
  - management override of controls
  - revaluation of land and buildings
  - implementation of new leasing standard IFRS 16
- Our audit procedures involved:
  - testing of income and year end receivables to invoices and cash payment or other supporting evidence;
  - testing of year end payments made and invoices received to ensure liabilities have been recorded in the correct year
  - testing of year end accruals to ensure that are fairly stated;
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on journals meeting a range of criteria defined as part of our risk assessment;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations;
  - testing of arrangements that contain the right to use an asset to ensure that they had been treated in line with the new leasing standard;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to land and building valuations.
- Our assessment of the appropriateness of the collective competence and capabilities of the group and Trust's engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the group and Trust operates
  - understanding of the legal and regulatory requirements specific to the group and Trust including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## **Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

### **Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

We have nothing to report in respect of the above matter except on 19 June 2023 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services. This was in relation to the Trust's failure during the year ended 31 March 2023 to develop sufficient deliverable efficiency savings programmes to deliver its 2023/24 budget requirement. We recommended that the Trust identify and develop comprehensive and achievable plans for delivering the efficiency savings included within the 2023/24 budget.

### **Responsibilities of the Accounting Officer**

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

### **Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- 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; and
- 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 documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

## **Report on other legal and regulatory requirements – Certificate**

We certify that we have completed the audit of University Hospital Southampton NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

## **Use of our report**

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

## **Paul Dossett**

### **Key Audit Partner**

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

27 June 2023



# Foreword to the Accounts

These accounts, for the year ended 31 March 2023, have been prepared by University Hospital Southampton NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.



**David French**  
**Chief Executive Officer**  
26 June 2023

# ANNUAL ACCOUNTS

## CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2023

NOTE	Group		Trust		
	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	
Operating income from patient care activities	2.1	1,082,432	992,750	1,082,432	992,750
Other operating income	2.1	163,159	209,193	163,144	189,111
Operating income from continuing operations		1,245,591	1,201,943	1,245,576	1,181,861
Operating expenses of continuing operations	3	(1,256,746)	(1,174,217)	(1,248,262)	(1,170,712)
<b>OPERATING (DEFICIT)/SURPLUS</b>		<b>(11,155)</b>	27,726	<b>(2,686)</b>	11,149
<b>FINANCE COSTS</b>					
Finance income	6	2,752	197	4,435	1,923
Finance expenses	7	(4,724)	(2,413)	(4,846)	(2,376)
Public Dividend Capital dividend payable		(8,782)	(7,480)	(8,782)	(7,480)
<b>NET FINANCE COSTS</b>		<b>(10,754)</b>	(9,696)	<b>(9,193)</b>	(7,933)
Share of (losses)/profits of joint ventures/associates accounted for using the equity method		(31)	48	(31)	48
Gains from transfers by absorption		359	0	359	0
Other (losses)		(214)	(793)	(3)	(1,075)
Corporation tax expense		(90)	(654)	0	0
<b>(DEFICIT) FOR THE YEAR</b>		<b>(21,885)</b>	16,631	<b>(11,554)</b>	2,189
<b>Other comprehensive income</b>					
<b>Will not be reclassified to income and expenditure:</b>					
Impairments	9	0	(7,478)	0	(7,478)
Revaluations	9	31,631	17,767	31,631	17,767
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>9,746</b>	26,920	<b>20,077</b>	12,478

### Note on NHS Improvement Performance reconciliation – additional to Statement of Comprehensive Income

A reconciliation of the reported position according to NHS England and NHS Improvement regulations to the surplus/(deficit) for the year is as follows:

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
(Deficit)/surplus for the year	(21,885)	16,631
Add: net impact of consumables donated from other Department of Health and Social Care (DHSC) bodies	0	839
Add: Disposal/return of DHSC-donated equipment	0	1,505
Remove: absorption gain	(359)	0
Remove: difference between donated income and donated depreciation	(1,014)	(3,847)
Add: Charity deficit/(surplus)	8,396	(15,196)
Add: below the line items	3,825	116
<b>(Deficit)/Surplus for the year according to NHS England and NHS Improvement regulations</b>	<b>(11,037)</b>	48

The notes on pages 235 to 274 form part of these accounts.

# ANNUAL ACCOUNTS

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION AT 31 MARCH 2023

	NOTE	Group		Trust	
		31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
<b>Non-current assets</b>					
Intangible assets	10	22,156	25,215	22,156	25,215
Property, plant and equipment	11	478,474	440,574	468,501	439,245
Right of use assets	12	119,480	0	127,866	0
Investment property	13.1	313	286	0	0
Investments in joint ventures and associates	13.3	332	112	332	112
Other investments	13.2	3,114	3,352	36,840	19,841
Trade and other receivables	15	5,638	5,987	47,025	48,202
<b>Total non-current assets</b>		<b>629,507</b>	<b>475,526</b>	<b>702,720</b>	<b>532,615</b>
<b>Current assets</b>					
Inventories	14	15,753	17,007	7,925	15,170
Trade and other receivables	15	91,602	53,117	105,785	52,377
Cash and cash equivalents	17	115,343	166,703	103,164	147,882
<b>Total current assets</b>		<b>222,698</b>	<b>236,827</b>	<b>216,874</b>	<b>215,429</b>
<b>Current liabilities</b>					
Trade and other payables	18	(200,145)	(169,126)	(193,661)	(168,065)
Borrowings	19	(14,145)	(10,918)	(16,373)	(12,111)
Provisions	22.1	(2,493)	(3,000)	(2,493)	(3,000)
Other liabilities	21	(29,010)	(32,360)	(29,017)	(32,360)
<b>Total current liabilities</b>		<b>(245,793)</b>	<b>(215,404)</b>	<b>(241,544)</b>	<b>(215,536)</b>
<b>Total assets less current liabilities</b>		<b>606,412</b>	<b>496,949</b>	<b>678,050</b>	<b>532,508</b>
<b>Non-current liabilities</b>					
Trade and other payables	18	(1,327)	(539)	(72,136)	(50,050)
Borrowings	19	(113,878)	(40,431)	(126,115)	(48,217)
Provisions	22.1	(5,797)	(9,650)	(5,797)	(9,650)
Other liabilities	21	(17,854)	(12,812)	(17,854)	(12,812)
<b>Total non-current liabilities</b>		<b>(138,856)</b>	<b>(63,432)</b>	<b>(221,902)</b>	<b>(120,729)</b>
<b>Total assets employed</b>		<b>467,556</b>	<b>433,517</b>	<b>456,148</b>	<b>411,779</b>
<b>Financed by</b>					
Public Dividend Capital		286,213	261,921	286,212	261,920
Revaluation reserve		65,729	34,097	65,726	34,095
Income and expenditure reserve		102,073	115,562	104,210	115,764
Charitable fund reserves		13,541	21,937	0	0
<b>Total taxpayers' equity</b>		<b>467,556</b>	<b>433,517</b>	<b>456,148</b>	<b>411,779</b>

The financial statements on pages 231 to 234 were approved by the Board on 26 June 2023 and signed on its behalf by:



**David French**  
Chief Executive  
26 June 2023

# ANNUAL ACCOUNTS

## CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2023

Group	Charitable Funds Reserves £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000	Total £000
<b>Taxpayers' and Others' Equity at 1 April 2022</b>	<b>21,937</b>	<b>261,921</b>	<b>34,098</b>	<b>115,562</b>	<b>433,518</b>
(Deficit) for the year	(8,396)	0	0	(13,489)	(21,885)
Revaluations - property, plant and equipment	0	0	29,339	0	29,339
Revaluations - right of use assets	0	0	2,292	0	2,292
Public Dividend Capital received	0	24,292	0	0	24,292
<b>Taxpayers' and Others' Equity at 31 March 2023</b>	<b>13,541</b>	<b>286,213</b>	<b>65,729</b>	<b>102,073</b>	<b>467,556</b>
<b>Taxpayers' and Others' Equity at 1 April 2021</b>	<b>6,741</b>	<b>248,041</b>	<b>23,977</b>	<b>113,960</b>	<b>390,719</b>
Surplus for the year	15,196	0	0	1,435	16,631
Revaluations - property, plant and equipment	0	0	17,766	0	17,766
Impairments - property, plant and equipment	0	0	(7,478)	0	(7,478)
Transfers between reserves	0	0	(167)	167	0
Public Dividend Capital received	0	15,880	0	0	15,880
<b>Taxpayers' and Others' Equity at 31 March 2022</b>	<b>21,937</b>	<b>261,921</b>	<b>34,098</b>	<b>115,562</b>	<b>433,518</b>
<b>Trust</b>		<b>Public Dividend Capital £000</b>	<b>Revaluation Reserve £000</b>	<b>Income and Expenditure Reserve £000</b>	<b>Total £000</b>
<b>Taxpayers' and Others' Equity at 1 April 2022</b>		<b>261,920</b>	<b>34,095</b>	<b>115,764</b>	<b>411,779</b>
(Deficit) for the year		0	0	(11,554)	(11,554)
Revaluations - property, plant and equipment		0	29,339	0	29,339
Revaluations - right of use assets	12.1/12.2	0	2,292	0	2,292
Public Dividend Capital received		24,292	0	0	24,292
<b>Taxpayers' and Others' Equity at 31 March 2023</b>		<b>286,212</b>	<b>65,726</b>	<b>104,210</b>	<b>456,148</b>
<b>Taxpayers' and Others' Equity at 1 April 2021</b>		<b>248,040</b>	<b>23,974</b>	<b>113,408</b>	<b>383,422</b>
Surplus for the year		0	0	2,189	2,189
Revaluations - property, plant and equipment		0	17,766	0	17,766
Impairments - property, plant and equipment		0	(7,478)	0	(7,478)
Transfers between reserves		0	(167)	167	0
Public Dividend Capital received		15,880	0	0	15,880
<b>Taxpayers' and Others' Equity at 31 March 2022</b>		<b>261,920</b>	<b>34,095</b>	<b>115,764</b>	<b>411,779</b>

The notes on pages 235 to 274 form part of these accounts.

