



University Hospital
Southampton
NHS Foundation Trust



ANNUAL REPORT AND ACCOUNTS 2021/22

Incorporating the quality report

University Hospital Southampton
NHS Foundation Trust

Annual Report and Accounts 2021/22

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

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Welcome from our chair and chief executive

As we emerged from the most severe phase of the COVID-19 pandemic, 2021/22 was another challenging year for everyone at University Hospital Southampton NHS Foundation Trust (UHS). It was also a year on which we can look back with pride at what we achieved together in unprecedented circumstances.

Amongst many notable achievements over the past twelve months, we have:

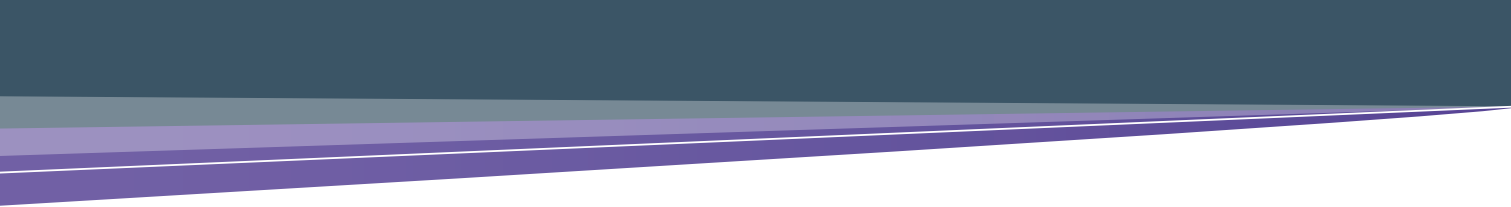
- Led on globally ground-breaking research trials to inform the country's COVID-19 vaccine booster strategy, including the world's first COVID-19 vaccine booster study of mixed schedules.
- Successfully managed infection prevention and control, putting us amongst the best in the country for minimising nosocomial spread. This was against a backdrop of, at times, R-rates in our local community that were amongst the highest in the country.
- Published new strategies for digital and sustainability, which respectively set out how we are revolutionising our technical capability to meet changing patient needs and responding to the growing threat posed by climate change as part of the NHS-wide commitment to reaching carbon net zero by 2045.

The pandemic also highlighted the vital importance of our staff's wellbeing so we could continue to meet the needs of the most vulnerable and sick within our community and beyond. In response, we launched and have sustained a comprehensive programme of support to help our staff recognise and address the physical and emotional burden of the last two years.

In financial terms, the Trust achieved its forecast breakeven position in 2021/22 on a turnover of £1.15 billion. Our strong, long-term financial performance meant we could continue investing in the capacity and condition of our estate. During the last year we have welcomed patients into our new ophthalmology outpatients area, expanded the majors area of our emergency department, built Hamwic House for treating cancer patients and opened four new operating theatres. Our ambition remains to increase capacity and improve facilities so that we can meet rising demand for our services, treating more people in improved settings than ever before.

The momentum we are building is informed and driven by our five-year strategic plan, which describes our collective ambitions on our journey to becoming a world-class organisation.

Our successes over the last twelve months were set against a backdrop of exceptional pressure on our services, unlike anything we have seen before. Like most hospital trusts, the lifting of COVID-19 restrictions in the wider community saw significant increases in attendances at our emergency department and increased referrals for treatments including surgery and cancer care. Everyone at UHS is working hard to restore services and bring waiting times down, although there are headwinds impacting our elective recovery. As we write this report, we have more than 200 patients in the hospital who no longer need our care but are waiting for discharge, either to a care home or to their own home with domiciliary care packages. Like many sectors, our local authority partners are struggling to buy or directly provide the capacity that is needed due primarily to workforce shortages. On occasion, the number of patients stranded in our hospitals means we have had to cancel scheduled surgery patients due to a lack of beds. Despite this, we are making good progress on recovering our elective performance, for example the number of elective surgery procedures in May 2022 was over 8% higher than in May 2019, prior to the COVID-19 pandemic.



Looking back over the year, our achievements would not have been possible without every single one of our 13,000 staff, who have gone above and beyond to put patients first. As a Trust Board we recognise that our people are our greatest asset. The results of this year's NHS annual staff survey are encouraging, with the percentage of staff recommending UHS as a place to work being the sixth highest across all NHS trusts in England. However, we know we can do even better and our new people strategy will help us achieve this by introducing programmes which enable our people to thrive, excel and belong in a diverse and inclusive environment.

We ended the year by saying farewell to Peter Hollins, who completed his second and final term as chair on 31 March 2022. In the six years of his leadership, the Trust has undergone a huge transformation to the benefit of both patients and staff. Peter has been a trusted and respected colleague whose outstanding leadership has set UHS on course to be a world-class organisation with world-class people delivering world-class care.

We welcome the formation of the Hampshire and Isle of Wight integrated care system on 1 July 2022, which will facilitate increased integration and collaboration across health and social care partners. We look forward to continuing strong relationships with all our partners as we work to develop an NHS of which all the communities we serve can be proud.



Jane Bailey
Interim Chair
June 2022



David French
Chief Executive Officer
June 2022

OVERVIEW AND PERFORMANCE



Performance report

Introduction from our chief executive

2021/22 is the second year that the ways in which the Trust has worked, and the performance it has achieved, have been strongly influenced the COVID-19 pandemic.

Our circumstances varied significantly through the year, however, by March 2022:

- COVID-19 related restrictions had been removed across the wider community, but remained necessary within healthcare settings;
- a combination of partial immunity and improved treatments had reduced the numbers of patients experiencing the most severe symptoms of COVID-19, but the total numbers of people being infected remained very high; and
- the numbers of patients attending, or being referred to, healthcare services for other conditions had returned to pre-pandemic levels or higher.

Our challenges and priorities have varied through the year in a similar manner, and have included:

- providing sufficient urgent care capacity for patients with COVID-19 alongside those with other illnesses or injuries;
- running our services with significantly increased levels of COVID-19 related absence amongst our staff, as infection rates have increased in the wider community; and
- increasing the numbers of elective treatments provided, back to pre-pandemic levels and higher, to start to reduce patient waiting times and reverse the increases in waiting list sizes caused by COVID-19.

Our performance this year has often been impacted by the adversity of the circumstances. We have not always been able to achieve the targets established prior to the pandemic, nor to deliver the standard of service that we would aspire to for our patients. The Trust is proud to have performed well in comparison to other hospital trusts across many performance measures, however, I would like to thank our patients for their understanding and patience, and all our staff for their resilience, commitment and dedication to care for patients and their colleagues.

As we begin to emerge from the pandemic, and consider the year ahead, we look forward to working with patients, hospital colleagues, and partners across health and social care to:

- continue the recovery from the impacts of the COVID-19 pandemic;
- improve our performance against key measures, continuing to perform well in comparison with other hospitals and moving closer to the national targets; and
- continue to adapt and improve services such that the outcomes and results achieved for patients will be better than ever before.

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 2021/22. It is based on the coast in south east 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 in the top ten nationally for research study volumes as ranked by the NIHR Clinical Research Network.

Every year over **12,000** staff at UHS:

treat around
160,000
inpatients and day patients, including about 75,000 emergency admissions

see over
650,000
people at outpatient appointments

deal with around
150,000
cases in our emergency department

deliver more than
100
outpatient clinics across the south of England, keeping services local for patients

The Trust provides most of its services from the following locations:

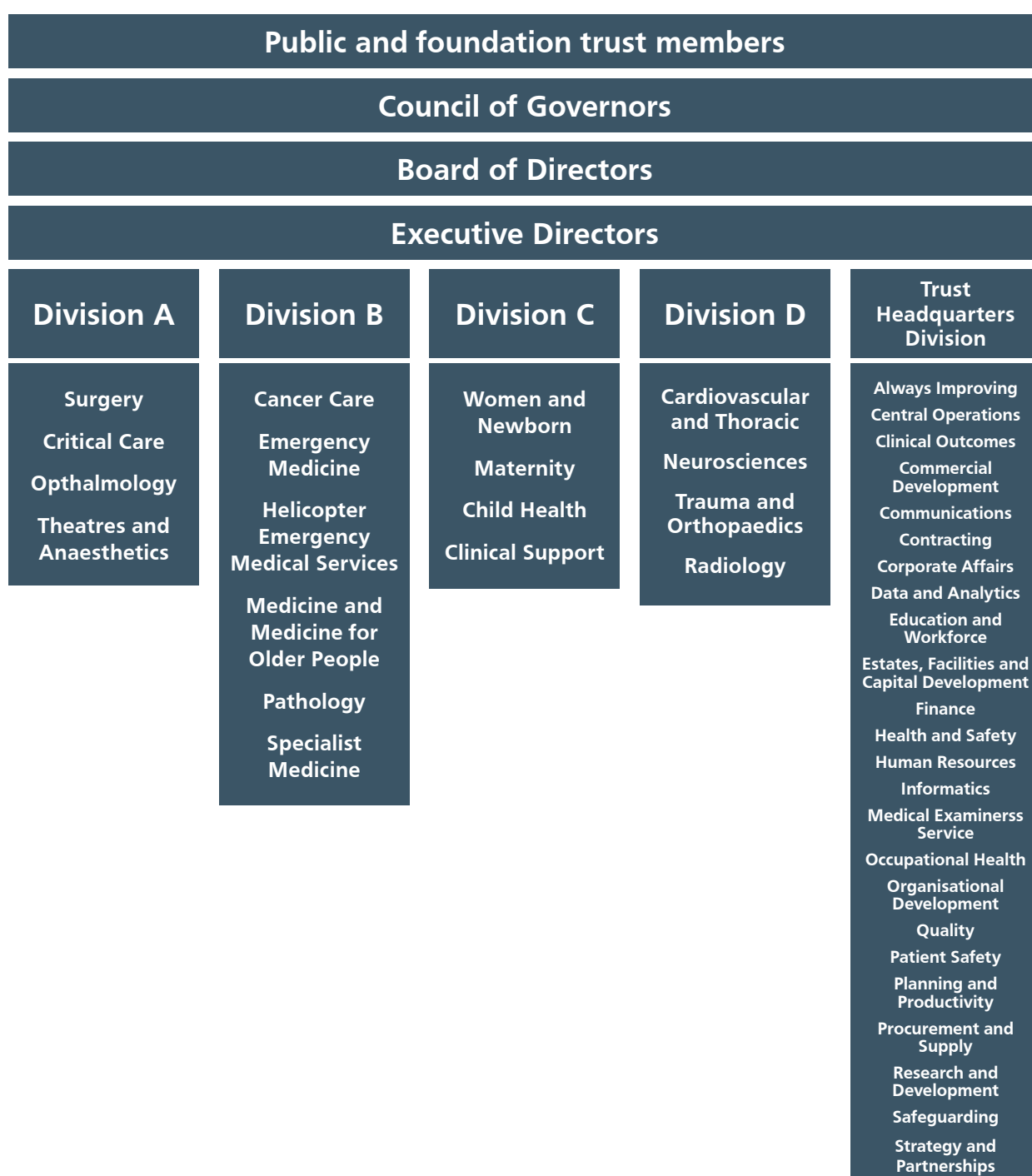
- **Southampton General Hospital** – the Trust's largest location, where a great number of specialist services are based alongside emergency and critical care and which includes Southampton Children's Hospital.
- **Princess Anne Hospital** – located across the road from Southampton General Hospital and 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 offers a safe, 'home away from home' environment for women having a healthy pregnancy and expecting a straightforward birth.

The NHS patient services provided by the Trust are commissioned and paid for by local clinical commissioning groups (CCGs) and, in the case of more specialised services (such as treatments for rare conditions), by NHS England. Just under half of the Trust's NHS patient services are paid for by CCGs and just over half are paid for by NHS England. We provide these 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 Monitor (the independent regulator, now part of NHS England and NHS Improvement) and the healthcare services we provide are regulated by the Care Quality Commission. Being a foundation trust has enabled greater local accountability and greater financial freedom and has supported the delivery of the Trust's mission and strategy over a number of years. The Trust has been a university teaching hospital since 1971.

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



The Trust is also part of an integrated care system in Hampshire and the Isle of Wight, which is a partnership of NHS and local government organisations working together to improve the health and wellbeing of the population across Hampshire and the Isle of Wight.

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 continue on its journey 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>Outstanding patient outcomes, experience and safety</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"> • 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. • We will reduce harm, learning from all incidents through our proactive patient safety culture. • 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.
<p>Pioneering research and innovation</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"> • We will recruit and enable people to deliver pioneering research in Southampton. • We will optimise access to clinical research studies for our patients. • We will enable innovation in everything we do, and ensure that 'cutting edge' investigations and treatments are delivered in Southampton.
<p>World class people</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"> • We will recruit and develop enough people with the right knowledge and skills to meet the needs of our patients. • We will provide satisfying and fulfilling roles, growing our talent through development and opportunity for progression. • We will empower our people, embracing diversity and embedding compassion, inclusion and equity of opportunity.
<p>Integrated networks and collaboration</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"> • We will work in partnership with key stakeholders across the Hampshire and Isle of Wight integrated care system. • We will strengthen our acute clinical networks across the region, centralising when necessary and supporting local care when appropriate. • We will foster local integration with primary and community care as well as mental health and social care services for seamless delivery across boundaries. • We will build on our successful partnership with University of Southampton (UoS), growing our reputation as a national leading university teaching hospital.