# ANNUAL ACCOUNTS

## CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2023

	NOTE	Group		Trust	
		Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
<b>Cash flows from operating activities</b>					
Operating (deficit)/surplus		(11,155)	27,726	(2,686)	11,149
<b>Operating (deficit)/surplus</b>		<b>(11,155)</b>	<b>27,726</b>	<b>(2,686)</b>	<b>11,149</b>
Depreciation and amortisation	10/11/12	33,570	28,694	33,410	28,655
Net impairments	9	3,825	546	3,825	546
Income recognised in respect of capital donations		(3,028)	(5,740)	(3,028)	(5,740)
(Increase)/decrease in receivables and other assets	15	(39,124)	10,672	(53,251)	(1,626)
Decrease/(increase) in inventories	14	1,254	(2,263)	7,245	(1,245)
Increase in trade and other payables	18	15,842	27,731	20,386	33,670
Increase in other liabilities	21	1,692	9,484	1,699	9,546
(Decrease)/increase in provisions	22.1	(4,302)	492	(4,302)	492
Corporation tax (paid)		(90)	(654)	0	0
Movements in charitable fund working capital		(91)	(1,134)	0	0
NHS charitable funds: other movements in operating cash flows		193	(166)	0	0
Other movements in operating cash flows		0	(1)	0	(1)
<b>Net cash (used in)/generated from operating activities</b>		<b>(1,414)</b>	<b>95,387</b>	<b>3,298</b>	<b>75,446</b>
Interest received	6	2,559	77	4,435	1,923
Purchase of financial assets		(250)	0	(17,249)	(4,800)
Purchase of intangible assets	10	(4,352)	(8,668)	(4,352)	(8,668)
Purchase of property, plant and equipment	11.1	(45,820)	(50,164)	(32,641)	(39,232)
Sales of property, plant and equipment	8	188	605	6,797	605
<b>Net cash (used in) investing activities</b>		<b>(47,675)</b>	<b>(58,150)</b>	<b>(43,010)</b>	<b>(50,172)</b>
Public Dividend Capital received		24,292	15,880	24,292	15,880
Loans repaid to DHSC	19	(1,533)	(2,585)	(1,533)	(2,585)
Other loans repaid	19	(211)	(102)	(211)	(101)
Capital element of finance lease rental payments		(12,103)	(9,061)	(11,931)	(8,885)
Capital element of PFI obligations		(454)	(430)	(3,238)	(1,219)
Interest on DHSC loans	7	(167)	(208)	(167)	(208)
Interest on other loans	7	0	(6)	0	(6)
Interest element of finance leases	7	(4,605)	(2,134)	(4,449)	(2,093)
Interest element of PFI obligations	7	(14)	(35)	(291)	(40)
Public Dividend Capital dividend paid		(7,476)	(5,918)	(7,476)	(5,918)
<b>Net cash (used in) financing activities</b>		<b>(2,271)</b>	<b>(4,599)</b>	<b>(5,004)</b>	<b>(5,175)</b>
<b>(Decrease)/increase in cash and cash equivalents</b>		<b>(51,360)</b>	<b>32,638</b>	<b>(44,716)</b>	<b>20,099</b>
<b>Cash and cash equivalents at 1 April 2022</b>		<b>166,703</b>	<b>134,065</b>	<b>147,882</b>	<b>127,783</b>
<b>Cash and cash equivalents at 31 March 2023</b>		<b>115,343</b>	<b>166,703</b>	<b>103,166</b>	<b>147,882</b>

The notes on pages 5 to 33 form part of these accounts.

The notes on pages 235 to 274 form part of these accounts.

# Notes to the Accounts

## 1 Accounting Policies

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

### 1.1 Going concern

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

### 1.2 Accounting convention

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

### 1.3 Basis of consolidation

In addition to the Trust itself, the Trust has consolidated into its group accounts the following entities: Southampton Hospitals Charity, UHS Pharmacy Limited and UHS Estates Limited. The Trust and subsidiary accounts are prepared separately and then intra-group transactions are manually netted off.

### NHS Charitable Fund

The trust is the corporate trustee to Southampton Hospitals Charity (SHC). The trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

As trustee of SHC the Trust is legally obliged to act exclusively in the interests of the charity's beneficiaries - NHS patients - and not (insofar as they diverge) in the interests of the Trust itself or its staff. The balance of funds of SHC at 31 March 2023 was £7.1 million (restricted) and £6.4 million (unrestricted). In the period ended 31 March 2023 the Charity had a net movement in funds of £(8.4) million. The reduction was due to spending on charitable activities of a large donation received, but not spent, in the prior year which were part of the reserves at 31 March 2022. The most significant transaction that the Charity funded in-year was £2.5 million for projects utilising funds provided by a major donor to the Trust.



## Other Subsidiaries

The Trust wholly owns UHS Pharmacy Limited and UHS Estates Limited, which form part of the consolidated accounts. UHS Pharmacy Limited provides outpatient pharmacy services. Its turnover for the period ended 31 March 2023 was £2.4 million, with a surplus for the period of £0.4 million. Its gross assets at 31 March 2023 totalled £3.9 million and its liabilities totalled £4.3 million. UHS Estates Limited provides building management services to the Trust for buildings that the company develops. Completed developments include Minerva House, Compton House and the Southampton Children's Hospital and the GICU development. During the year it took over the running of the Trust's theatres. Its turnover for the period ended 31 March 2023 was £62.3 million, with a deficit for the period of £2.7 million. Its gross assets at 31 March 2023 totalled £106.8 million and its liabilities totalled £106.7 million.

Entities over which the Trust has the power to exercise control are classified as subsidiaries and are consolidated. The Trust has control when it has the ability to affect the variable returns from the other entity through its power to direct relevant activities. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to non-controlling interests are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where subsidiaries' accounting policies are not aligned with the Trust or where the subsidiaries' accounting dates are not coterminous. The amounts consolidated are drawn from the financial statements of Southampton Hospitals Charity, UHS Pharmacy Limited and UHS Estates Limited. Intra-entity balances, transactions and gains/losses are eliminated in full on consolidation.

## 1.4 Joint arrangements

Arrangements over which the Trust has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the Trust is a joint operator it recognises its share of assets, liabilities, income and expenses in its own accounts.

A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

The Trust has two joint ventures: Southampton CEDP LLP, which is a commercial partnership with Partnering Solutions (Southampton) Limited for undertaking various developments, the latest of which relates to a new multistorey car park which opened in 2022/23; and Wessex NHS Procurement Limited, in partnership with Hampshire Hospitals NHS Foundation Trust, for the provision of procurement and materials management services to the two Trusts. The Trust accounts for its joint ventures using the net equity method at its financial year end which is 31 December for Southampton CEDP LLP and 31 March for Wessex NHS Procurement Limited. Southampton CEDP LLP broke even for the year up to 31 December 2022; Wessex NHS Procurement Limited made a deficit of £61,000 for the year ended 31 March 2023 (2021/22: surplus of £97,000).

## 1.5 Associates

Associate entities are those over which the trust has the power to exercise a significant influence. Associate entities are recognised in the trust's financial statement using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the trust's share of the entity's profit or loss or other gains and losses (eg revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, eg, share dividends are received by the trust from the associate.

Associates which are classified as held for sale are measured at the lower of their carrying amount and "fair value less costs to sell".



## 1.6 Revenue

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

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

### Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

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

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

### Revenue from research contracts

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

### NHS injury cost recovery scheme

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

## Revenue from other contracts

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

## 1.7 Other forms of income

### Grants and donations

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

### Apprenticeship service income

The value of the benefit received when accessing funds from the government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit. The Trust used £1.8 million of the sum available within its account for the financial year 2022/23.

## 1.8 Expenditure on employee benefits

### Short-term employee benefits

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

### Pension costs

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

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

## 1.9 Other expenses

Other operating expenses are recognised when and to the extent that the goods or services have been received. They are measured at the fair value of the consideration payable.

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the Trust recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

## 1.10 Value Added Tax

Most of the activities of the Trust are outside the scope of value added tax (VAT). Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## 1.11 Corporation Tax

Section 987 of the Corporation Tax Act 2010 provide power to HM Treasury to make certain non-core activities of foundation trusts potentially subject to corporation tax. In determining whether or not an activity is likely to be taxable a three-stage test may be employed:

- The provision of goods and services for purposes related to the provision of healthcare authorised under section 14(1) of the Health and Social Care Act 2003 (HSCA) is not treated as a commercial activity and is therefore tax exempt;
- Trading activities undertaken in-house which are ancillary to core healthcare activities are not entrepreneurial in nature and not subject to tax. A trading activity that is capable of being in competition with the wider private sector will be subject to tax;
- Only significant trading activity is subject to tax. Significant is defined as annual taxable profits of £50,000 per trading activity.

The majority of the Trust's activities are related to core healthcare and are not subject to tax. However, the Trust's commercial subsidiaries are subject to corporation tax. Amounts included in the accounts are based on best estimates as these are only finally calculated once the subsidiary accounts have been audited.

## 1.12 Property, plant and equipment

### Recognition

Property, plant and equipment is capitalised where:

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

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

### Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written down and charged to operating expenses.

## Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets are measured subsequently at valuation. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

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

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided. The site used for the Trust's valuation is adjacent to the M27. A full revaluation was last carried out at 31 March 2020, as is required every five years. A three year interim valuation has been completed for the current year.

The freehold property known as the University Hospital Southampton estate was valued at 31 March 2023 by the Trust's external valuer, Gerald Eve LLP, a regulated firm of chartered surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2020 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the NHS Treasury Financial Reporting Manual (FReM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

Valuation guidance issued by the Royal Institute of Chartered Surveyors (RICS) states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's estate on the basis the construction would be completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

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

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

## Asset lives and residual values

Property, plant and equipment is depreciated over its useful life taking into account residual values, where appropriate. The actual lives of the assets and residual values are assessed annually and may vary depending on a number of factors. In reassessing asset lives, factors such as technological innovation and maintenance programmes are taken into account. Residual value assessments consider issues such as the remaining life of the asset and projected disposal values. Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the tables below.

The range of asset lives for intangible assets is as follows:

	Min Life Years	Max Life Years
Software	2	15

The ranges of asset lives for property, plant and equipment are as follows:

	Min Life Years	Max Life Years
Buildings excluding dwellings	4	83
Dwellings	48	50
Plant & Machinery	1	20
Transport Equipment	5	7
Information Technology	3	10
Furniture & Fittings	6	16

## Depreciation

Freehold land, assets under construction or development, investment properties and assets held for sale are not depreciated/amortised.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 11.1.

## **De-recognition**

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

## **1.13 Investment properties**

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

## **1.14 Donated assets**

Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

## **1.15 Government grant funded assets**

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

## **1.16 Leases**

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

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

## Trust as lessee

### Recognition and initial measurement

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

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

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised. Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

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

### Subsequent measurement

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

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

## The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

### Finance leases

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

### Operating leases

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



## Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

### The Trust as a lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

### The Trust as a lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

### 2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line or other systematic basis.

## 1.17 Private Finance Initiative (PFI) transactions

PFI transactions that meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17 the underlying assets are recognised as property, plant and equipment at their fair value together with an equivalent finance lease liability.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

### Services received

The cost of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

## **PFI Assets, liabilities and finance costs**

PFI, Local Improvement Finance Trust (LIFT) and other transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

When a service concession asset is being constructed or developed, where the Trust considers it probable that the future economic benefits associated with the asset will be received and the cost can be measured reliably, a work-in-progress service concession asset and associated liability are recognised. If not and any contributions are made to the operator in advance of use, the Trust would account for these as prepayments. A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance costs' within the Statement of Comprehensive Income. The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

## **Lifecycle replacement**

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

## **Assets contributed by the Trust to the operator for use in the scheme**

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

## **Other assets contributed by the Trust to the operator**

Other assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, where these are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. When the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

## 1.18 Intangible assets

### Recognition

Intangible assets are non-monetary assets without physical substance which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential will be provided to, the Trust and where the cost of the asset can be measured reliably and the cost is at least £5,000.

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

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

### Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

### Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

## 1.19 Inventories

Inventories are valued at the lower of cost and net realisable value, using the weighted average cost method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

## 1.20 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

## 1.21 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022:

		Year ended 31 March 2023	Year ended 31 March 2022
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2023, although it should be noted that at present the Trust has no specific provisions that apply these rates:

	Year ended 31 March 2023	Year ended 31 March 2022
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.7% in real terms (2021/22: -1.3%).

### Clinical negligence costs

NHS Resolution (formerly the NHS Litigation Authority) operates a risk pooling scheme under which the Trust pays an annual contribution, and in return NHS Resolution settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust.

The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 22.3 but is not recognised in the Trust's accounts.

### Non-clinical risk pooling

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

## 1.22 Financial assets and liabilities

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a finance income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

### **Held to maturity investments**

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity where there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

### **Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method.

### **Available for sale financial assets**

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other financial asset classifications. They are measured at fair value with changes in value, other than impairment losses, taken to Other comprehensive income. Accumulated gains or losses are recycled to the Statement of Comprehensive Income on de-recognition.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

### **Financial assets at fair value through other comprehensive income**

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

### **Financial assets at fair value through profit and loss**

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

### **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses

(stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities) and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

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

## **Financial liabilities**

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Loans from the Department of Health and Social Care are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

## **Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

## **Public Dividend Capital (PDC) and PDC dividend**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received. A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

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

## 1.23 Carbon Reduction Commitment (CRC) scheme

The CRC scheme is a mandatory cap and trade scheme for non-transport CO<sub>2</sub> emissions. The Trust is registered with the CRC scheme, and would normally be required to surrender to the Government an allowance for every tonne of CO<sub>2</sub> it emits during the financial year. However, the Trust (along with other NHS organisations) has been granted an exemption from the requirements of managing and trading allowances. As a result there is no charge in the account for the year ended 31 March 2023.

The carrying amount of the liability at the financial year end will therefore reflect the CO<sub>2</sub> emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

## 1.24 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

## 1.25 Contingent liabilities and contingent assets

A contingent liability is:

- a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or
- a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.

Contingent liabilities are not recognised, but are disclosed at note 23, unless the possibility of a payment is remote. A contingent asset is a possible asset arising from past events whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the Trust's control. Contingent assets are not recognised as assets, but are disclosed in note 23 where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

## 1.26 Foreign currencies

The Trust's functional currency and presentational currency is pounds sterling, and figures are presented in thousands of pounds unless expressly stated otherwise.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in the Statement of Comprehensive Income in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.



## 1.27 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts.

## 1.28 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

## 1.29 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market

## 1.30 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make various judgments, estimates and assumptions. These are regularly reviewed. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

### Critical judgements in applying accounting policies

The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

#### VAT on building valuations

HM Treasury adapts IAS 16 Property, Plant and Equipment to state that assets held for their service potential and which are in use must be measured at current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the asset's remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential.

The Trust's judgment is that the cost of replacing the service potential of its operational buildings would exclude VAT. The Trust's buildings have been valued on a modern equivalent asset basis and net of recoverable VAT based on the Trust's assessment that if its buildings required replacement that it would use its subsidiary, UHS Estates Ltd, to construct and manage these buildings, as it has done with all other major projects since the inception of the subsidiary. UHS Estates Ltd invoices the Trust on the basis of a combined charge for the management and construction of buildings over a contract length of 30-40 years and the Trust is able to recover this VAT under the Contracted Out Service rules for NHS organisations. Therefore, the asset value should be stated net of recoverable VAT. See note 11 Property, Plant and Equipment.

## 1.31 Other accounting judgements and sources of estimation uncertainty

### Impairment of assets

At each balance sheet date, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually. From 2015/16, the Trust has adopted a basis of valuation for building assets which excludes VAT from the cost of rebuilding assets.

### Sources of estimation uncertainty

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

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

The Trust seeks professional advice from its valuers annually in determining the value of its land and buildings. The values in the valuer's report have been used to inform the measurement of property assets at valuation in these financial statements. The valuer exercised their professional judgement in providing the valuation and it remains the best information available to the Trust. However, the valuer uses informed assumptions regarding obsolescence, rebuild rates and the area of the sites required to accommodate modern equivalent assets with the same service potential which could change and have a material impact on the valuation.

The March 2023 valuation is not reported as being subject to material valuation uncertainty as defined by VPS and VPGA 10 of the RICS Valuation - Global Standards.

The net book value at 31 March 2023 of the Trust's Property Plant & Equipment valued by professional valuers and reflected in these financial statements is £398.5 million (2021/22: £346.7 million).

A reduction in the estimated values would result in reductions to the Revaluation Reserve and/or a greater loss recorded as appropriate in the Statement of Comprehensive Income. If the value of land and buildings were to reduce by 10% this would result in an increased charge to the Statement of Comprehensive Income of approximately £2.4 million and a reduction in the Revaluation Reserve of £37.5 million. Depreciation of the assets in 2023/24 would be £1.3 million lower.

An increase in the estimated values would result in increases to the Revaluation Reserve and/or a smaller loss recorded as appropriate in the Statement of Comprehensive Income. If the value of land and buildings were to reduce by 10% this would result in an reduced charge to the Statement of Comprehensive Income of approximately £2.0 million and an increase in the Revaluation Reserve of £37.9 million. Depreciation of the assets in 2023/24 would be £1.3 million higher.

## 1.32 Transfers of functions from other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

## 1.33 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

## 2.1 Operating Income by activity

	Group		Trust	
	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
<b>Income from patient care activities</b>				
Aligned payment & incentive (API) contract income / system block income	855,404	779,906	855,404	779,906
High cost drugs income from commissioners	121,997	106,954	121,997	106,954
Other NHS clinical income	3,382	39,973	3,382	39,973
Private patient income	5,003	6,299	5,003	6,299
Additional pension contribution central funding	26,784	25,010	26,784	25,010
Agenda for change pay offer central funding	22,471	0	22,471	0
Elective recovery fund	29,000	17,226	29,000	17,226
Other clinical income	18,391	17,382	18,391	17,382
<b>Total income from patient care activities</b>	<b>1,082,432</b>	<b>992,750</b>	<b>1,082,432</b>	<b>992,750</b>
<b>Other operating income</b>				
Research and development	45,808	36,394	45,808	36,394
Education and training	48,098	41,551	48,098	41,551
Cash donations for the purchase of capital assets - received from other bodies	3,028	5,740	3,028	5,740
Charitable and other contributions to expenditure - received from other bodies	12	0	12	0
Non-patient care services to other bodies	16,799	15,868	19,505	17,212
Reimbursement and top up funding	7,223	51,899	7,223	51,899
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	2,749	2,561	2,749	2,561
NHS Charitable Funds: Incoming Resources excluding investment income	2,666	21,385	0	0
Car parking	3,895	1,840	3,895	1,840
Staff accommodation rentals	13	10	13	10
Crèche services	1,751	1,821	1,751	1,821
Clinical excellence awards*	3,331	3,820	3,331	3,820
Other	27,786	26,304	27,731	26,263
<b>Total other operating income</b>	<b>163,159</b>	<b>209,193</b>	<b>163,144</b>	<b>189,111</b>
<b>Total Operating Income</b>	<b>1,245,591</b>	<b>1,201,943</b>	<b>1,245,576</b>	<b>1,181,861</b>

Of total operating income, £1,032.0 million was for commissioner requested services (2021/22: £943.9 million) and £213.6 million was for non-commissioner requested services (2021/22: £258.1 million). As per the terms of the Trust's NHS provider licence, commissioner requested services are based upon income from NHS England and clinical commissioning groups. Total income from patient care activities from non NHS providers totalled £77.6 million (2021/22: £48.9 million).