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Theme	Ambitions
<p>Foundations for the future</p> <p>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.</p>	<ul style="list-style-type: none"> • We will deliver best value to the tax payer as a financially efficient and sustainable organisation. • 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. • We will expand and improve our estate, increasing capacity where needed and providing modern facilities for our patients and our people. • 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.

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 2021/22 these objectives included:

- Recovery restoration and improvement of clinical services
- Introducing a robust and proactive safety culture
- Empowering and developing staff to improve services for patients
- Implementing the 'Always Improving' strategy
- Delivering the first year of the research and investment plan
- Restoring a full research portfolio and preparing for future growth
- Delivering joint research and innovation infrastructure with UoS and Wessex partners
- Increasing our people capacity (recruitment, retention, education)
- Great place to work including focus on wellbeing
- Building an inclusive and compassionate culture
- Working in partnership with the integrated care system and primary care networks
- Integrated networks and collaboration
- Creating a sustainable financial infrastructure
- Making our corporate infrastructure (digital, estate) fit for the future to support a leading university teaching hospital in the 21st century
- Recognising our responsibility as a major employer in the community of Southampton and our role in delivering a greener NHS.

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

Principal risks to our strategy and objectives

The board of directors 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 2021/22 were that:

- It would have insufficient capacity to respond to emergency demand, reduce waiting lists for planned activity and provide diagnostics results in avoidable harm to patients
- It would not be able to provide service users with a safe, high quality experience of care and positive patient outcomes
- It 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
- It would not secure the required ongoing investment to support our pioneering research and innovation, driving clinical services of the future

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- It would not realise the full benefits of being a University teaching hospital through working with regional partners to accelerate research, innovation and adoption; increasing the number of studies initiated and the patients recruited to participate in these studies and the delivery of new treatments and treatments that would not otherwise be available to patients
- It would not be able to increase the UHS workforce to meet current and planned service requirements through recruitment to vacancies and maintaining annual staff turnover below 12% and develop a longer-term workforce plan linked to the delivery of the Trust's corporate strategy
- It would not develop a diverse, compassionate and inclusive workforce, providing a more positive staff experience for all staff
- It would not create a sustainable and innovative education and development response to meet the current and future workforce needs
- It would 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.
- It would be unable to deliver a financial breakeven position and support prioritised investment as identified in the Trust's capital plan within locally available limits (CDEL).
- It would not adequately maintain, improve and develop our estate to deliver our clinical services and increase capacity.
- It would 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.
- It would fail to prioritise green initiatives to deliver a trajectory that will reduce our direct and indirect carbon footprint and reach net zero direct carbon emissions by 2040 and net zero indirect carbon emissions by 2045

While the COVID-19 pandemic presented the Trust with new risks as it introduced more stringent infection control processes, stopped certain types of activity and responded quickly to care for large numbers of seriously ill patients who had tested positive for COVID-19, it also prompted innovation across a wide range of areas. However the ongoing impact of the pandemic on both our staff, patients who have had COVID-19 and patients who have waited longer than expected for treatment as a result, have added to the risks facing the Trust. This risk has continued into 2021/22 and has been coupled with increases in referrals for cancer and increased attendances to our emergency department and non-elective activity.

National targets for performance have not been amended as a result of the pandemic, although the national plan has focussed on the recovery of activity levels as the first stage in a restoration of elective services.

Capacity – The initial and subsequent waves of the COVID-19 pandemic have led to increases in the waiting times for patients and the number of patients waiting more than 52, 78 and 104 weeks has increased significantly. While there was a significant reduction in the number of patients waiting over 104 weeks in 2021/22, with the Trust expecting that no patients will be waiting more than 104 weeks by July 2022, its ability to reduce the overall waiting list and the length of time patients are waiting for treatment remains one of the key risks for the Trust. This may be compounded by future waves of the COVID-19, a continuation of the sustained demand for urgent non-elective activity and an ongoing number of referrals, often requiring more complex treatment due to delays in people visiting their GPs for the first time and presenting with more advanced disease.

The Trust utilised the support available from the independent sector to continue cancer treatment and surgery for those patients at highest risk and continues to make use of independent capacity for cardiac surgery. It also increased the number of outpatient attendances which took place by telephone or video call.

The Trust developed a clinical assurance framework during the year to better assess the risk of harm to patients as a result of delays in treatment and this has been utilised in decision-making around the allocation of resources to those areas where there is the greatest risk of potential harm to patients.

In addition to opening additional capacity during 2021/22 (described in the Estates section below), the Trust also committed expenditure in 2021/22 to open further wards and operating theatres during 2022/23 and 2023/24. These initiatives will contribute to further improvements in elective waiting times in coming years.

Quality and compliance – The Trust continued to monitor the quality of care delivered throughout 2021/22. During the COVID-19 pandemic the primary focus became infection prevention and control, with the launch of an award-winning COVID ZERO campaign that saw the Trust reduce the transmission of the virus in hospital (nosocomial transmission). While the Trust continued to perform well overall, the Trust exceeded its annual threshold for Clostridium difficile infections and there was one MRSA bacteraemia during March 2022, the only such event in 2021/22.

The Trust continued to develop its proactive patient safety culture during 2021/22 with changes to the way in which patient safety incidents are investigated and the launch of its Always Improving strategy and transformation initiatives in theatre efficiency, patient flow and outpatients. Reporting and investigation of incidents continued during 2021/22. The Trust continues to prepare for the implementation of the new patient safety incident response framework in June 2022/23.

Partnerships – During 2021/22, the Trust and its partners continued to work together to discharge patients safely, to ensure patients requiring urgent cancer treatment and surgery were able to continue their treatment in the independent sector and to develop the regional COVID-19 saliva testing programme for local schools, hospitals and other employers.

The new arrangements for integrated care systems will be implemented in July 2022. This is expected to reinvigorate work with partners at a system, place and provider level in Hampshire and Isle of Wight. The Trust is already part of an acute provider collaborative with other acute trusts in Hampshire and the Isle of Wight and is progressing a number of projects including the development of an elective hub at Winchester Hospital, diagnostics, pathology, endoscopy and imaging networks.

The Trust also continued to progress research activity and opportunities with the University of Southampton and Wessex health partners.

Workforce – The Trust continued to recruit nurses from overseas and through targeted recruitment campaigns during 2021/22 meaning that the number of nursing vacancies has remained relatively stable. Vacancies in other areas have increased reflecting a more competitive job market, particularly for lower band roles. The Trust also continued to work with its staff networks and specific focus groups to increase diversity in leadership roles. Staff turnover remained above the 12% target during 2021/22 and retention is a key element of the people strategy.

While workforce capacity continues to be one of the biggest challenges faced by the Trust, during 2021/22 we have also focused on supporting our staff to respond to the COVID-19 pandemic and operational pressures by providing both the tools and time to help staff recovery. We are incredibly proud of the way that staff responded to the pandemic and continue to recognise this in whatever ways we can, however, we also want to ensure that staff continue to be able to contribute to patient care at their best and want to stay and develop with the Trust.

Technology was also used at levels not previously achieved to continue to deliver training to staff and enable staff to work from home where possible, ensuring a safer environment for patients and staff in the hospitals.

Estate – The Trust continued to invest in and develop its estate during 2021/22 including opening a new ophthalmology outpatient area, expansion of the majors area of the emergency department and four new operating theatres. These were part of £65 million of capital expenditure in 2021/22 that also included equipment, digital and the backlog maintenance programme.

Innovation and technology – There have been exceptional levels of achievement in relation to COVID-19 related research activity, including in partnership with the universities. You can read more about these in part three of the quality account.

The board of directors has also supported the funding of an expansion of research and innovation activity to allow the continued delivery of the Trust's ambitions to innovate and improve and transform its services.

The Trust and its partners also been successful in securing external funding including one of only four successful NHSX awards to test the concept of federated trusted research environments with its Wessex health partners and core funding of £10.5 million for the National Institute for Health and Care Research (NIHR) Southampton Clinical Research Facility (CRF) for the period between September 2022 and August 2027.

Sustainable financial model –The Trust achieved its forecast breakeven position in 2021/22. Income was more predictable in 2021/22 as block contract arrangements remained in place in response to the COVID-19 pandemic and ensured that costs were covered, however, funding from the elective recovery fund, particularly, in the first half of 2021/22 introduced a degree of income volatility as did changes to the framework for the elective recovery fund half way through the year. The Trust continues to maintain a strong cash position and to implement improvements and efficiency savings, allowing it to continue to invest in its services.

The financial outlook across the NHS looks extremely challenging going into 2022/23 due to the reductions in non-recurrent funding and efficiency targets. The Trust currently has an underlying deficit, with pressures on energy prices and drugs cost growth within block contract arrangements, which had been supported with non-recurrent funding in previous years. While specific funding has been provided to address inflationary pressures there is a risk that inflation could exceed this funding and raw material and supply shortages could also impact on costs.

Performance overview

The Trust monitors a very wide range of key performance indicators within its departments, divisions, directorates and executive committee.

Assurance for our board of directors and executive committee includes an integrated performance report which is reviewed monthly and contains a variety of indicators intended to provide assurance regarding implementation of our strategy and that the care we provide is safe, caring, effective, responsive and well-led. The integrated performance report also includes a monthly 'spotlight' section, to enable more detailed consideration of any topics that are of particular interest or concern. The selection of topics is informed by a rolling schedule, any performance concerns and requests from the board of directors.

Assurance for our council of governors includes a quarterly Chief executive's performance report, which includes a range of non-financial and financial performance information.

Performance analysis

COVID-19 Impacts

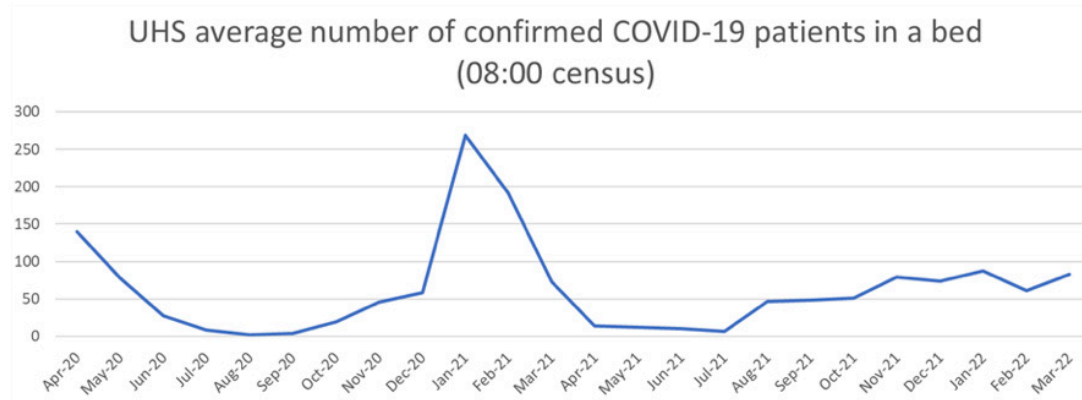
In 2021/22, the most prominent impacts of COVID-19 have been in relation to occupancy of inpatient beds by patients with a COVID-19 diagnosis and increased levels of staff sickness absence associated with COVID-19, in addition to normal levels of absence due to other causes.

The impact of COVID-19 has varied significantly through the year, linked primarily to the prevalence of the disease within the wider community.

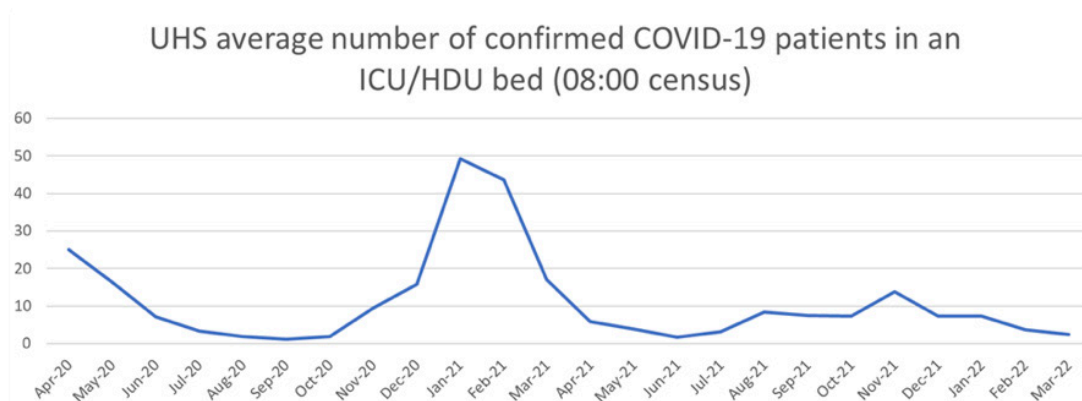
In comparison to 2020/21:

- bed occupancy (all types) did not reach the same exceptional peaks, however, it exceeded 50 patients between August 2021 and March 2022 and reached an average of 83 in March 2022;
- the number of patients requiring treatment in intensive care and high care were much reduced, though still significant;
- fewer patients were admitted requiring hospital treatment for COVID-19 alone, and greater numbers were admitted requiring treatment for other medical conditions who were also infected with COVID-19 at the same time;
- staff sickness absence levels were typically higher, particularly in the second half of the year when national restrictions had been removed and COVID-19 infections in the community increased – the sickness absence rate (from all causes) peaked at 6% in March 2022