# ANNUAL ACCOUNTS

## 2.2 Analysis of income from activities by source

	Group		Trust	
	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
NHS Foundation Trusts	0	157	0	157
NHS Trusts	215	18	215	18
NHS England	590,848	486,732	590,848	486,732
Clinical Commissioning Groups	110,263	482,162	110,263	482,162
Integrated Care Boards	357,712	0	357,712	0
NHS other (including UKHSA & MHRA)	0	0	0	0
Non NHS: Private patients	5,003	6,299	5,003	6,299
NHS injury cost recovery scheme	1,000	665	1,000	665
NHS injury scheme (was Road Traffic Act scheme)	2,972	2,338	2,972	2,338
Devolved administrations and Channel Islands	14,419	14,379	14,419	14,379
<b>Total income from patient care activities</b>	<b>1,082,432</b>	<b>992,750</b>	<b>1,082,432</b>	<b>992,750</b>

## 2.3 Overseas Visitors

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Income recognised this year	1,000	665	1,000	665
Cash payments received in-year	333	193	333	193
Amounts added to provision for impairment of receivables	791	171	791	171
Amounts written off in-year	0	27	0	27

## 2.4 Fees and charges - aggregate of all schemes that, individually, have a cost exceeding £1m (Group and Trust)

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Income	3,895	1,840
Full cost	(2,568)	(2,355)

# ANNUAL ACCOUNTS

## 3 Operating expenditure

	Group		Trust	
	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Purchase of healthcare from NHS and DHSC bodies	12,235	8,509	12,210	14,606
Purchase of healthcare from non-NHS and non-DHSC bodies	19,278	20,007	18,478	20,007
Staff and executive directors costs	694,716	639,303	692,411	638,313
Non-executive directors	173	168	173	156
Supplies and services – clinical (excluding drugs costs)	119,430	124,703	71,619	124,544
Supplies and services - general	25,195	28,738	21,448	28,158
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	2,749	3,400	2,749	3,400
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	186,741	168,813	187,065	168,779
Inventories written down (net including drugs)	0	0	0	0
Consultancy	1,263	1,586	1,246	1,475
Establishment	7,980	8,217	7,616	7,988
Premises - business rates collected by local authorities	3,933	3,882	3,755	3,869
Premises - other	44,570	51,126	44,812	49,180
Transport - other (including patient travel)	2,653	2,202	2,647	2,202
Depreciation	29,219	25,196	29,059	25,157
Amortisation	4,351	3,498	4,351	3,498
Impairments net of (reversals)	3,825	546	3,825	546
Movement in credit loss allowance: contract receivables/assets	(1,600)	1,997	(1,600)	1,997
Change in provisions discount rate	(999)	221	(999)	221
Audit services - statutory audit	174	120	130	105
Charitable fund audit	14	14	0	0
Internal audit - non-staff	117	153	117	153
Clinical negligence - amounts payable to NHS Resolution (premium)	27,203	27,288	27,203	27,288
Legal fees	812	342	800	342
Insurance	883	896	793	835
Research and development - staff	17,188	15,518	17,188	15,518
Research and development - non-staff	24,053	22,960	24,053	22,960
Education and training - staff costs	11,074	0	11,074	0
Education and training - non-staff	5,256	3,088	5,257	3,088
Operating lease expenditure (net)	0	2,874	0	2,736
Redundancy costs - non-staff	50	147	50	147
Charges to operating expenditure for on-Statement of Financial Position (SoFP) IFRIC 12 schemes on IFRS basis	1,158	1,181	1,158	1,181
Car parking and security	1,344	1,120	1,344	1,120
Other losses and special payments - non-staff	55	25	55	25
Other services (e.g. external payroll)	936	575	936	579
Other NHS charitable fund resources expended	11,030	6,579	0	0
Other	(313)	1,227	57,239	539
<b>Total</b>	<b>1,256,746</b>	<b>1,174,219</b>	<b>1,248,252</b>	<b>1,170,712</b>

The joint venture with Southampton CEDP LLP did not require auditing, although this is not part of the scope of Grant Thornton's work.

### 3.1 Group and Trust Losses and Special Payments

	Year ended 31 March 2023		Year ended 31 March 2022	
	No	£000	No	£000
Included within note 3 are:				
<b>Losses</b>				
Bad debts and claims abandoned				
a. private patients	1	0	46	9
b. overseas visitors	0	0	161	585
c. other	4	0	10	9
Damage to buildings, property, and from stores losses	0	0	2	130
<b>Total Losses</b>	<b>5</b>	<b>0</b>	<b>219</b>	<b>733</b>
<b>Special Payments</b>				
Loss of personal effects	43	26	23	21
Other employment payments	0	0	3	49
Special severance payments	1	17	0	0
Overtime corrective payments (additional amounts locally agreed and funded)	0	0	1	66
<b>Total Special Payments</b>	<b>44</b>	<b>43</b>	<b>27</b>	<b>136</b>
<b>Total Losses and Special Payments</b>	<b>49</b>	<b>43</b>	<b>246</b>	<b>869</b>

## 4.1 Employee Expenses

	Group		Trust	
	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Salaries and wages	530,157	483,239	528,478	482,685
Social security costs	56,786	49,360	56,658	49,359
Apprenticeship levy	2,545	2,344	2,544	2,343
Pension cost - employers contributions to NHS Pensions	61,436	57,190	61,325	57,190
Pension cost - other contributions	115	80	100	80
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	26,784	25,010	26,784	25,010
Temporary staff - external bank	48,245	40,810	48,129	40,721
Temporary staff - agency/contract staff	15,489	14,713	15,233	14,388
Recoveries from Other bodies in respect of staff costs netted off expenditure	(16,814)	(15,469)	(16,814)	(15,469)
<b>Total Net Staff Costs</b>	<b>724,742</b>	<b>657,277</b>	<b>722,437</b>	<b>656,287</b>
Costs capitalised as part of assets	1,764	2,456	1,764	2,456
Analysed into Operating Expenditure:				
Employee Expenses - Staff	694,716	639,303	692,411	638,313
Education and training	11,074	0	11,074	0
Research and Development	17,188	15,518	17,188	15,518
<b>Total Employee benefits excluding capitalised costs</b>	<b>722,978</b>	<b>654,821</b>	<b>720,673</b>	<b>653,831</b>

The difference between net staff costs and total employee benefits relates to capitalised staff costs. Total remuneration paid to executive directors for the year

## 4.2 Average number of employees (WTE basis)

	Group		Trust	
	Year ended 31 March 2023 Number	Year ended 31 March 2022 Number	Year ended 31 March 2023 Number	Year ended 31 March 2022 Number
Medical and dental	1,869	1,732	1,869	1,796
Ambulance staff	25	20	25	13
Administration and estates	2,746	2,598	2,703	2,431
Healthcare assistants and other support staff	2,045	1,753	2,045	1,909
Nursing, midwifery and health visiting staff	3,957	3,532	3,957	3,593
Scientific, therapeutic and technical staff	1,458	1,353	1,446	1,242
Healthcare science staff	275	223	275	226
<b>Total</b>	<b>12,374</b>	<b>11,211</b>	<b>12,319</b>	<b>11,200</b>
Number of Employees (WTE) engaged on capital projects	58	61	58	61

## 4.3 Early retirements due to ill health

During 2022/23 there were three (2021/22: four) early retirements from the organisation agreed on grounds of ill health. The estimated additional pension liabilities of these ill health retirements is £671,000 (2021/22: £214,000). The cost of these ill health retirements will be borne by the NHS Business Services Authority-Pensions Division.



## 4.4 Analysis of Termination benefits

There was one compulsory departures in 2022/23 (2021/22: nil) with a cost of £12,000.

There were five other departures agreed in 2022/23, two related to contractual payments in lieu of notice (£42,000), two related to voluntary redundancy and contractual payments in lieu of notice (£126,000) and one relating to a special severance payment (£17,000) (2021/22 £146,000: three in total; two payment in lieu of notice and one voluntary redundancy).

There was one other departure in the year 2022/23 (2021/22: nil) where a special payment has been made totalling £17,000.

## 5 Pensions

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

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

### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

### b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.



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## 6 Finance revenue

	Group		Trust	
	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Interest on bank accounts	2,559	77	2,559	77
Interest on other investments / financial assets	0	0	1,876	1,846
NHS charitable fund investment income	193	120	0	0
<b>Total finance revenue</b>	<b>2,752</b>	<b>197</b>	<b>4,435</b>	<b>1,923</b>

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

## 7 Finance expenditure

	Group		Trust	
	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Interest on capital loans	162	201	162	201
Interest on other loans	0	6	0	6
Interest on lease obligations	4,807	2,133	4,451	2,096
PFI finance costs	13	35	291	35
<b>Total interest expense</b>	<b>4,782</b>	<b>2,375</b>	<b>4,904</b>	<b>2,338</b>
Unwinding of discount on provisions	(58)	38	(58)	38
<b>Total finance costs</b>	<b>4,724</b>	<b>2,413</b>	<b>4,846</b>	<b>2,376</b>

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

## 8 Other gains and (losses)

	Group		Trust	
	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
(Losses)/gains on disposal of assets	(3)	430	(3)	430
Loss recognised on return of donated COVID assets to DHSC	0	(1,505)	0	(1,505)
<b>Total (losses) on disposal of assets</b>	<b>(3)</b>	<b>(1,075)</b>	<b>(3)</b>	<b>(1,075)</b>
Fair value (losses)/gains on charitable fund investments and investment properties	(211)	282	0	282
<b>Total other (losses)</b>	<b>(214)</b>	<b>(793)</b>	<b>(3)</b>	<b>(793)</b>

# ANNUAL ACCOUNTS

## 9 Impairments

	Group and Trust	
	Year ended 31 March 2023	Year ended 31 March 2022
	£000	£000
Net impairment		
Impairments charged to operating expenses	3,825	546
Impairments charged to the revaluation reserve	0	7,478
<b>Total impairments</b>	<b>3,825</b>	<b>8,024</b>

In 2022/23 the net impairment charged to operating expenses consisted of £3.8 million of impairments. A revaluation of £31.6 million was credited to the Revaluation Reserve. These movements can be seen in the Statement of Changes in Equity.

## 10 Intangible assets

	Movements for year ended 31 March 2023		Movements for year ended 31 March 2022	
	Software licences (purchased) £000	Total £000	Software licences (purchased) £000	Total £000
<b>Group and Trust</b>				
Valuation / gross cost at 1 April 2022	46,995	46,995	37,156	37,156
Transfers by absorption	29	29	0	0
Additions	4,352	4,352	8,668	8,668
Reclassifications to property, plant and equipment	(2,290)	(2,290)	0	0
Grants and donations	450	450	1,171	1,171
Disposals	(594)	(594)	0	0
<b>Valuation / gross cost at 31 March 2023</b>	<b>48,942</b>	<b>48,942</b>	<b>46,995</b>	<b>46,995</b>
Amortisation at 1 April 2022	21,780	21,780	18,282	18,282
Reclassifications to property, plant and equipment	0	0	0	0
Provided during the year	4,351	4,351	3,498	3,498
Impairment charged to operating expenses	1,249	1,249	0	0
Disposals	(594)	(594)	0	0
<b>Amortisation at 31 March 2023</b>	<b>26,786</b>	<b>26,786</b>	<b>21,780</b>	<b>21,780</b>
<b>Net Book Value at 31 March 2023</b>	<b>22,156</b>	<b>22,156</b>	<b>25,215</b>	<b>25,215</b>

# ANNUAL ACCOUNTS

## 11.1 Property, plant and equipment for year ended 31 March 2023 - Group

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
Group	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2022</b>	<b>38,720</b>	<b>365,129</b>	<b>1,929</b>	<b>5,959</b>	<b>170,765</b>	<b>792</b>	<b>17,422</b>	<b>36</b>	<b>540,762</b>
IFRS 15 implementation - reclassification of existing finance leased assets to right of use assets	0	(8,032)	0	0	(59,467)	0	0	0	(77,519)
Transfers by absorption	0	0	0	0	319	0	11	0	330
Additions	0	17,506	0	28,145	10,315	0	5,091	2	61,059
Grants and donations	0	239	0	2,282	57	0	0	0	2,578
Other revaluations	(3,181)	33,010	(490)	0	0	0	0	0	29,339
Reclassifications	0	4,661	0	(4,656)	1,130	0	1,155	0	2,290
Disposals / derecognition	(149)	0	0	0	(6,744)	0	(1,172)	0	(8,065)
Derecognition - COVID equipment returned to DHSC	0	0	0	0	0	0	0	0	0
<b>Valuation / gross cost at 31 March 2023</b>	<b>35,390</b>	<b>382,513</b>	<b>1,439</b>	<b>31,730</b>	<b>106,365</b>	<b>792</b>	<b>23,007</b>	<b>36</b>	<b>551,264</b>
<b>Accumulated depreciation at 1 April 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>93,121</b>	<b>744</b>	<b>6,291</b>	<b>22</b>	<b>100,178</b>
IFRS 15 implementation - reclassification of existing finance leased assets to right of use assets	0	0	0	0	(40,562)	0	0	0	(40,562)
Provided during the year	0	10,418	40	0	6,906	19	2,028	1	19,412
Impairments charged to operating expenses	0	2,576	0	0	0	0	0	0	2,576
Disposals / derecognition	0	0	0	0	(6,702)	0	(1,172)	0	(7,874)
<b>Accumulated depreciation at 31 March 2023</b>	<b>0</b>	<b>12,994</b>	<b>40</b>	<b>0</b>	<b>51,823</b>	<b>763</b>	<b>7,147</b>	<b>23</b>	<b>72,790</b>
<b>Net Book Value at 31 March 2023</b>	<b>35,390</b>	<b>369,519</b>	<b>1,399</b>	<b>31,730</b>	<b>54,542</b>	<b>29</b>	<b>15,860</b>	<b>13</b>	<b>478,474</b>

## 11.2 Property, plant and equipment for year ended 31 March 2022 - Group

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
Group	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2021</b>	<b>35,350</b>	<b>260,895</b>	<b>1,800</b>	<b>24,211</b>	<b>151,570</b>	<b>792</b>	<b>16,004</b>	<b>22</b>	<b>490,552</b>
Additions - purchased	0	22,142	0	5,732	15,953	0	5,942	14	49,783
Additions - leased	0	779	0	0	6,082	0	0	0	6,861
Additions - grants/donations	0	811	0	0	3,756	0	0	0	4,567
Impairments charged to operating expenses	0	(3,261)	0	0	0	0	0	0	(3,261)
Impairments charged to the revaluation reserve	0	(7,470)	0	0	0	0	0	0	(7,470)
Reversal of impairments credited to operating expenses	0	866	0	0	0	0	0	0	866
Other revaluations	3,370	6,391	129	0	0	0	0	0	9,890
Reclassifications	0	23,984	0	(23,984)	0	0	0	0	0
Disposals / derecognition	0	0	0	0	(5,020)	0	(4,524)	0	(9,544)
Derecognition - COVID equipment returned to DHSC	0	0	0	0	(1,584)	0	0	0	(1,584)
<b>Valuation / gross cost at 31 March 2022</b>	<b>38,720</b>	<b>365,129</b>	<b>1,929</b>	<b>5,959</b>	<b>170,765</b>	<b>792</b>	<b>17,422</b>	<b>36</b>	<b>540,762</b>
<b>Accumulated depreciation at 1 April 2021</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>85,185</b>	<b>721</b>	<b>8,228</b>	<b>21</b>	<b>94,155</b>
Provided during the year	0	9,689	37	0	12,914	23	2,032	1	29,196
Reversal of impairments charged to operating expenses	0	(1,849)	0	0	0	0	0	0	(1,849)
Revaluations	0	(7,840)	(37)	0	0	0	0	0	(7,917)
Disposals / derecognition	0	0	0	0	(4,899)	0	(4,469)	0	(9,358)
Derecognition - COVID equipment returned to DHSC	0	0	0	0	(79)	0	0	0	(79)
<b>Accumulated depreciation at 31 March 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>93,121</b>	<b>744</b>	<b>6,291</b>	<b>22</b>	<b>100,178</b>
<b>Net Book Value at 31 March 2022</b>	<b>38,720</b>	<b>365,129</b>	<b>1,929</b>	<b>5,959</b>	<b>77,644</b>	<b>49</b>	<b>11,131</b>	<b>14</b>	<b>440,574</b>

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## 11.3 Property, plant and equipment for year ended 31 March 2023 - Trust

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022	38,721	305,078	1,929	3,020	172,398	496	17,179	30	538,851
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	0	(9,032)	0	0	(99,487)	0	0	0	(77,519)
Transfers by absorption	0	0	0	0	319	0	11	0	330
Additions - purchased	0	17,162	0	28,145	6,763	0	5,691	0	58,651
Additions - grants/donations	0	299	0	2,282	57	0	0	0	2,578
Other revaluations	(3,161)	33,010	(490)	0	0	0	0	0	29,339
Reclassifications	0	4,661	0	(4,656)	1,130	0	1,155	0	2,290
Disposals/derecognition	(149)	0	0	0	(12,278)	0	(2,247)	0	(14,674)
<b>Valuation / gross cost at 31 March 2023</b>	<b>35,351</b>	<b>352,108</b>	<b>1,439</b>	<b>28,791</b>	<b>150,902</b>	<b>496</b>	<b>21,689</b>	<b>30</b>	<b>540,845</b>
Accumulated depreciation at 1 April 2022	0	0	0	0	93,091	448	6,050	17	99,606
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	0	0	0	0	(40,502)	0	0	0	(40,502)
Provided during the year	0	10,403	40	0	6,051	19	2,026	0	18,639
Impairments charged to operating expenses	0	2,576	0	0	0	0	0	0	2,576
Disposals/derecognition	0	0	0	0	(6,702)	0	(1,172)	0	(7,874)
<b>Accumulated depreciation at 31 March 2023</b>	<b>0</b>	<b>12,979</b>	<b>40</b>	<b>0</b>	<b>51,938</b>	<b>467</b>	<b>6,904</b>	<b>17</b>	<b>72,345</b>
<b>Net Book Value at 31 March 2023</b>	<b>35,351</b>	<b>339,129</b>	<b>1,399</b>	<b>28,791</b>	<b>48,964</b>	<b>29</b>	<b>14,785</b>	<b>13</b>	<b>468,501</b>

## Property, plant and equipment for year ended 31 March 2022 - Trust

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
Trust	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021	35,351	260,872	1,800	21,272	152,564	496	15,764	18	488,085
Additions - purchased	0	22,140	0	5,732	12,202	0	5,939	14	46,027
Additions - leased	0	779	0	0	10,480	0	0	0	11,259
Additions - grants/donations	0	811	0	0	3,758	0	0	0	4,567
Impairments charged to operating expenses	0	(3,261)	0	0	0	0	0	0	(3,261)
Impairments charged to the revaluation reserve	0	(7,478)	0	0	0	0	0	0	(7,478)
Reversal of impairments credited to operating expenses	0	896	0	0	0	0	0	0	896
Other revaluations	3,370	3,415	129	0	0	0	0	0	6,914
Reclassifications	0	23,894	0	(23,594)	0	0	0	0	0
Disposals/derecognition	0	0	0	0	(5,020)	0	(4,524)	0	(9,544)
Derecognition - COVID equipment returned to DHSC	0	0	0	0	(1,594)	0	0	0	(1,594)
<b>Valuation / gross cost at 31 March 2022</b>	<b>38,721</b>	<b>305,078</b>	<b>1,929</b>	<b>3,020</b>	<b>172,398</b>	<b>496</b>	<b>17,179</b>	<b>30</b>	<b>538,851</b>
Accumulated depreciation at 1 April 2021	0	0	0	0	85,155	425	8,001	18	93,597
Provided during the year	0	9,664	37	0	12,914	23	2,518	1	25,157
Reversal of Impairments charged to operating expenses	0	(1,849)	0	0	0	0	0	0	(1,849)
Revaluations	0	(7,815)	(37)	0	0	0	0	0	(7,852)
Disposals/derecognition	0	0	0	0	(4,899)	0	(4,469)	0	(9,368)
Derecognition - COVID equipment returned to DHSC	0	0	0	0	(79)	0	0	0	(79)
<b>Accumulated depreciation at 31 March 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>93,091</b>	<b>448</b>	<b>6,050</b>	<b>17</b>	<b>99,606</b>
<b>Net Book Value at 31 March 2022</b>	<b>38,721</b>	<b>305,078</b>	<b>1,929</b>	<b>3,020</b>	<b>79,307</b>	<b>48</b>	<b>11,129</b>	<b>13</b>	<b>438,245</b>