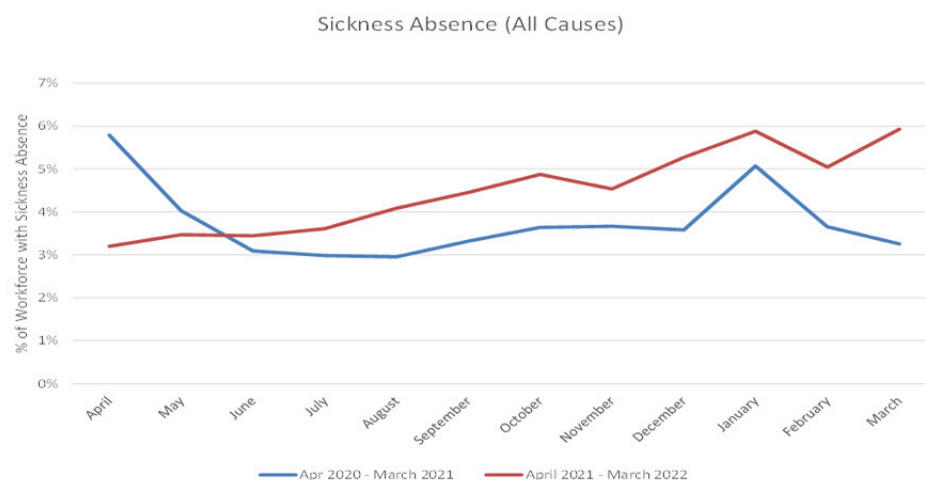
All bed types



Intensive care/higher care beds



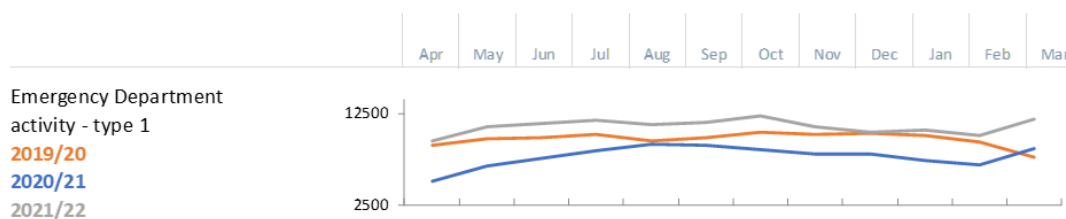
Staff sickness absence



Emergency access through our emergency department

Following a reduction during the first year of the pandemic, the numbers of patients who presented to receive care at our emergency department increased exponentially in 2021/22. Attendance levels exceeded the higher levels seen prior to the pandemic by approximately 10%.

All patients presenting to the emergency department



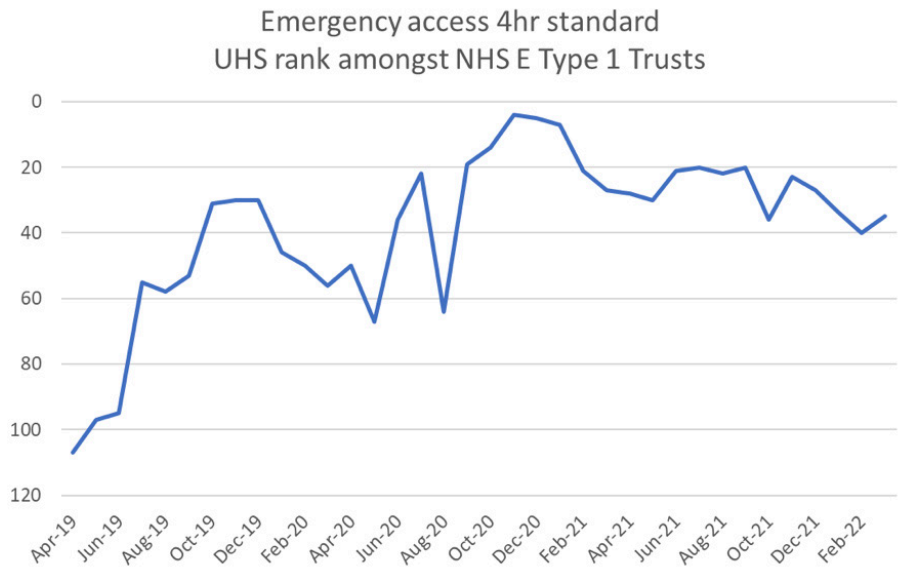
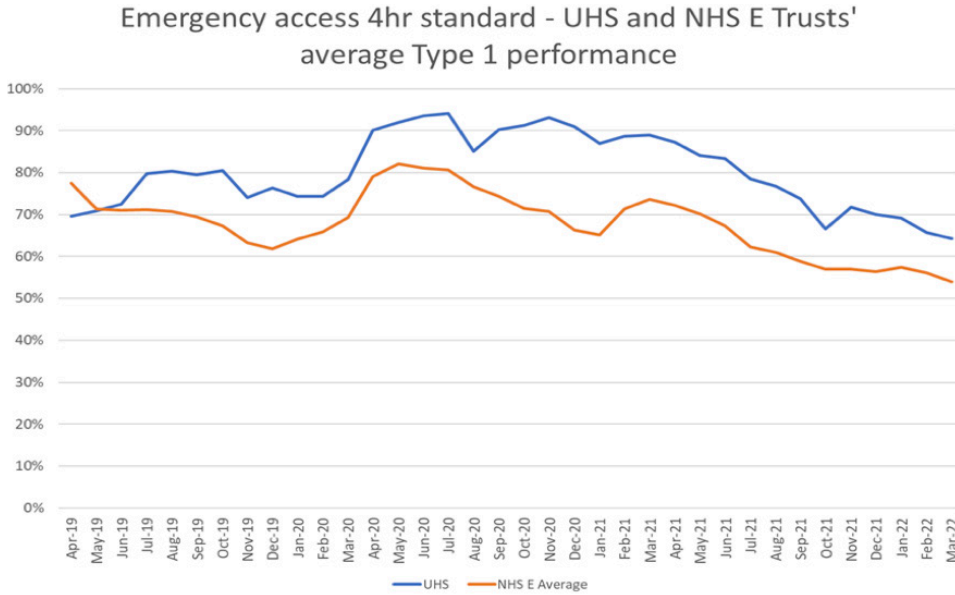
This exceptional increase in the clinical demand upon our department has had a significant adverse impact upon the timeliness of care, particularly for those patients who have a less urgent condition. The department has also continued to deliver services separately for those patients who have respiratory symptoms and those who do not, and to implement additional infection control measures.

Emergency access performance is measured as the percentage of patients discharged from emergency department care or admitted to a hospital bed within four hours of arrival to the department.

The national target of 95% was not achieved and the Trust experienced a large deterioration in our own performance to 64% (main ED/Type 1 attendances) by March 2022. Our performance compared favourably with other acute trusts in England despite this, however.

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Emergency access four hour performance



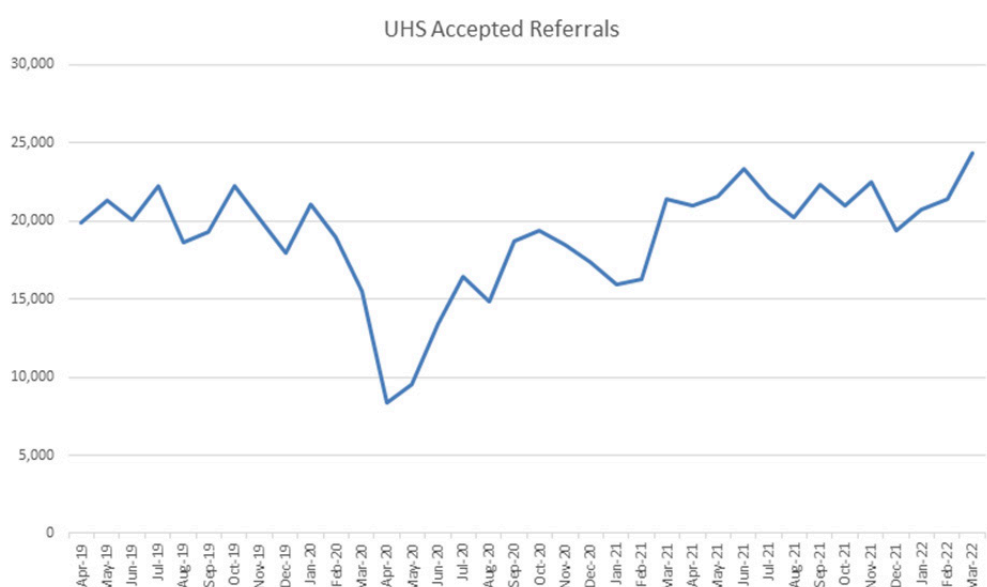
The number and duration of any ambulance handover delays are another important performance indicator. Ensuring that ambulance staff can 'hand over' the patients they convey to our emergency department without delay is important because this releases the staff and their vehicle to meet the needs of other medical emergencies in the community. We are very proud to have an exceptionally good record in this regard, working with colleagues in ambulance services to transfer arriving patients into our emergency department and the care of our staff even when the hospital is already fully occupied.

Elective Waiting times

Demand

2021/22 has seen a continuation of the trend of increasing elective referrals, following a major reduction which occurred at the start of the COVID-19 pandemic. Referral rates to our services are now typically at, or above, the levels seen before the pandemic. Feedback from clinicians is that they are also seeing more patients with advanced disease than they would normally, because of delays in referral to the service/diagnosis.

Accepted referrals



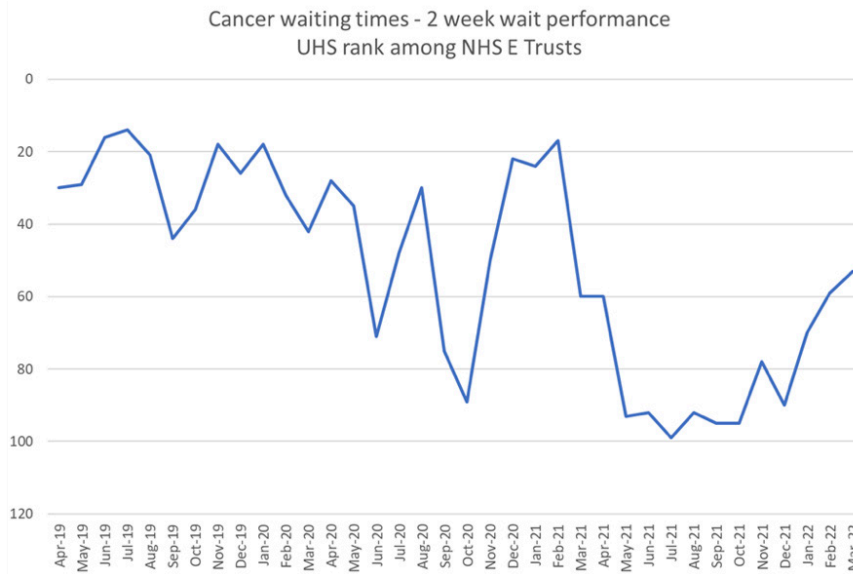
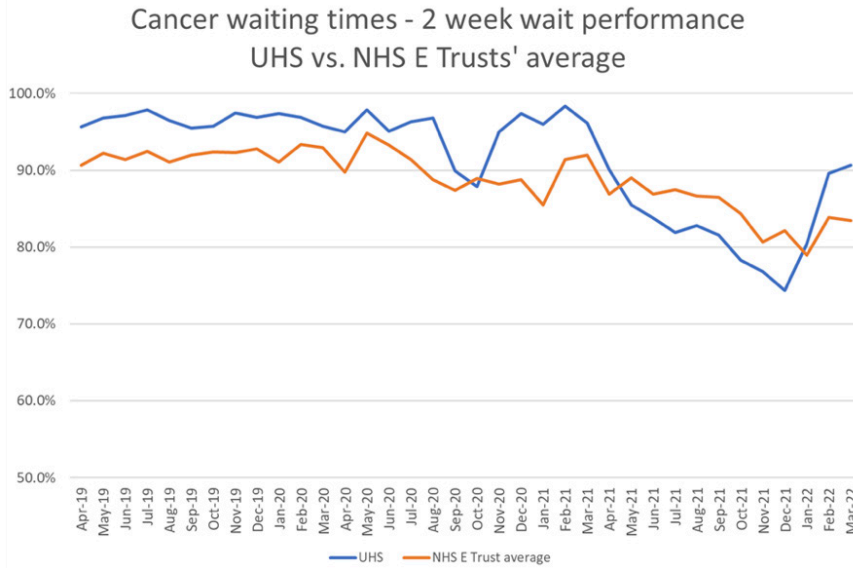
The number of patients referred to hospital with suspected cancer increased exceptionally during 2021/22; the number of patients seen for a first consultant-led appointment was 27% higher than in 2020/21 and 18% higher than in 2019/20.

Performance remained below the national target of 93% throughout the year, with a deterioration to 74% in December 2021 prior to a recovery to 90% in March 2022. Our performance also declined in comparison with other acute trusts in England.

Most of the patients who waited longer than two weeks for their first appointment were within our breast service, which sees a very large number of referrals for suspected cancer and experienced a 22% increase in the number of patients seen compared to 2019/20. Additional consultants who specialise in breast cancer have now been recruited and performance in this service returned to target in April 2022.

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Performance following 'Two week wait' urgent referral for suspected cancer



Activity

The number of UHS hospital appointments, diagnostic tests and elective admissions all increased significantly during 2021/22.

The number of appointments undertaken, and diagnostic tests performed, exceeded activity levels in both 2019/20 and 2020/21.

The number of elective and day case admissions increased significantly compared to 2020/21 (the first year of the pandemic) yet remained approximately 10% below the levels achieved between April 2019 and February 2020 (prior to COVID-19).