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## 11.4 Property, plant and equipment financing - net book values

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction / Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Group</b>									
Owned	35,390	304,575	1,399	29,448	48,595	5	15,028	14	434,556
Donated	0	34,843	0	2,282	5,936	24	632	1	43,918
<b>Net Book Value Total at 31 March 2023</b>	<b>35,390</b>	<b>339,419</b>	<b>1,399</b>	<b>31,730</b>	<b>54,532</b>	<b>29</b>	<b>15,660</b>	<b>15</b>	<b>478,474</b>
Owned	38,720	264,139	1,929	5,959	45,137	7	9,985	14	365,890
Finance Lease	0	8,032	0	0	28,885	0	0	0	37,017
On-balance sheet PFI contracts	0	3,971	0	0	0	0	0	0	3,971
Donated	0	28,907	0	0	800	41	1,146	0	30,930
Owned - equipment donated from LHSC and NHSC for COVID response	0	0	0	0	2,716	0	0	0	2,716
<b>Net Book Value Total at 31 March 2022</b>	<b>38,720</b>	<b>305,129</b>	<b>1,929</b>	<b>5,959</b>	<b>77,844</b>	<b>48</b>	<b>11,131</b>	<b>14</b>	<b>440,574</b>
<b>Trust</b>									
Owned	35,391	304,286	1,399	26,506	43,028	5	13,562	12	424,583
Donated	0	34,843	0	2,282	5,936	24	832	1	43,918
<b>Net Book Value Total at 31 March 2023</b>	<b>35,391</b>	<b>339,129</b>	<b>1,399</b>	<b>28,791</b>	<b>48,964</b>	<b>29</b>	<b>14,394</b>	<b>13</b>	<b>468,501</b>
Owned	38,721	264,089	1,929	3,020	38,191	7	9,983	13	355,952
Finance Lease	0	8,032	0	0	27,596	0	0	0	35,628
On-balance sheet PFI contracts	0	3,971	0	0	9,930	0	0	0	13,930
Donated	0	28,987	0	0	800	41	1,146	0	30,930
Owned - equipment donated from DHSC and NHSE for COVID response	0	0	0	0	2,716	0	0	0	2,716
<b>Net Book Value Total at 31 March 2022</b>	<b>38,721</b>	<b>305,079</b>	<b>1,929</b>	<b>3,020</b>	<b>79,307</b>	<b>48</b>	<b>11,129</b>	<b>13</b>	<b>430,245</b>

## 12 Leases

This note details information about leases for which the Trust is a lessee. The Trust enters into contractual agreements for property and limited vehicles. It also holds a number of managed service contracts which also contain the right to use medical equipment.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

### 12.1 Right of use assets 2022/23 - Group

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
<b>Group</b>					
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	8,032	69,487	0	77,519	0
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	58,509	10,168	0	68,677	51,199
Additions - lease liability	13,022	9,241	38	22,301	0
Revaluations	2,292	0	0	2,292	0
<b>Valuation / gross cost at 31 March 2023</b>	<b>81,855</b>	<b>88,896</b>	<b>38</b>	<b>170,789</b>	<b>51,199</b>
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	0	40,502	0	40,502	0
Provided during the year - right of use asset	3,149	7,658	0	10,807	2,165
<b>Accumulated depreciation at 31 March 2023</b>	<b>3,149</b>	<b>48,160</b>	<b>0</b>	<b>51,309</b>	<b>2,165</b>
<b>Net Book Value at 31 March 2023</b>	<b>78,706</b>	<b>40,736</b>	<b>38</b>	<b>119,480</b>	<b>49,034</b>

## 12.2 Right of use assets 2022/23 - Trust

Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	8,032	69,487	0	77,519
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	57,145	10,168	0	67,313
Additions - lease liability	13,021	18,741	0	31,762
Remeasurements of the lease liability	0	0	0	0
Revaluations	2,292	0	0	2,292
<b>Valuation / gross cost at 31 March 2023</b>	<b>80,490</b>	<b>98,396</b>	<b>0</b>	<b>178,886</b>
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	0	40,502	0	40,502
Provided during the year - right of use asset	3,013	7,505	0	10,518
<b>Accumulated depreciation at 31 March 2023</b>	<b>3,013</b>	<b>48,007</b>	<b>0</b>	<b>51,020</b>
<b>Net Book Value at 31 March 2023</b>	<b>77,477</b>	<b>50,389</b>	<b>0</b>	<b>127,866</b>

## 12.3 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.16.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

## Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16

	Group Year ended 31 March 2023 £000	Trust Year ended 31 March 2023 £000
<b>Operating lease commitments under IAS 17 at 31 March 2022</b>	<b>59,943</b>	<b>59,943</b>
Impact of discounting at the incremental borrowing rate	0	0
<b>IAS 17 operating lease commitment discounted at incremental borrowing rate</b>	<b>51,858</b>	<b>51,858</b>
<b>Less:</b>		
Commitments for short term leases	(5,093)	(5,093)
Commitments for leases of low value assets	-	-
Commitments for leases that had not commenced as at 31 March 2022	-	-
Irrecoverable VAT previously included in IAS 17 commitment	(1,952)	(1,952)
Services included in IAS 17 commitment not included in the IFRS 16 liability	-	-
<b>Other adjustments:</b>		
Differences in the assessment of the lease term	(2,567)	(2,567)
Public sector leases without full documentation previously excluded from operating lease commitments	149	149
Variable lease payments based on an index or rate	-	-
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	7,230	7,230
Amounts payable under residual value guarantees	-	-
Termination penalties not previously included in commitment	-	-
Finance lease liabilities under IAS 17 as at 31 March 2022	42,278	40,979
Other adjustments	19,052	17,691
<b>Total lease liabilities under IFRS 16 as at 1 April 2023</b>	<b>110,955</b>	<b>108,295</b>



# ANNUAL ACCOUNTS

## 13.1 Investment property

	NHS Charitable funds: Investment property	
	Movements for year ended 31 March 2023 £000	Movements for year ended 31 March 2022 £000
Carrying value at 1 April	286	180
Additions	27	106
<b>Carrying value at 31 March</b>	<b>313</b>	<b>286</b>

The Trust has no investment property.

## 13.2 Other Investments/financial assets (non-current)

	Group		Trust	
	Movements for year ended 31 March 2023 £000	Movements for year ended 31 March 2022 £000	Movements for year ended 31 March 2023 £000	Movements for year ended 31 March 2022 £000
Carrying value at 1 April	3,352	3,176	19,841	15,041
Additions	0	0	16,999	4,800
Fair value gains (taken to income and expenditure)	(238)	176	0	0
<b>Carrying value at 31 March</b>	<b>3,114</b>	<b>3,352</b>	<b>36,840</b>	<b>19,841</b>

## 13.3 Investments in joint ventures and associates

	Group and Trust	
	Movements for year ended 31 March 2023 £000	Movements for year ended 31 March 2022 £000
Carrying value at 1 April	112	64
Additions	250	0
Share of (loss)/profit	(30)	48
<b>Carrying value at 31 March</b>	<b>332</b>	<b>112</b>



# ANNUAL ACCOUNTS

## 14 Inventories

	Group		Trust	
	Total	Total	Total	Total
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Drugs	6,186	6,012	4,903	4,175
Consumables	9,567	10,995	3,022	10,995
<b>Total</b>	<b>15,753</b>	<b>17,007</b>	<b>7,925</b>	<b>15,170</b>

## 15 Trade and other receivables

	Group		Trust	
	Total	Total	Total	Total
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
<b>Current</b>				
Contract receivables (IFRS 15): invoiced	36,300	39,703	35,508	39,604
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	47,823	10,753	67,057	9,834
Allowance for impaired contract receivables/assets	(7,899)	(9,627)	(7,899)	(9,627)
Clinician pension tax provision reimbursement funding from NHSE	47	96	47	96
Prepayments (revenue) (non-PFI)	7,025	7,568	4,944	7,623
PDC dividend receivable	0	1,020	0	1,020
VAT receivable	8,275	3,604	5,308	3,043
Loans receivable	0	0	820	784
NHS charitable funds: trade and other receivables	31	0	0	0
<b>Total current</b>	<b>91,602</b>	<b>53,117</b>	<b>105,785</b>	<b>52,377</b>
<b>Non-current</b>				
Contract receivables (IFRS 15): invoiced	5,234	4,886	5,234	4,886
Allowance for impaired contract receivables / assets	(1,649)	(1,521)	(1,649)	(1,521)
Clinician pension tax provision reimbursement funding from NHSE	2,053	2,622	2,053	2,622
Loans receivable	0	0	41,387	42,215
<b>Total non-current</b>	<b>5,638</b>	<b>5,987</b>	<b>47,025</b>	<b>48,202</b>
<b>Total trade and other receivables</b>	<b>97,240</b>	<b>59,104</b>	<b>152,810</b>	<b>100,579</b>

## 16 Allowances for credit losses (doubtful debts)

	Group		Trust	
	Movements for year ended 31 March 2023	Movements for year ended 31 March 2022	Movements for year ended 31 March 2023	Movements for year ended 31 March 2022
	£000	£000	£000	£000
<b>Allowance for credit losses at 1 April</b>	<b>11,148</b>	<b>10,290</b>	<b>11,148</b>	<b>10,290</b>
New allowances arising	7,310	4,425	7,310	4,425
Change in the calculation of existing allowances	0	131	0	131
Reversals of allowances (where receivable is collected in-year)	(8,910)	(2,559)	(8,910)	(2,559)
Provision of allowances (where receivable is written off)	0	(1,139)	0	(1,139)
<b>Total allowance for credit losses at 31 March</b>	<b>9,548</b>	<b>11,148</b>	<b>9,548</b>	<b>11,148</b>

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## 17 Cash and cash equivalents

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
At 1 April	166,703	134,065	147,882	128,958
Net change in year	(51,360)	32,638	(44,718)	18,924
<b>Total cash balance at 31 March</b>	<b>115,343</b>	<b>166,703</b>	<b>103,164</b>	<b>147,882</b>
Cash at commercial banks and in hand	13,005	19,032	93	211
Cash with the Government Banking Service	102,338	147,671	103,071	147,671
<b>Total cash and cash equivalents</b>	<b>115,343</b>	<b>166,703</b>	<b>103,164</b>	<b>147,882</b>

Of this balance £10.3 million relates to Southampton Hospitals Charity (2021/22: £18.6 million).

## 18 Trade and other payables

	Group		Trust	
	31 March 2023 £000	March 2022 £000	31 March 2023 £000	March 2022 £000
<b>Current</b>				
Trade payables	31,054	73,090	29,261	72,896
Capital payables (including capital accruals)	21,077	6,126	9,598	4,674
Accruals (Revenue costs only)	76,582	27,402	88,504	28,307
Annual leave accrual	10,244	14,936	10,233	14,936
Social security costs	7,136	6,776	7,123	6,775
Other taxes payable	6,993	6,690	6,977	6,698
PDC dividend payable	286	0	286	0
Pension contributions payable	8,682	0	8,664	0
Other payables	37,849	33,804	33,015	33,779
NHS Charitable funds: Trade and other payables	242	302	0	0
<b>Total current</b>	<b>200,145</b>	<b>169,126</b>	<b>193,661</b>	<b>168,065</b>
<b>Non-current</b>				
Capital payables (including capital accruals)	922	134	71,731	49,645
Other payables	405	405	405	405
<b>Total non-current</b>	<b>1,327</b>	<b>539</b>	<b>72,136</b>	<b>50,050</b>
<b>Total trade and other payables</b>	<b>201,472</b>	<b>169,665</b>	<b>265,797</b>	<b>218,115</b>

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## 19 Borrowings

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
<b>Current</b>				
Capital Loans from DHSC	1,566	1,571	1,566	1,571
Other loans (non-DHSC)	0	211	0	211
Obligations under finance leases	12,579	8,682	12,246	8,602
Obligations under PFI contracts	0	454	2,561	1,727
<b>Total current</b>	<b>14,145</b>	<b>10,918</b>	<b>16,373</b>	<b>12,111</b>
<b>Non-current</b>				
Capital Loans from DHSC	5,302	6,835	5,302	6,835
Other loans (non-DHSC)	0	0	0	0
Obligations under finance leases	108,576	33,596	105,522	32,377
Obligations under PFI contracts	0	0	15,291	9,005
<b>Total non-current</b>	<b>113,878</b>	<b>40,431</b>	<b>126,115</b>	<b>48,217</b>
<b>Total borrowings</b>	<b>128,023</b>	<b>51,349</b>	<b>142,488</b>	<b>60,328</b>

The Foundation Trust has the following loans with the Department of Health detailed below:

Original Advance Date	Original Loan	Balance	Balance	Interest Rate
		outstanding at	outstanding at	
	£000	31 March 2023	31 March 2022	%
September 2010	8,000	1,325	1,859	2.74%
June 2013	15,000	5,509	6,509	1.91%
<b>Total balance outstanding</b>		<b>6,834</b>	<b>8,368</b>	
Repaid in year		1,534		

## 20.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2022/23	Loans from	Other loans	Finance leases	PFI schemes	Total
	DHSC				
	£000	£000	£000	£000	£000
Carrying value at 1 April 2022	8,406	211	42,278	454	51,349
Impact of implementing IFRS 16 on 1 April 2022	0	0	68,677	0	68,677
Financing cash flows - principal	(1,533)	(211)	(12,103)	(454)	(14,301)
Financing cash flows - interest (for liabilities measured at amortised cost)	(167)	0	(4,605)	(13)	(4,785)
Additions	0	0	22,301	0	22,301
Interest charge arising in year (application of effective interest rate)	162	0	4,607	13	4,782
<b>Carrying value at 31 March 2023</b>	<b>6,868</b>	<b>0</b>	<b>121,155</b>	<b>0</b>	<b>128,023</b>
Group - 2021/22	Loans from	Other loans	Finance leases	PFI schemes	Total
	DHSC				
	£000	£000	£000	£000	£000
Carrying value at 1 April 2021 - brought forward	10,998	313	44,478	886	56,675
Financing cash flows - principal	(2,585)	(102)	(9,061)	(430)	(12,178)
Financing cash flows - interest (for liabilities measured at amortised cost)	(208)	(5)	(2,133)	(37)	(2,304)
Additions	0	0	6,861	0	6,861
Interest charge arising in year (application of effective interest rate)	201	6	2,133	35	2,375
<b>Carrying value at 31 March 2022</b>	<b>8,406</b>	<b>211</b>	<b>42,278</b>	<b>454</b>	<b>51,349</b>

## 20.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and service concession schemes £000	Total £000
<b>Trust - 2022/23</b>					
Carrying value at 1 April 2022	8,406	211	40,979	10,732	60,328
Impact of implementing IFRS 16 on 1 April 2022	0	0	67,313	0	67,313
Financing cash flows - principal	(1,533)	(211)	(11,931)	(3,239)	(16,913)
Financing cash flows - interest (for liabilities measured at amortised cost)	(167)	0	(4,449)	(291)	(4,907)
Additions	0	0	21,406	10,357	31,763
Interest charge arising in year (application of effective interest rate)	162	0	4,460	292	4,904
<b>Carrying value at 31 March 2023</b>	<b>6,868</b>	<b>0</b>	<b>117,768</b>	<b>17,852</b>	<b>142,488</b>
<b>Trust - 2021/22</b>					
Carrying value at 1 April 2021	10,998	313	43,678	6,879	61,868
Financing cash flows - principal	(2,585)	(102)	(8,885)	(1,219)	(12,791)
Financing cash flows - interest (for liabilities measured at amortised cost)	(208)	(6)	(2,132)		(2,346)
Additions	0	0	6,185	5,072	11,257
Interest charge arising in year (application of effective interest rate)	201	6	2,133	0	2,340
<b>Carrying value at 31 March 2022</b>	<b>8,406</b>	<b>211</b>	<b>40,979</b>	<b>10,732</b>	<b>60,328</b>

## 21 Other liabilities

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Deferred income	22,955	24,603	22,962	24,603
Deferred grants	6,055	7,757	6,055	7,757
<b>Total current</b>	<b>29,010</b>	<b>32,360</b>	<b>29,017</b>	<b>32,360</b>
Deferred income	17,854	12,812	17,854	12,812
<b>Total non-current</b>	<b>17,854</b>	<b>12,812</b>	<b>17,854</b>	<b>12,812</b>
<b>Total Other liabilities</b>	<b>46,864</b>	<b>45,172</b>	<b>46,871</b>	<b>45,172</b>

## 22.1 Provisions for liabilities and charges

Group and Trust	Current		Non-current	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£'000	£'000	£'000	£'000
Pensions- Early departure costs	61	61	384	499
Pensions - Injury benefits	175	175	3,360	4,455
Legal claims	550	526	0	0
Restructuring	0	2,022	0	0
Redundancy	0	120	0	0
Clinician pension tax reimbursement	47	96	2,053	2,622
Other	1,660	0	0	2,074
<b>Total</b>	<b>2,493</b>	<b>3,000</b>	<b>5,797</b>	<b>9,650</b>

The movement in provisions on the cash flow differs from this movement by £58,000, which relates to the unwinding of the discount, which is treated as a non-cash transaction.

Pensions - Early departure costs relates to future costs of early retirements where the Trust agreed in earlier years to fund the employee for full pension benefits; the "Other" provision relates to provisions for contractual obligation relating to specific projects.

## 22.2 Movements in Provisions for liabilities and charges

Group and Trust	Pensions- Early departure costs £'000	Legal claims £'000	Clinician pension tax reimbursemen t £'000	Pensions - Injury benefits Restructuring £'000
<b>At 1 April 2022</b>	560	526	2,718	4,630
Change in the discount rate	32	0	(1,847)	(1,031)
Arising during the year	30	207	1,219	179
Utilised during the year - cash	(63)	(39)	(32)	(185)
Reversed unused	(114)	(144)	0	0
Unwinding of discount	0	0	42	(58)
<b>At 31 March 2023</b>	<b>445</b>	<b>550</b>	<b>2,100</b>	<b>3,535</b>
- not later than one Year	61	550	47	175
- later than one year and not later than five years	244	0	0	700
- later than five years	140	0	2,053	2,660
<b>Total</b>	<b>445</b>	<b>550</b>	<b>2,100</b>	<b>3,535</b>

## 22.3 Clinical Negligence liabilities

Group and Trust	31 March 2023 £'000	31 March 2022 £'000
Amount included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust	442,706	605,436

## 23 Contingent liabilities

Group and Trust	31 March 2023 £'000	31 March 2022 £'000
Gross value of contingent liabilities	0	71
Net value of contingent liabilities	0	71

## 24.1 Related Party transactions

University Hospital Southampton NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health. It falls within the Department of Health and Social Care's (DHSC) consolidation boundary. DHSC is regarded as a related party. The DHSC is the parent department of the Trust. During the year University Hospital Southampton NHS Foundation Trust has had a number of material transactions with the DHSC and with other entities for which the DHSC is regarded as the parent department as listed below:

- NHS Foundation Trusts
- NHS Trusts
- Department of Health and Social Care
- Public Health England
- UK Health Security Agency
- Health Education England
- Integrated Care Boards and NHS England
- Special Health Authorities
- Non-Departmental Public Bodies
- Other Department of Health and Social Care bodies

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The Trust has taken advantage of the exemption provided by IAS 24 'Related Party Disclosures', where the parent's own financial statements are presented together with the consolidated financial statements and any transactions or balances between group entities have been eliminated on consolidation.