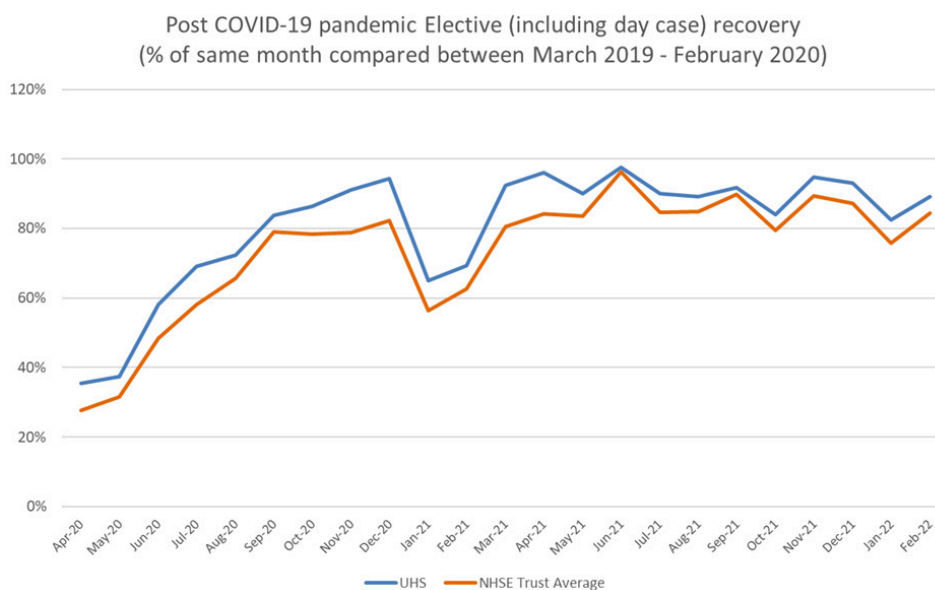
There were a wide range of factors influencing these activity levels, and the lower levels of admitted activity specifically, including:

- the availability of beds for the admission of elective patients after emergency patients with COVID-19 and other conditions had been accommodated;
- the availability of staff to deliver elective care, during periods of increased COVID-19 bed occupancy, and during periods of increased staff absence related to COVID-19;
- additional infection prevention measures which were maintained, particularly within inpatient treatment settings where risks of COVID-19 transmission are otherwise increased.

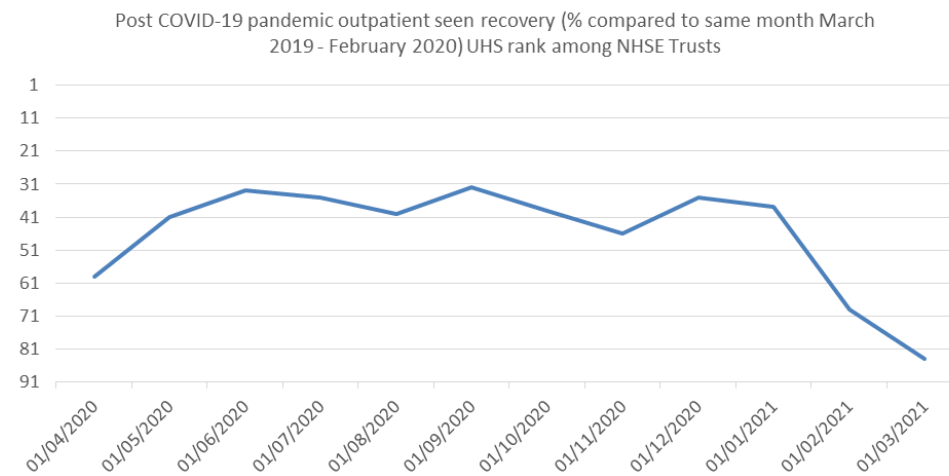
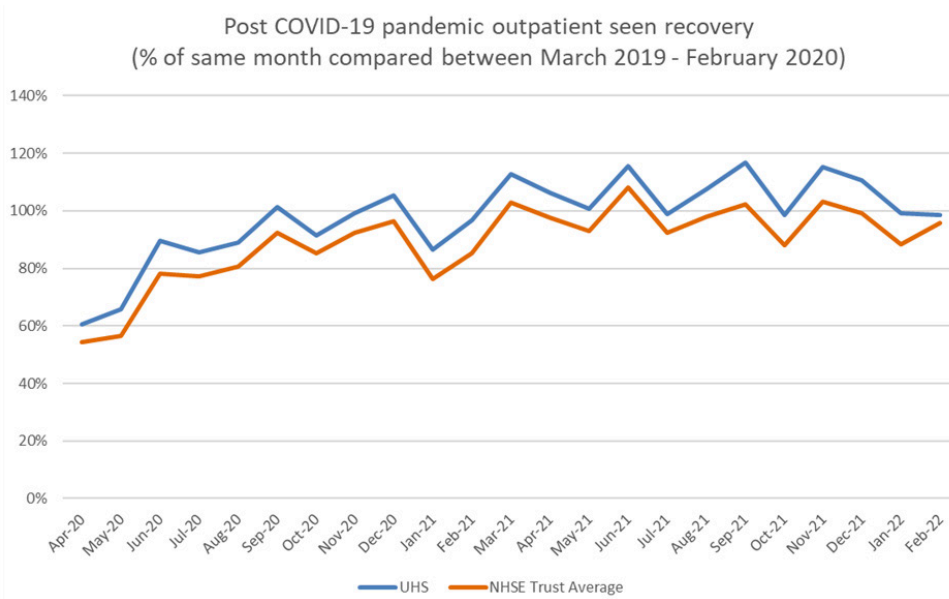
Most of the activity has been delivered within NHS hospitals in 2021/22 (local independent sector hospitals were used to replace NHS elective capacity in 2020/21), and we have recruited additional staff and invested in an additional ward, theatres and outpatient rooms in order to be able increase our treatment activity.

The graphs below show 2021/22 activity levels as a percentage of those achieved prior to the COVID-19 pandemic.

Elective admissions (including day case)



Outpatient attendances



Diagnostics

Our performance measures for diagnostics report on a total of 15 different frequently used tests.

At the end of March 2022, 20% of patients were waiting more than six weeks to receive their investigation. This is a significant improvement compared to 28% of patients waiting more than six weeks at the end of March 2021, yet still significantly worse than the national target (1%) and UHS performance prior to pandemic.

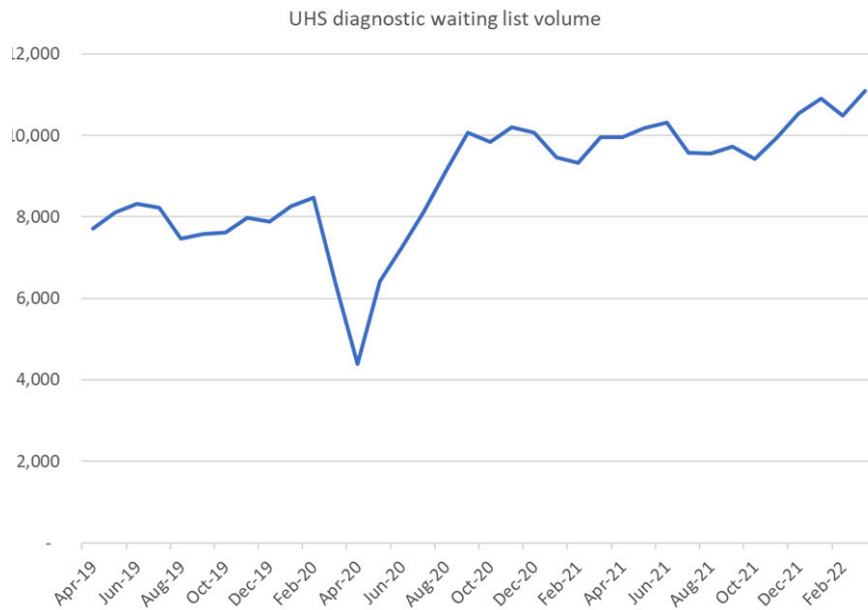
At the end of March 2022, the total waiting list size (including patients waiting less than six weeks) had increased by 14% compared to March 2021 and was 34% larger than before the pandemic.

These trends reflect a combination of large reductions in diagnostic activity in the first year of the pandemic, followed by record levels of diagnostic tests being performed during 2021/22 (7% higher than before the pandemic) combined with very high levels of referrals for diagnostic testing over the same period.

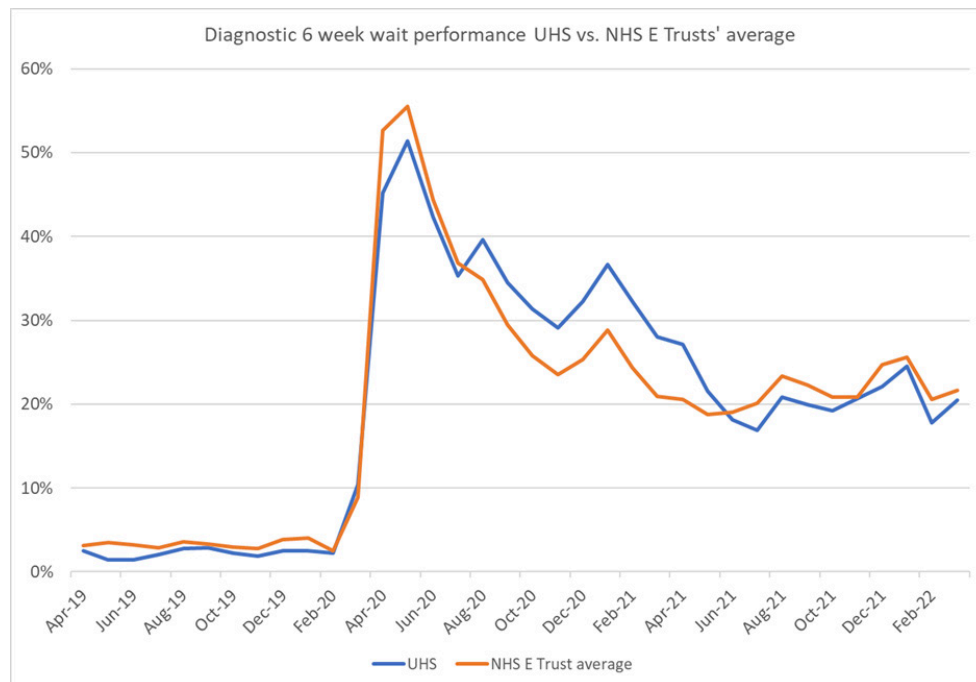
OVERVIEW AND PERFORMANCE

The tests with largest numbers of longer waiting patients are non-obstetric ultrasound, peripheral neurophysiology, MRI and CT. Initiatives to improve performance include the recruitment of additional staff in the relevant professions and investment in additional equipment, in the context of NHS forecasts that diagnostic demand will continue to increase over the longer term.

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



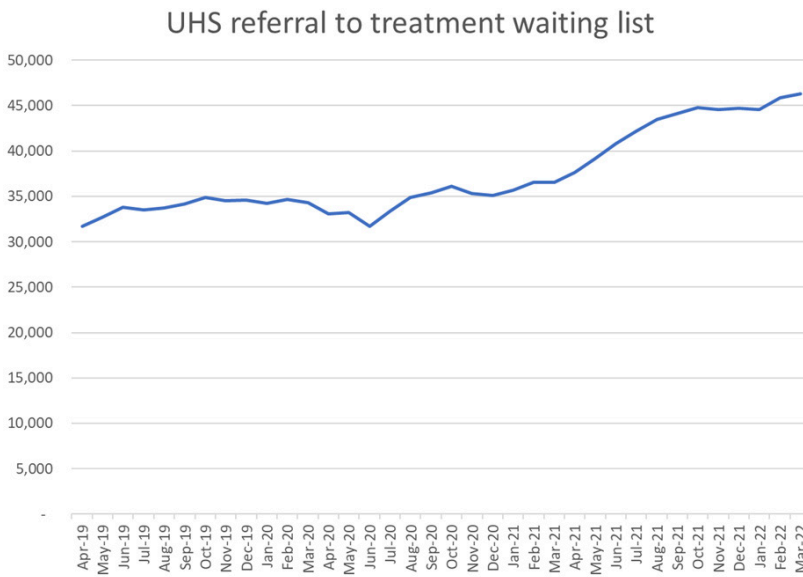
Percentage of patients waiting over 6 weeks for a diagnostic test to be performed



Referral to Treatment

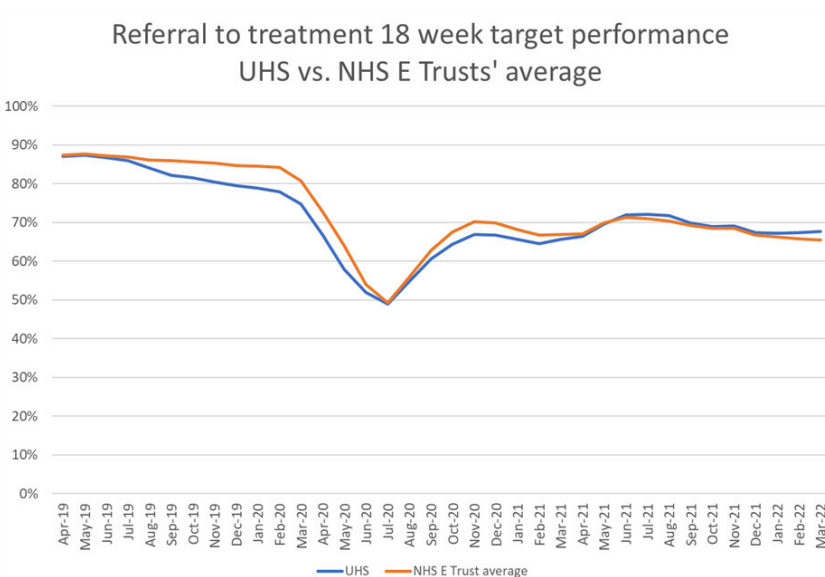
Our waiting list from referral to treatment increased in size by 27% (9,768 patients) during 2021/22 and is now 36% larger than before the pandemic. Both referrals and hospital activity declined steeply at the start of the pandemic, but referral levels increased more quickly than hospital activity following this. The rate at which the waiting list is increasing has however reduced in the most recent six months.

Number of patients waiting between referral and commencement of a treatment for their condition



The national target is that at least 92% of patients should be waiting for treatment no more than 18 weeks from their referral to hospital. Our performance has deteriorated from 80% immediately before the pandemic, to 68% at the end of March 2022. Our performance continues to be typical of the major teaching hospital trusts that we benchmark with, and the trend has been similar to that experienced across trusts in England.

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



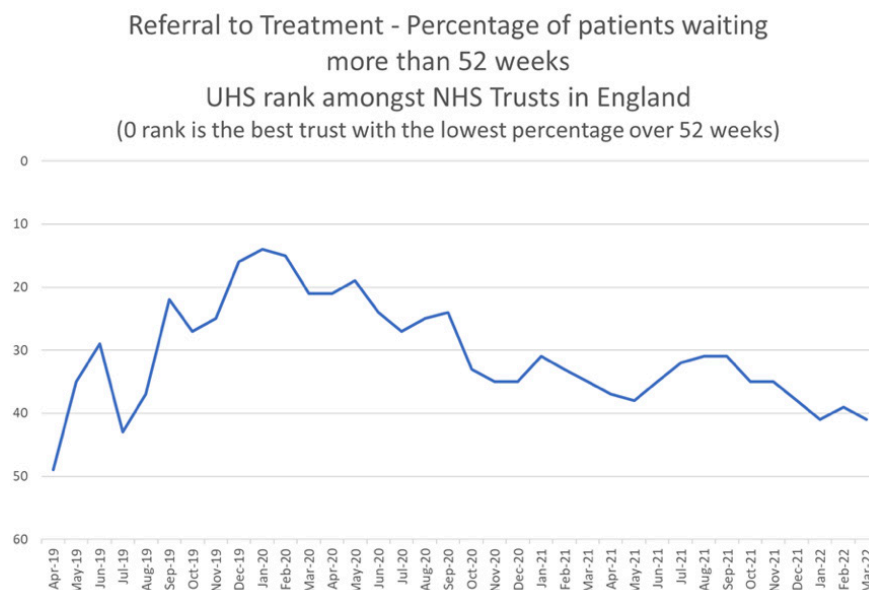
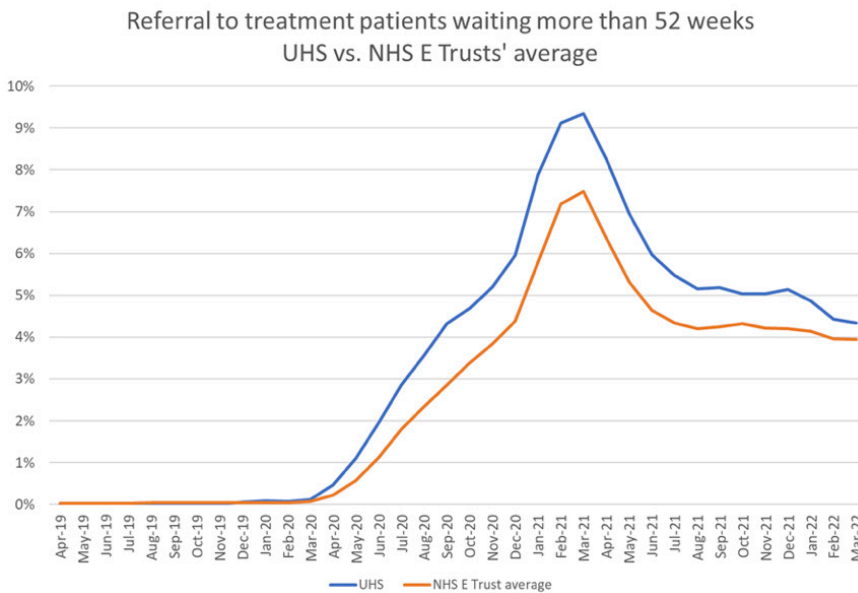
OVERVIEW AND PERFORMANCE

The fact that some patients wait significantly longer than the 18 week target is a particular concern. In 2020/21 NHS England targeted the stabilisation of the numbers of patients waiting more than 52 weeks and the elimination of waiting times more than 104 weeks (except when patients choose to wait longer).

The percentage of patients waiting more than 52 weeks at UHS reduced from 9% to 4%. The number of patients waiting more than 104 weeks reduced, from a maximum of 171, to 59 at the end of March 2022 (of whom only five were wishing to proceed with treatment at that time).

The patients who typically wait longest for treatment continue to be those who require admission for surgical procedures in specialities such as ear nose and throat, orthopaedics and oral surgery. The Trust opened four additional operating theatres during 2020/21 and is working in collaboration with partners in the Hampshire and Isle of Wight integrated care system to implement further elective recovery plans.

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



Cancer Waiting Times

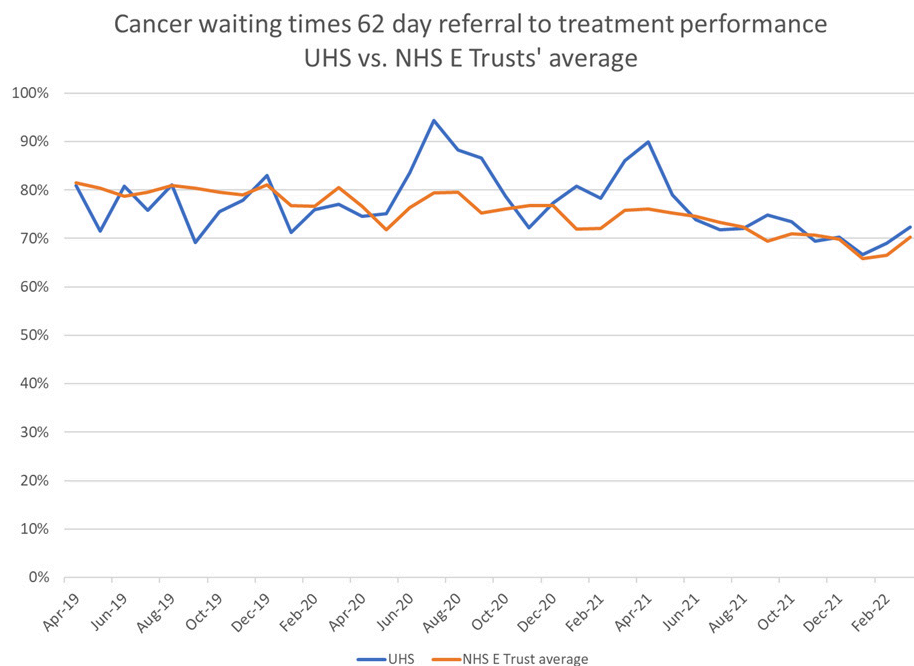
The timeliness of urgent services for patients with suspected cancer has unfortunately declined during 2021/22. The Trust continues to perform well in comparison with the teaching hospitals that we benchmark with and deliver a similar range of services, however.

We have faced a range of challenges including:

- a large increase in the number of new patients referred for investigation;
- delays in the onward referral (for specialist investigation or treatment) of patients from other trusts which have also experienced increases in referrals;
- the need to provide capacity to investigate and treat the full range of other conditions, alongside those patients with suspected cancer; and
- an increase in the complexity of treatment required by new and existing patients, potentially because of delays in referral or treatment during the first year of the pandemic

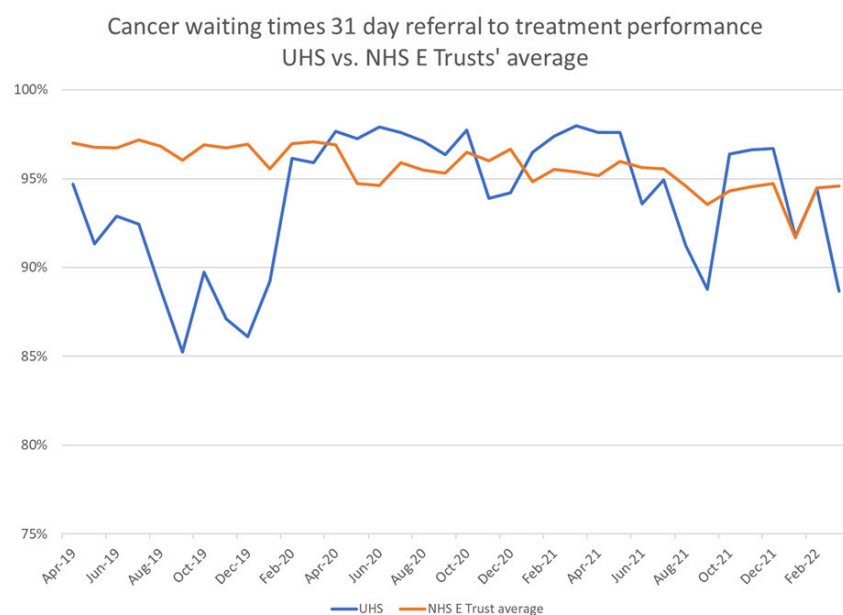
The national target is to provide the first definitive treatment to at least 85% of patients with cancer with 62 days of referral to hospital. UHS exceeded this level of performance in April 2021 but has not done so since then, performance deteriorated to 66% in January 2022 before recovering somewhat to 72% by March 2022.

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



The national target is to provide the first definitive treatment to at least 96% of patients within 31 days of a decision to treat being made and agreed with the patients. Trust performance has been very variable in 2021/22, ranging from 89% to 98% in individual months. Likewise, performance has ranged from below average in some months, to amongst the best in the group of teaching hospitals that we benchmark with.

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



A range of initiatives are being pursued to maintain and improve the timeliness of our cancer services including:

- changes to some of the processes for the referral and initial assessment of patients with suspected cancer, for example the inclusion of high quality photographs within referrals for suspected skin cancer;
- projects to refine processes and procedures for the investigation of suspected gynaecological and urological cancers;
- an operating services improvement programme designed to improve the flow of patients, and the numbers of patients treated, through our existing theatre facilities; and
- staffing level increases and recruitment to clinical roles in specialities where the increases in demand require this.

Quality priorities

The Trust set four quality priorities in 2021/22, which were aimed at ensuring we 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. We recognised the overriding issues of significant operational pressures being felt right across the health and social care system, including those associated with the second year of the COVID-19 pandemic, by limiting the number of priorities to four. We also acknowledged the risk that the delivery of our priorities could be disrupted by the ongoing pandemic and that we needed to be flexible in adapting the priorities to changing circumstances.

The Trust set the following four priorities:

- 1. Introduction of midwifery continuity of carer for women at risk of complications in pregnancy.**
- 2. To support staff wellbeing and recovery.**
- 3. Managing risks to patients delayed for treatment and restoring elective programmes.**
- 4. Reducing healthcare associated infection (HCAI)**

OVERVIEW AND PERFORMANCE

The Trust achieved three of the quality priorities and partially achieved one priority.

In relation to midwifery continuity of carer, the Trust's performance exceeded the ambition that had been set by NHS England in 2020/21 following its national review of maternity services in 2015 as shown below.

NHS England ambition set in 2020/21	Percentage achieved
35% of women will be booked to receive care in a continuity of carer team	41.7%
35% of black and minority ethnic women booked to receive care in a continuity of carer team	75%
35% of women living in an IMD-1 area (most deprived areas measured using indices of deprivation)	80%

The Trust continued to introduce programmes, interventions and wider support offerings to promote staff wellbeing and recovery in 2021/22. Our 2021/22 annual NHS staff survey results are positive with our scores relating to wellbeing above the benchmark average. Contributing factors to wellbeing such as staff engagement, morale, staff experience in areas such as kindness and respect, feeling valued and trusted to do their job were all above the benchmark average. More information about staff health and wellbeing is included in the staff report below.

The Trust only partially achieved the priority relating to managing the risks to patients delayed for treatment and restoring elective programmes. The Trust's performance against elective waiting time standards are described in more detail above. While the Trust focused on prioritising all patients waiting for surgery to ensure we continued to treat people based on need and urgency, we continue to recognise the impact of delays on people's quality of life and, at times, outcomes.

COVID-19 remained a key area of focus for the Trust in 2021/22 in terms of infection prevention. The Trust implemented a number of awareness campaigns, including its award-winning COVID ZERO campaign, and strategies to reduce in-hospital transmission of COVID-19 and kept these under review throughout the year. The chart below shows the trend of hospital-onset cases of COVID-19, which has broadly followed local and national prevalence of the virus, and the Trust's performance compared very favourably with its local and national peers.

OVERVIEW AND PERFORMANCE

The table below provides an overview of the Trust's performance against national and other infection prevention standards and limits to minimise infections, the majority of which have been achieved by the Trust.