During the year none of the board members or members of senior management or parties related to them has undertaken any material transactions with the

The Group comprises the Trust, UHS Pharmacy Ltd, UHS Estates Ltd and Southampton Hospital Charity. The Trust has £0.2 million (2021/22: £0.3 million) receivables and £0.01 million (2021/22: £0) with Southampton Hospital Charity. It has share capital of £0.8 million (2021/22: £0.8 million), receivables of £0.1 million (2021/22: £0.3 million) and payables of £0.04 million (2021/22: £0.0 million) with UHS Pharmacy Ltd. It has share capital of £36.0 million (2021/22:

£19.0 million) and receivables of £52.8 million (2021/22: £43.2 million), payables of £114.5 million (2021/22: £48.9 million) and borrowings of £17.9 million (2021/22: £10.3 million) with UHS Estates Ltd. Transactions with related parties are on a normal commercial basis and are outlined below.

	Year ended 31 March 2023		Year ended 31 March 2022	
	Income £000	Expenditure £000	Income £000	Expenditure £000
Transactions with UHS Estates Ltd	15,279	64,064	1,333	7,393
Transactions with UHS Pharmacy Ltd	510	23,817	520	23,488
Transactions with Southampton Hospitals Charity	1,886	0	0	0

The most significant transaction that the Charity funded in-year was £2.5 million for various projects funded by a single major donor to the Trust.

## 24.2 Related Party transactions - Joint Ventures

As referred to in Note 1.4 of the accounts, the Trust has two joint ventures. The first is jointly controlled by the Trust and Partnering Solutions (Southampton) Ltd. The latter is a wholly owned subsidiary of Prime Partnering Solutions Ltd. The Trust received £0.0 million (2021/22 £0.0 million) and was charged £1.8 million (2021/22 £0.0 million) from its joint venture for services rendered relating to capital projects and other developments. The second is jointly controlled by the Trust and Hampshire Hospitals NHS Foundation Trust. The Trust received £0.7 million (2021/22: £0.6 million) and was charged £2.3 million (2021/22: £2.7 million) for services rendered. UHS Estates Ltd was charged £0.7 million (2021/22: £0) for services rendered.

## 25 Capital Commitments

Group and Trust	31 March 2023 £000	31 March 2022 £000
Property, Plant and Equipment	12,460	5,808
Intangible assets	1,152	0
Imaging Infrastructure Support Service	17,647	22,014
<b>Total</b>	<b>31,259</b>	<b>27,822</b>



## 26 Finance Lease obligations

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Undiscounted future lease payments payable in:				
- not later than one year;	17,040	17,057	16,648	55,118
- later than one year and not later than five years;	47,203	2,608	45,642	11,766
- later than five years.	91,523	5,561	89,793	29,663
Total gross future lease payments	155,766	25,226	152,083	96,547
Finance charges allocated to future periods	(34,611)	8,888	(34,315)	13,689
<b>Net lease liabilities</b>	<b>121,155</b>	<b>34,114</b>	<b>117,768</b>	<b>110,236</b>
Of which:				
- Current - invoiced / due but not yet paid	0	0	0	0
- Current - not yet invoiced / not relating to current year	12,579	0	12,579	0
- Non-Current	108,576	0	105,189	0

## 27 On-Statement of Financial Position (SOFP), PFI, LIFT and other service concession arrangements

The Trust identifies the following as service concession arrangements:

- The PFI boiler heating scheme entered into in 2003 with Veolia plc; (principally for steam heat and management of emergency generators). This agreement consists of a fixed unitary element of £1.6 million per annum, with the remainder variable due to fluctuations in energy prices. This agreement finished in 2023.
- The various schemes entered into with its subsidiary, UHS Estates Ltd for the building and subsequent management of self-contained properties. These contracts are normally for 40 years. Cash flows are likely to be most affected by any decisions made about additional equipment to be incorporated into the building and then to be charged through the unitary charge.

These are all buildings used for Trust services. The buildings include some major items of equipment which the Trust accounts for as embedded finance leases.

The buildings have been accounted for as Trust assets and therefore within Property, Plant and Equipment financed by capital payables. These capital payables are then written down against a portion of the unitary charge. These are accounted for as owned assets. The major pieces of clinical equipment within the buildings are accounted for as embedded leases within a service concession arrangement.

### 27.1 Imputed Finance Lease obligations

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
<b>Gross service concession liabilities</b>				
- not later than one year	0	470	2,817	1,870
- later than one year and not later than five years	0	0	10,758	5,601
- greater than five years	0	0	6,053	4,305
Finance charges allocated to future periods	0	(16)	(1,775)	(1,042)
<b>Net PFI obligation</b>	<b>0</b>	<b>454</b>	<b>17,853</b>	<b>10,734</b>
- not later than one year	454	454	2,561	1,729
- later than one year and not later than five years	0	0	9,781	5,091
- greater than five years	0	0	5,511	3,914
<b>Total</b>	<b>454</b>	<b>454</b>	<b>17,853</b>	<b>10,734</b>



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## 27.2 Total on-Statement of Financial Position (SOFP), LIFT and other service concession arrangements

Total future obligations under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
- not later than one year	0	1,621	75,761	9,819
- later than one year and not later than five years	0	0	303,044	32,791
- greater than five years	0	0	5,410,111	189,410
<b>Total</b>	<b>0</b>	<b>1,621</b>	<b>5,788,916</b>	<b>232,020</b>

The increase from the prior year is due to the contract for operation of Trust theatres.

## 27.3 Analysis of amounts payable to service concession operator

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
- Interest charge	13	35	159	136
- Repayment of finance lease liability	454	405	3,238	1,419
- Service element: chargeable to Statement of Comprehensive Income (SOI)	1,158	1,181	59,870	5,262
- Service element: repayment re capital	0	0	1,955	1,470
<b>Total</b>	<b>1,625</b>	<b>1,621</b>	<b>65,222</b>	<b>8,287</b>

This note provides an analysis of the unitary payments made to the service concession operator.

## 28.1 Imaging Infrastructure Support Service commitments

Group and Trust	31 March 2023			31 March 2022		
	Service and maintenance	Finance lease interest and repayments	Total	Service and maintenance	Finance lease interest and repayments	Total
	£000	£000	£000	£000	£000	£000
- not later than one year	3,912	7,059	10,971	4,006	6,399	10,405
- later than one year and not later than five years	5,878	10,588	16,466	10,341	16,485	26,826
<b>Total</b>	<b>9,790</b>	<b>17,647</b>	<b>27,437</b>	<b>14,347</b>	<b>22,884</b>	<b>37,231</b>

The figures for finance lease interest and payments are also reflected in note 26.

## 28.2 Other Financial Commitments

	Group		Trust	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
- not later than one year	4,249	6,062	4,249	6,062
- later than one year and not later than five years	10,563	8,125	10,563	8,125
- greater than five years	31,762	161	31,762	161
<b>Total</b>	<b>46,574</b>	<b>14,348</b>	<b>46,574</b>	<b>14,348</b>

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements), analysed by the period during which the payment is made.

## 29 Post balance sheet events

There have been no significant post balance sheet events requiring disclosure.

## 30 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Audit and Risk Committee. The Trust's treasury activity is subject to review by the Trust's internal auditors.

### Currency risk

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

### Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability. The borrowings are for between 5 and 15 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. Interest charged on finance leased assets is at fixed rates of interest. The Trust therefore has low exposure to interest rate fluctuations.

### Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has relatively low inherent exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the trade and other receivables note 15.

### Liquidity risk

The Trust's operating costs are incurred under contracts with commissioners, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated funds together with funds obtained from external government borrowing when necessary, along with commercial sources through its finance lease and PFI arrangements.

## 30.1 Carrying value and fair value of financial assets

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Trade and other receivables (excluding non financial assets) - with NHS and DHSC bodies	47,391	15,898	47,391	15,898
Trade and other receivables (excluding non financial assets) - with other bodies	24,010	41,273	84,658	61,016
Other investments/financial assets	332	113	37,174	19,954
Cash and cash equivalents at bank and in hand	105,018	148,102	103,164	147,882
NHS Charitable fund financial assets	13,470	21,953	0	0
<b>Total</b>	<b>190,221</b>	<b>227,339</b>	<b>272,387</b>	<b>244,750</b>

All financial assets are held at amortised cost.

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## 30.2 Carrying value and fair value of financial liabilities

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
DHSC loans	6,868	8,406	6,868	8,406
Other borrowings excluding finance lease and PFI liabilities	0	211	0	211
Obligations under finance leases	121,155	42,278	117,768	40,979
Obligations under PFI, LIFT and other service concession contracts	0	454	17,852	10,734
Trade and other payables (excluding non financial liabilities) - with NHS and DHSC bodies	19,977	20,993	20,213	20,993
Trade and other payables (excluding non financial liabilities) - with other bodies	156,581	119,968	221,190	168,714
IAS 37 provisions which are financial liabilities	1,661	2,075	1,661	2,075
NHS Charitable funds: financial liabilities	242	302	0	0
<b>Total</b>	<b>306,484</b>	<b>194,687</b>	<b>385,552</b>	<b>252,112</b>

## 30.3 Maturity of Financial liabilities

	Group		Trust	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
- not later than one year	197,402	157,065	193,626	157,280
- later than one year and not later than five years	52,743	36,838	69,761	48,569
- greater than five years	91,523	15,690	166,655	61,944
<b>Total</b>	<b>341,668</b>	<b>209,593</b>	<b>430,042</b>	<b>267,793</b>

## 31 Limitation on auditor's liability

The liability of the Trust's external auditor Grant Thornton UK LLP, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1.0 million, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.