Category		End of year RAG	Action /Comment
National Objectives:	MRSA bacteraemia	R	One MRSA bloodstream infection attributable to UHS 2021/22 in March 2022.
	Clostridium difficile infection	R	74 cases against a threshold of 64 for the year.
	E coli Bacteraemia	G	138 cases in 2021/22 against a threshold of 151.
	Klebsiella Bacteraemia	A	64 cases in 2021/22 against a threshold of 64.
	Pseudomonas Bacteraemia	G	30 cases in 2021/22 against a threshold of 34.
Other:	MSSA		43 cases in 2021/22 after 48 hours in hospital.
	Hospital onset, healthcare associated COVID-19		103 hospital-onset probable healthcare-associated cases in 2021/22. 125 hospital onset - definite healthcare associated cases in 2021/22.
Antimicrobial Stewardship	Prudent antibiotic prescribing	G	The standard contract requirement for reduction in antibiotic usage for 2021/22 was waived, as in 2020/21. Had it been applied as anticipated, the Trust would very likely have met this.
Provide assurance of basic infection prevention practice:	Assurance of Infection Prevention Practice Standards	G	The annual infection prevention audit programme was reinstated in April 2021 for the monitoring and assurance of infection prevention and control practices but subsequently suspended in September 2021.

You can find more information about how the Trust delivered and measured its quality priorities, including feedback from patients and staff and improvement aims and quality priorities for 2022/23, in the Trust's quality account for 2021/22, incorporated in the Trust's annual report and accounts.

Financial performance

The Trust delivered a surplus of £0.048 million from a revenue position of over £1.2 billion, once items deemed as “below the line” by NHS England and NHS Improvement, such as impairments to the valuation of our fixed assets, were removed. This met the national minimum breakeven mandate required for NHS organisations. Supporting this delivery was the achievement of £15 million of efficiencies in year, which, although below previous years’ levels, was a significant achievement given the level of operational pressure.

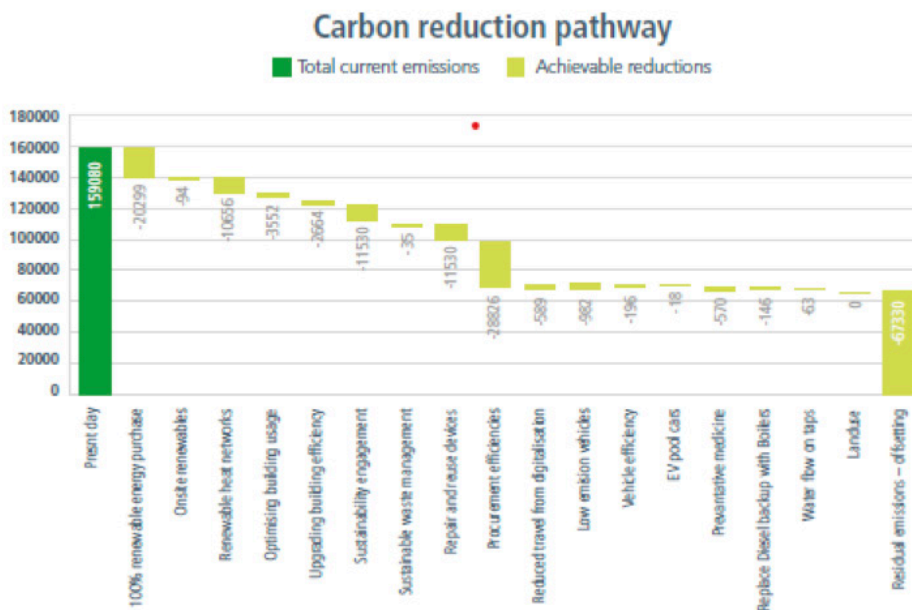
Operating income increased by £160 million from the previous financial year, with significant funding increases related to the UK Health Security Agency saliva mass testing programme contract and also increases in research and development income due predominantly to COVID-19 vaccine studies. Additionally, NHS income continued to grow both in line with funding settlements and inflationary awards together with service expansions and elective recovery funding. Consequently costs increased in equal measure, with pay spend increasing by £57 million from the previous year, an average of 800 whole-time equivalent staff year on year. Bank and agency costs increased as a proportion of total pay spend but remained under 10% of total staff costs.

We have also continued our reinvestment of surplus cash into infrastructure for the Trust, with capital investment of over £65 million, including investment in new theatres, expanding our emergency department and expanding our ophthalmology capacity. Liquidity also remains strong with cash and cash equivalents of £166 million (inclusive of Southampton Hospital Charity). This has increased by £32 million from the previous year.

Sustainability

At the Trust we recognise that to effectively respond to the climate crisis everyone has a part to play. The Trust 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.

In March 2022 the Trust’s board of directors agreed an ambitious green plan setting out where we are on our journey to decarbonising the Trust and achieving the challenging net zero target set by the NHS. In this plan we identify our areas of focus and our ambitions for the next three years. We are all key to successfully transitioning the Trust to become a sustainable organisation, learning what we can do, be that from a personal or professional and corporate perspective.



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 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.

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 below.

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

The pandemic starkly highlighted the persistent and damaging effect of health inequalities across communities. It also made engagement more challenging as people were less willing and less able to meet in groups to discuss their experiences and problems accessing and receiving healthcare. Assumptions of digital literacy and digital access also risk creating unequal access both to care and to participation in activities to improve care. With that in mind, we have tried to be versatile in how we approached learning and improving care.

We continued to track how patients requiring reasonable adjustments reported those needs being met and, unfortunately, we have seen a slight decrease in patients reporting their needs being met. A review of the accompanying free text comments did not suggest any general theme or trend, however, the scores themselves are sufficient for us to refocus our efforts in supporting people to access care equitably.

	Had a disability/required a reasonable adjustment	Had this need met (positive response)
2021/22	23%	90%
2020/21	26%	92%

Promoting the sunflower lanyard scheme for people with hidden and visible disabilities has been an important step for the Trust in supporting our patients and carers to inform us about their needs and required adjustments and we continue to offer this scheme through our Patient Support Hub.

We were also delighted to formally launch our online accessibility guides with our partner AccessAble. These guides provide detailed and professional guidance to the Trust estate across all locations and help people with accessibility needs to plan their visit. During 2021/22, 22,596 unique users accessed our online guides, with a total of 37,454 page views.

Carers remain one of our essential partners in care, and in 2021/22 we took forward some of the key objectives set out in our carers strategy to undertake significantly more engagement with our carers' community. One of the biggest projects has been looking at the involvement of carers in patient discharge, and we were able to secure funding to support a carers engagement officer to deliver engagement. Clear themes emerged, in particular the need for greater advocacy for our patients and carers, including a single point of contact for carers; for carers to be involved to a greater degree in care planning and discussions; and consideration of carers' needs, embracing their own wellbeing needs, when planning discharges and onward care.

We are committed to working alongside carers to deliver equitable services for all, and at the end of 2021/22 we appointed substantively to our carers lead post for the first time. This gives us the capacity to deliver on our carers agenda and put into practice the needs identified by our engagement work.

2021/22 also saw the launch of our health Inequalities committee, bringing together community organisations who work with or advocate for disadvantaged and excluded groups with representatives from the Trust. Looking forward, we are currently recruiting to new posts, a senior head of health inequalities, a health inequalities engagement officer, and a health inequalities project officer, to drive forward this vital agenda. These posts will give us the capability to identify and understand where inequalities exist across our services, focusing on access, experience and outcomes. This work will inform a new health inequalities strategy and action plan.

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
21 June 2022

ACCOUNTABILITY REPORT



Accountability report

Directors' report

Board of directors

The board of directors is usually made up of six executive directors and seven non-executive directors, including the chair. Between 1 January and 30 June 2021 the number of non-executive directors was reduced by one as Jane Bailey's reappointment as a non-executive director was deferred to allow her to lead the Hampshire and Isle of Wight COVID-19 saliva mass testing programme. Following the retirement of the Trust's chair, Peter Hollins, on 31 March 2022 the number of non-executives has reduced to six again, however, it will increase to seven again when the chair designate, Jenni Douglas-Todd, joins the Trust in July 2022 and Jane Bailey resumes her role as a non-executive director.

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. While the Trust has briefly been operating with one fewer non-executive directors than is required by the Trust's constitution, the Trust has been non-compliant with this paragraph of the code. During this period the provisions of the Trust's constitution that a quorum for meetings of the board of directors 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 continued to apply. The Trust also appointed an associate non-executive director, Femi Macaulay, who joined the Trust in January 2022, which helps the Trust maintain a strong independent voice on the board through its non-executive directors.

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

The chair was determined to be independent on his appointment and the other non-executive directors have been determined to be independent in both character and judgement. This included specific consideration of Jane Bailey's continued independence following her role leading the Hampshire and Isle of Wight saliva mass testing programme. The chair, executive directors and non-executive directors have declared any business interests that they have. Each director has declared their interests at public meetings of the board of directors. The register of interests is available on the Trust's website.

The current members of the board of directors are:

Non-executive directors	
<p>Jane Bailey Interim chair</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Trust roles:</p> <ul style="list-style-type: none"> • Chair of remuneration and appointment committee • Chair of governors’ nomination committee • Chair of finance and investment committee • Lead NED – Always Improving
<p>Dave Bennett Non-executive director</p>	<p>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.</p> <p>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.</p> <p>Trust roles:</p> <ul style="list-style-type: none"> • Chair of charitable funds committee • Audit and risk committee member • Quality committee member • Remuneration and appointment committee member • Chair of Trust’s organ donation committee • Lead NED – Security Management and Health and Safety

Non-executive directors	
<p>Cyrus Cooper Non-executive director</p>	<p>Cyrus Cooper is professor of rheumatology and director of the MRC Lifecourse Epidemiology Unit. He is also vice-dean of the faculty of medicine at the University of Southampton and professor of epidemiology at the Nuffield Department of Orthopaedics (rheumatology and musculoskeletal sciences, University of Oxford).</p> <p>He leads an internationally competitive programme of research into the epidemiology of musculoskeletal disorders, most notably osteoporosis. His key research contributions have been:</p> <ul style="list-style-type: none"> • discovery of the developmental influences which contribute to the risk of osteoporosis and hip fracture in late adulthood • demonstration that maternal vitamin D insufficiency is associated with sub-optimal bone mineral accrual in childhood • characterisation of the definition and incidence rates of vertebral fractures • leadership of large pragmatic randomised controlled trials of calcium and vitamin D supplementation in the elderly as immediate preventative strategies against hip fracture. <p>He is president of the International Osteoporosis Foundation, chair of the BHF Project Grants Committee, an emeritus NIHR senior investigator, a director of The Rank Prize Funds and associate editor of Osteoporosis International. He has previously served as chairman of the Scientific Advisors Committee (International Osteoporosis Foundation), the MRC Population Health Sciences Research Network and the National Osteoporosis Society of Great Britain. He has also been president of the Bone Research Society of Great Britain and has worked on numerous Department of Health, European Community and World Health Organisation committees and working groups.</p> <p>Cyrus has published extensively on osteoporosis and rheumatic disorders and pioneered clinical studies on the developmental origins of peak bone mass. In 2015, he was awarded an OBE for services to medical research.</p> <p>Trust roles:</p> <ul style="list-style-type: none"> • Quality committee member • Remuneration and appointment committee member • University liaison lead • Lead non-executive director for Freedom to Speak Up
<p>Keith Evans Non-executive director</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Trust roles:</p> <ul style="list-style-type: none"> • Chair of audit and risk committee • Finance and investment committee member • People and organisational development committee member • Remuneration and appointment committee member • Lead non-executive director for digital

Non-executive directors	
<p>Jane Harwood Non-executive director</p>	<p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Trust roles:</p> <ul style="list-style-type: none"> • Chair of people and organisational development committee • Charitable funds committee member • Quality committee member • Remuneration and appointment committee member • Wellbeing Guardian • Designated Board Member - Maintaining High Professional Standards in the NHS
<p>Tim Peachey Non-executive director</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Trust roles:</p> <ul style="list-style-type: none"> • Deputy chair and senior independent director (from 1 April 2022) • Chair of quality committee • Audit and risk committee member • Maternity Safety Champion

Non-executive directors	
<p>Femi Macaulay Associate non-executive director</p>	<p>Femi is a marketing and management professional and former Executive Director at JP Morgan Private Bank in London and New York.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>As an associate non-executive director Femi attends all meetings of the board of directors in a non-voting capacity.</p> <p>Trust roles:</p> <ul style="list-style-type: none"> • Audit and risk committee attended • People and organisational development committee attendee • Remuneration and appointment committee attendee

Executive directors	
<p>David French Chief executive officer</p>	<p>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.</p> <p>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.</p> <p>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.</p>

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Executive directors	
<p>Gail Byrne 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>Paul Grundy 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>Steve Harris 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>Ian Howard 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 and served as deputy director of finance from 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 UHS Pharmacy Limited, a subsidiary of the Trust and a director of Wessex NHS Procurement Limited, a joint venture between the Trust and Hampshire Hospitals NHS Foundation Trust.</p>
<p>Joe Teape 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>

During 2021/22 Peter Hollins was the chair of the Trust and retired on 31 March 2022, having spent eleven years as a board member and six years as chair. Peter brought many years of operational management and leadership experience to the role of chair gained industry and health charities. As well as chairing the board of directors and the council of governors, Peter also chaired the remuneration and appointment committee and the governors' nomination committee.

The role of the board of directors

The general duty of the board of directors 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 of directors is responsible for setting and 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 of directors 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 of directors. The board of directors has maintained continuous oversight of the effectiveness of the Trust's risk management and internal control systems.

The board of directors engages with the council of governors principally through the chair and senior independent director. Non-executive and executive directors attend meetings of the council of governors and its 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 of directors other than the appointment and remuneration committee and the charitable funds committee. In addition, the governors and the non-executive directors meet together on a quarterly basis. The board of directors also works closely with the council of governors to ensure that the interests of patients and the local community are represented.

The board of directors 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 board of directors established a board operating group to ensure that decisions required were made in a timely way with appropriate support for management, which operated during the period of the COVID-19 pandemic. The board of directors also established a major project oversight committee during 2020/21 to maintain oversight of the Hampshire and Isle of Wight saliva mass testing programme given the innovative nature and potential scale of the programme. This committee ceased to operate when the programme terminated on 31 March 2022. The members of each committee are also members of the board of directors.

The schedule of decisions reserved to the board and the scheme of delegation records the business to be conducted by the board of directors 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 council of governors agrees the evaluation processes for appraising the chair and non-executive directors through the governors' nomination committee and the council of governors and the outcome of both processes is shared with the council of governors. The appraisal process incorporated the views of the directors and the governors and 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 chief executive undertook performance appraisals of the executive directors and the chief executive's performance was appraised by the chair. The chief executive 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 of directors through a board development programme. The board holds approximately ten additional meetings each year to focus on board development. These meetings are not formal meetings of the board of directors and are not included in the table setting out directors' attendance at board meetings below.

The board of directors reviewed its own performance through development sessions in 2021/22. This involved externally facilitated discussions over a series of three sessions. Each of the committees of the board of directors 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 of directors meets every month and at other times as necessary. Every other month part of the meeting is open to the public. During 2021/22 meetings have been held virtually using Microsoft Teams in line with national guidance on social distancing and in compliance with the Trust's own infection control measures.

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 of directors meetings are recorded in the minutes of the meeting.

Name	Meetings attended
Jane Bailey Non-executive director (from 1 July 2021) Deputy chair and Senior independent director (from 1 July 2021)	9 (9)
Dave Bennett Non-executive director	13 (13)
Gail Byrne Chief nursing officer	12 (13)
Cyrus Cooper Non-executive director	11 (13)
Keith Evans Non-executive director	11 (13)
David French Chief executive officer (from 28 April 2021) Interim chief executive officer (until 27 April 2021)	13 (13)
Paul Grundy Chief medical officer (from 17 May 2021) Interim chief medical officer (until 16 May 2021)	12 (13)
Steve Harris Chief people officer	12 (13)
Jane Harwood Non-executive director	13 (13)
Peter Hollins Chair	13 (13)
Ian Howard Chief financial officer (from 14 March 2022) Interim chief financial officer (until 13 March 2022)	13 (13)
Tim Peachey Non-executive director	13 (13)
Joe Teape Chief operating officer	13 (13)

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 board of directors 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
- 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 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 of director’s 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

There are four non-executive director members of the committee, all of whom are independent. The committee is chaired by Keith Evans. Further information about the chair is set out above.

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 2021 and March 2022, 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 (from 1 July 2021)	4 (4)
Tim Peachey	6 (6)
Dave Bennett	6 (6)

Significant issues considered by the committee

Major topics considered by the committee during the year included:

- review of the Trust's approach to risk management, including the board assurance framework (BAF), the risk management strategy and policy and operational risk management processes;
- the action plan to improve the Trust's compliance with the Better Payment Practice Code;
- a review of the Trust's banking arrangements including the maintenance of a working capital balance to ensure adequate liquidity;
- deferral and replacement of a planned audit due to the redeployment of staff in response to the latest wave of the COVID-19 pandemic;
- losses and special payments, including the review of two instances of losses due to the failure of fridges in oncology pharmacy, the contingency arrangements that reduced the impact on patients and the learning from the review of these events;
- information governance compliance, including the Trust's submission of the Data Security and Protection Toolkit and progress against its improvement plan and compliance with requirements in the UK General Data Protection Regulation, the Data Protection Act 2018 and Freedom of Information Act 2000;
- data quality assurance around reporting of the number of patients waiting for treatment as waiting lists increased due to limitations on elective activity as a result of the COVID-19 pandemic and the associated risks and action plans;
- the application of accounting policies (such as income recognition, major and transactions, new areas of activity, finance leases, the anticipated impact of IFRS 16 on leases and valuation of assets) and significant areas of estimation or judgement including valuation of land and buildings and receivables;
- the report from the Financial Reporting Council following the Audit Quality Review of the external audit of the Trust's annual report and accounts 2019/20 commissioned by NHS England and NHS Improvement, which was subsequently shared with council of governors;
- the implementation of new arrangements for the declaration of interests by staff and compliance with these arrangements;
- key changes to the existing NHS standards to counter fraud, bribery and corruption to reflect Government Functional Standard GovS 013: Counter fraud;
- the review of external audit services for the Trust's subsidiaries and Southampton Hospital Charity; and
- a review of the Trust's arrangements 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 minor changes proposed to the committee's term of reference prior to their approval by the board of directors,

Having reviewed the content of the annual report and accounts, the committee has advised the board of directors 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.

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

Internal audit

The Trust does not have an internal audit function but these services are provided by 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, in particular, 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.

The statutory audit fee for 2021/22 was £100,000 for the Trust and £15,000 for UHS Estates Limited. Each of UHS Pharmacy Limited and Southampton Hospital Charity have appointed a different external auditor for 2021/22. 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 of directors of the Trust is responsible for all aspects of leadership within the organisation. The board of directors 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. The board of directors also participated in a series of leadership for improvement training modules, the conclusion of which was deferred due to the COVID-19 pandemic.

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 and NHS Improvement requires all trusts to carry out externally facilitated, developmental reviews of their leadership and governance using the well-led framework.

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.

Our council of governors continues to play a vital part in involving our community in the work we do. They represent our 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 of directors, 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 2021/22 the council of governors was made up as follows:

Governor	Constituency	Number
Public elected governors	Southampton City	5
	New Forest, Eastleigh and Test Valley	4
	Isle of Wight	1
	Rest of England and Wales	3
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	Southampton City Clinical Commissioning Group (CCG)	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 student governor representatives who attend all meetings of the council of governors from the University of Southampton and a local sixth form college. A vacancy has arisen for the student governor representative from a local sixth form college and has not been filled while the council of governors considers proposed changes to the composition of the council of governors.

Changes and elections to the council of governors

During 2021/22 there were several changes to the council of governors:

Constituency	Change
Southampton City CCG and West Hampshire CCG	On 1 April 2021, North Hampshire CCG, West Hampshire CCG, Southampton City CCG, Isle of Wight CCG, Fareham and Gosport CCG and South Eastern Hampshire CCG merged to become the NHS Hampshire, Southampton and Isle of Wight CCG. In March 2021, the board of directors and the council of governors approved an amendment to the Constitution to replace the appointed governors from Southampton City CCG and West Hampshire CCG with one appointed governor from NHS Hampshire, Southampton and Isle of Wight CCG with effect from 1 April 2021.
Hampshire County Council	The appointed governor resigned in May 2021 as they did not stand for re-election as a councillor. A new governor was appointed in July 2021.
Isle of Wight	The governor for this constituency decided to stand down in November 2021 and the vacancy was filled by the next highest polling candidate from the 2019 election.
Medical practitioners and dental staff	The governor for this constituency decided to stand down in January 2022. The vacancy was filled by the next highest polling candidate from the 2020 election.
New Forest, Eastleigh and Test Valley	The governor from this constituency, who had filled the vacancy that arose in February 2021, decided to stand down in January 2022. The council of governors agreed that the vacancy should be filled at the next scheduled election in 2022. Another governor from this constituency decided to stand down in October 2021 and the vacancy for the remaining term of office of one year will be filled from the next scheduled election in 2022.
Non-clinical and support staff	The governor for this staff group resigned in October 2021 on leaving their employment at the Trust. The vacancy was filled by the next highest polling candidate from the 2019 election who was willing to take office.
Nursing and midwifery staff	The governor for this staff group stood down as they resigned from their role at the Trust in September 2021. The vacancy was filled by the next highest polling candidate from the 2019 election. That governor also decided to stand down in January 2022. There were no further candidates available from that election therefore the vacancy will be filled at the next scheduled election in 2022.
Rest of England and Wales	Two governors reached the end of their first term in September 2021. One was re-elected for a second term and the other decided not to stand for re-election. A newly elected governor took office from October 2021. The re-elected governor decided to stand down in March 2022 and the vacancy for the remaining term of two years will be filled at the next scheduled election in 2022.

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Constituency	Change
Solent University	The appointed governor stood down in December 2021 after leaving their post at the university. A new governor was appointed in January 2022.
Southampton City	One governor for this constituency sadly died in November 2021. The council of governors decided to leave the seat vacant until the next scheduled election in 2022.
Southampton City Council	Following elections to the council in May 2021, a new governor was appointed in October 2021.
Student governor representative - University of Southampton	The student governor representative from the Richard Taunton Sixth Form College left the college to attend university in September 2021. This vacancy has not been filled while the council of governors considers whether to include an appointed governor to represent students as a member of the council of governors.

A governor election was held in August 2021 for one public constituency: Rest of England and Wales (two seats). One newly appointed governor took office from 1 October 2021 and one was re-elected.

The terms of office for eight elected public governors and one elected staff governor will end in September 2022. Seven of these governors are in their first term of office and two are in their second term. Elections for thirteen vacancies on the council of governors will take place in 2022.

Council of governors' meetings

The council of governors normally meets every quarter in public, however between April 2021 and March 2022 there were eight meetings, four 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	3 years	5 (8)
Elsbeth Allpress (until 27 October 2021)	Elected, New Forest, Eastleigh and Test Valley	October 2019	2 years 1 month	3 (4)
Katherine Barbour	Elected, Southampton City	October 2019	3 years	5 (8)
Dr Diane Bray (from 12/01/2022)	Appointed, Solent University	January 2022	3 years	3 (3)
Colin Bulpett (until 04/03/2022)	Elected, Rest of England and Wales	October 2018	5 months	3 (7)
Dr Nigel Dickson	Elected, New Forest, Eastleigh and Test Valley	October 2020	3 years	7 (8)
Helen Eggleton (from 01/04/2021)	Appointed, NHS Hampshire, Southampton and Isle Of Wight Clinical Commissioning Group	April 2021	3 years	3 (8)
Professor Mandy Fader (from 01/02/2021)	Appointed, University of Southampton	February 2021	3 years	6 (8)
Carys Gladdish (until 16/11/2021)	Elected, Isle of Wight	October 2019	2 years 2 months	2 (3)
Cerrie Gray (from 07/04/2021 to 19/04/2022)	Elected, New Forest, Eastleigh and Test Valley	April 2021	1 year	0 (4)
Professor Julie Hall (until 31/12/2021)	Appointed, Solent University	September 2020	1 year 4 months	1 (4)
Dr Phil Harries (until 19/01/2022)	Elected, Medical Practitioners and Dental Staff	October 2020	1 year 4 months	0 (4)
Vicki Havercroft Dixon (until 08/10/2021)	Elected, Nursing and Midwifery Staff	December 2020	10 months	1 (2)
Tony Havlin (Deceased) (until 03/11/2021)	Elected, Southampton City	October 2019	2 years 1 month	2 (3)
Harry Hellier	Elected, New Forest, Eastleigh and Test Valley	October 2019	3 years	7 (8)
Sara Hughes (until 24/10/2021)	Elected, Non-Clinical and Support Staff	October 2019	2 years 1 month	2 (2)

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Governor	Constituency	Elected/ Appointed	Term of office	Meeting Attendance
Kelly Lloyd	Elected, Health Professional and Health Scientist Staff	October 2020	3 years	6 (8)
Councillor Barrie Margetts (until 11/07/2021)	Appointed, Southampton City Council	May 2020	1 year 2 months	1 (2)
Councillor Alexis McEvoy (from 12/07/2021)	Appointed, Hampshire County Council	July 2021	3 years	4 (6)
Robert Purkiss MBE, Lead Governor	Elected, Rest of England and Wales	October 2019	3 years	8 (8)
Forkanul Quader	Elected, Southampton City	October 2019	3 years	8 (8)
Rebecca Reynolds (from 12/11/2021 to 31/01/2022)	Elected, Nursing and Midwifery Staff	November 2021	3 months	0 (2)
Catherine Rushworth (from 06/01/2022)	Elected, Isle of Wight	6 January 2022	9 months	3 (4)
Councillor Rob Stead (from 18/10/2021)	Appointed, Southampton City Council	October 2021	1 year	2 (6)
Werner Struss (from 31/03/2022)	Elected, Medical Practitioners and Dental Staff	March 2022	1 year 6 month	0 (0)
Amanda Turner (from 01/10/2021)	Elected, Non-Clinical and Support Staff	October 2021	1 year	4 (6)
Quintin van Wyk (from 1 October 2021)	Elected, Rest of England and Wales	October 2021	3 years	6 (7)
Tim Waldron	Elected, Southampton City	October 2019	3 years	5 (8)
Ian Ward (until 30/09/2021)	Elected, Rest of England and Wales	October 2018	3 years	1 (2)
Councillor Michael White (until 06/05/2021)	Appointed, Hampshire County Council	June 2019	1 year 11 months	1 (1)

In 2021/22 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 2022/23.
- Annual report and accounts including the quality report for 2020/21 and the external auditor's report.
- Performance of the external auditor.
- Audit and risk committee terms of reference.
- Approval of the appointment of a new chief executive officer.
- Approval of the appointment of a new chair and an interim chair.
- 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 its working groups.
- Annual business programme for 2022/23.

Membership and public engagement

Communicating and engaging with our 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.

In July 2021 the council of governors approved a new membership engagement strategy, which included seven objectives to develop a membership that:

1. Is engaged and understands its role within the Trust
2. Is representative of the communities the Trust serves
3. Can support the Trust to achieve its five year ambitions
4. Shares its experiences and provides their views on issues to the Trust
5. Feels empowered to be a voice for key healthcare messages
6. Is engaged with the council of governors
7. Has staff constituencies which know their role

After a break in activity during the peak of the COVID-19 pandemic, member events restarted in April 2021 with a series of virtual sessions exploring topical issues such as COVID-19 vaccination and testing, digital healthcare and patient participation in shaping services. Members continue to receive a bi-monthly e-newsletter, which was rebranded in a more interactive format in December 2021, as well as invitations to take part in surveys and focus groups tailored to their stated interests.

COVID-19 restrictions meant that opportunities to participate in physical events were limited, however, the Trust was able to attend freshers events at the University of Southampton and Solent University in the autumn, which helped increase the number of members aged 21 and under.

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 19,200 followers on Facebook, 14,000 on LinkedIn, 16,900 on Twitter, 3,300 on Instagram and 7,500 on YouTube. In addition, Southampton Children's Hospital accounts have 7,200 followers on Facebook and 4,000 on Twitter.

Following on from the successful COVID ZERO campaign, which won 'Best Crisis Comms' at the PR Week Corporate City & Public Affairs Awards, the Trust launched #DontGoViral in September 2021. This campaign aimed to reduce the transmission of viruses such as respiratory syncytial virus (RSV), COVID-19, flu and other infectious illnesses over winter.

Public membership levels have remained stable over the last year (as shown in the table below), with the priority for recruitment to attract young people, parents and people from a more diverse range of ethnic backgrounds to ensure we have a membership that is representative of the communities that the Trust serves.

Public constituency members	
At year start (1 April 2021)	8,207
New members	320
Members leaving	318
At year end (31 March 2022)	8,209

Membership analysis

As at 31 March 2022 there were 8,209 members in the following public constituencies and in the following demographic groups:

Constituency	Number of members
Southampton City	2,782
New Forest, Eastleigh and Test Valley	3,255
Rest of England and Wales	1,448
Isle of Wight	708
Out of Trust area	16

Ethnicity	Number of members
White	7,326
Mixed	52
Asian/Asian Black	267
Black/Black British	112
Other	61

Age range	Number of members
16	0
17 to 21	52
22+	7,901

Gender	Number of members
Male	3,319
Female	4,782
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 256 public members with no dates of birth, 391 members with no stated ethnicity and 103 members whose gender is unspecified or who prefer not to say.

As at 31 March 2022 there were 12,938 members in the following classes of the staff constituency. Information on staff demographics can be found in the staff report below.

Constituency	Number of members
Medical practitioners and dental staff	1,903
Nursing and Midwifery staff	4,032
Health professional and health scientist staff	4,040
Non-clinical and support staff	2,963

Engagement with board of directors

There is also an open invitation to all governors to attend meetings of committees of the board of directors other than the remuneration and appointment committee and charitable funds committee. In addition, the governors and the non-executive directors meet together on a quarterly basis. The board of directors also works closely with the council of governors to ensure that the interests of patients and the local community are represented and meets with governors following each of its meetings held in public. In the event of any disagreement between the council of governors and the board of directors, 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 2021/22 is set out below.

Governor	Number of invoices	Value of invoices
Non-NHS invoices		
Invoices due for payment during the year	152,176	501,698
Invoices paid within target	133,194	391,642
Proportion of invoices paid within target	87.5%	78.1%
NHS invoices		
Invoices due for payment during the year	6,977	83,393
Invoices paid within target	5,316	68,274
Proportion of invoices paid within target	76.2%	81.9%
Total		
Invoices due for payment during the year	159,153	585,091
Invoices paid within target	138,510	459,916
Proportion of invoices paid within target	87.0%	78.6%

The Trust's performance against the target for payment of invoices has improved significantly during the year as a result of the implementation of an improvement plan. This resulted in monthly performance achieving compliance with the national standards from March 2022, which is anticipated to continue throughout 2022/23.

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 Monitor, now part of NHS England and NHS Improvement, may, with the approval of the Secretary of State, direct; and
- to comply with any directions given by Monitor 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 2021/22. 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 of directors has reviewed the annual report and accounts, having taken into account all the matters considered by and brought to the attention of the board of directors during the financial year. The board of directors 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 key decisions taken by the remuneration and appointment committee of the board of directors during 2021/22 were:

- in line with the guidance for remuneration committees from NHS England and NHS Improvement, individual non-consolidated pay award was made to all the executive directors and paid in November 2021, representing between 1.7% and 2.4% of salaries;
- the remuneration for the chief executive officer, chief medical officer and chief financial officer roles following permanent appointments to those roles;
- seeking the opinion of NHS England and NHS Improvement to proposed salaries for the chief financial officer role in advance of appointment to that role; and
- the role of the committee in relation to the remuneration of senior management roles other than executive directors.

Senior managers' remuneration policy

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

Basic pay	Set at the point of recruitment and reviewed using the NHS England and NHS Improvement 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 other similar large acute teaching trusts to ensure that salary levels are competitive and represent value for money, including scrutiny of any salaries above £150,000. 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
Clinical Excellence Awards	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.
Pension	All executive directors are provided the opportunity to join the NHS pension scheme in line with national terms and conditions.
Other	The Trust does not operate any level of performance-related pay for its senior managers.

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 elsewhere 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 to 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.

Chair	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 and NHS Improvement remuneration framework. Recruiting and retaining highly skilled and experienced non-executive directors is vital to ensure delivery of the Trust's strategy and performance.
Non-executive director	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 and NHS Improvement remuneration framework. Recruiting and retaining highly skilled and experienced non-executive directors is vital to ensure delivery of the Trust's strategy and performance.
Senior independent director/deputy chair	An annual fee of 2,000 is payable to recognise additional responsibilities associated with this role.
Chair of audit and risk committee	An annual fee of £2,000 is payable to recognise additional responsibilities associated with the role.
Chair of quality committee	An annual fee of £2,000 is payable to recognise additional responsibilities associated with the role.
Chair of finance and investment committee	An annual fee of £2,000 is payable to recognise additional responsibilities associated with the role.
Chair of people and organisational development committee	An annual fee of £2,000 is payable to recognise additional responsibilities associated with the role.

The policy set out in the table above is based on the framework for remuneration for chairs and non-executive directors published by NHS England and NHS Improvement in September 2019. For non-executive directors appointed prior to the introduction of the new framework, 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 and NHS Improvement guidance on pay for very senior managers in NHS trusts and foundation trusts, including published pay ranges for executive directors of a supra large acute NHS trusts and foundation trusts (those with turnover of £750 million or more).

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 new people strategy which was approved by Trust's board of directors in March 2022. Fostering a true culture of belonging has equality, diversity, and inclusion at its core. The Trust's remuneration and appointment committee ensures it is sensitive to matters of equality when reviewing salaries for either existing executive directors or new appointees. It also aims to seek a breadth of diversity to shortlists when selecting new executive directors.

At present the Trust is still underrepresented at executive and other managerial levels within the Trust from an ethnicity perspective. The Trust's ongoing actions relating to belonging aim to continue to foster a culture where diverse talent can be nurtured to grow into senior manager roles. The Trust's board of directors also monitors the percentage of employees from a diverse ethnic background at band 7 and above within the NHS agenda for change pay system.

Annual report on remuneration

Remuneration and appointment committee

The remuneration and appointment committee is a committee established by the board of directors of the Trust responsible for identifying and appointing candidates to fill all the executive director positions on the board of directors and for determining their remuneration and other conditions of service.

The membership of the committee consists of the chair, all the non-executive directors and, for decisions relating to the appointment or removal of executive directors other than the chief executive officer, the chief executive officer.

The chief people officer attends all meetings to advise the committee. The chief executive officer also advises the committee on the performance of executive directors other than the chief executive officer. The associate director of corporate affairs attends meetings to advise 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 eleven times between April 2021 and March 2022, 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
Peter Hollins (Chair)	11 (11)
Jane Bailey (from 1 July 2021)	5 (7)
Dave Bennett	10 (11)
Cyrus Cooper	7 (11)
Keith Evans	8 (11)
David French	6 (6)
Jane Harwood	9 (11)
Tim Peachey	10 (11)

During 2021/22 the remuneration and appointment committee also led the appointment processes for the chief executive officer, chief medical officer and chief financial officer. The appointment process took account of the skills, qualifications and experience of the members of the board of directors and any gaps required to be filled. Candidates were identified in a number of ways using an external search agency. 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 panels for each of the chief executive officer, chief medical officer and chief financial officer included a representative from the NHS England and NHS Improvement south-east regional team, who acted as an independent external assessor advising committee members.

The committee was also involved in the appointment of a new director of strategy in 2021/22, although this is not an executive director role.

Governors' nomination committee

The governors' nomination committee is a committee established by the council of governors 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 of directors;
- 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 membership of the committee consists of 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. 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 and deputy chair or another non-executive director.

The chief people officer and assistant director of people attended meetings during the year to advise the committee. The associate director of corporate affairs also attends meetings to advise on governance requirements and with the council of governors' business manager to ensure that the proceedings of the committee are accurately recorded.

The governors' nomination committee met on nineteen occasions between April 2021 and March 2022, 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
Peter Hollins (Chair)	12 (12)
Jane Bailey (Deputy Chair and Senior Independent Director)	3 (3)
Jane Harwood (Non-Executive Director)	4 (4)
Robert Purkiss (Lead Governor) (from 27 October 2021)	11 (11)
Helen Eggleton	14 (19)
Vicki Havercroft Dixon (until 8 October 2021)	6 (7)
Harry Hellier	16 (19)
Amanda Turner (from 27 October 2021)	9 (11)

During 2021/22 the governors' nomination committee made recommendations to the council of governors relating to:

- the approval of the appointment of a new chief executive officer;
- the appointment of a new chair and an interim chair;
- the remuneration of the chair;
- the appointment of a new associate non-executive director; and
- the appraisal process for the chair and non-executive directors including the outcome of appraisals.

The appointment process for the chair and associate non-executive director followed the policy agreed with the council of governors. This considered the board of directors' view of the skills, qualifications and experience of its members and any gaps required to be filled. Candidates were identified in a number of ways using an external search agency. 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 very large university teaching NHS foundation trust from outside the south-east region, acting as an independent assessor to advise committee members.

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.

ACCOUNTABILITY REPORT

Name	Role	Date of appointment	Term of office end date
Jane Bailey	Interim chair Non-executive director Senior independent director/deputy chair	1 April 2022 1 January 2018 1 July 2021	5 July 2022 31 March 2022 31 March 2022
Dave Bennett	Non-executive director	15 July 2019	14 July 2022
Gail Byrne	Chief nursing officer	1 October 2015	Not applicable
Cyrus Cooper	Non-executive director	1 January 2018	31 December 2023
Keith Evans	Non-executive director	1 February 2020	31 January 2023
David French	Chief executive officer	3 February 2016 (as Chief financial officer) 2 November 2020 (as Interim chief executive officer) 27 April 2021 (as Chief executive officer)	Not applicable
Paul Grundy	Chief medical officer	1 February 2021 (as Interim chief medical officer) 17 May 2021 (as Chief medical officer)	Not applicable
Steve Harris	Chief people officer	1 September 2020	Not applicable
Jane Harwood	Non-executive director	1 October 2020	30 September 2023
Peter Hollins	Chair	1 April 2016	31 March 2022
Ian Howard	Chief financial officer	2 November 2020 (as Interim chief financial officer) 14 March 2022 (as Chief financial officer)	Not applicable
Femi Macaulay	Associate non-executive director	17 January 2022	16 January 2025
Tim Peachey	Non-executive director Senior independent director and deputy chair	1 October 2019 1 January 2021 1 April 2022	30 September 2022 30 June 2021 5 July 2022
Joe Teape	Chief operating officer	2 December 2019	Not applicable

Senior managers' remuneration (subject to audit)

2021/22						
Name and title	Salary and fees	Taxable benefits	Annual performance-related bonus	Long-term performance-related bonus	All pension-related benefits	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 Interim chair	10-15	0	0	0	0	10-15
Dave Bennett 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 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 Chair	60-65	0	0	0	0	60-65
Ian Howard Chief financial officer	135-140	0	0	0	50-52.5	190-195
Femi Macaulay 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

ACCOUNTABILITY REPORT

2020/21						
Name and title	Salary and fees	Taxable benefits	Annual performance-related bonus	Long-term performance-related bonus	All pension-related benefits	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 Interim chair	10-15	0	0	0	0	10-15
Dave Bennett Non-executive director	10-15	0	0	0	0	10-15
Gail Byrne Chief nursing officer	165-170	0	0	0	187.5-190	355-360
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 Chief executive officer	200-205	0	0	0	90-92.5	290-295
Paul Grundy Chief medical officer	35-40	0	0	0	50-52.5	85-90
Steve Harris Chief people officer	75-80	0	0	0	82.5-85	160-165
Jane Harwood Non-executive director	5-10	0	0	0	0	5-10
Peter Hollins Chair	45-50	0	0	0	0	45-50
Ian Howard Chief financial officer	50-55	0	0	0	40-42.5	95-100
Femi Macaulay Associate non-executive director	n/a	n/a	n/a	n/a	n/a	n/a
Tim Peachey Non-executive director	15-20	0	0	0	0	15-20
Joe Teape Chief operating officer	180-185	0	0	0	0	180-185

Notes

1. Jane Bailey's reappointment as a non-executive director was deferred from 1 January 2021 to 1 July 2021, during which period Jane led the Hampshire and Isle of Wight saliva mass testing programme, a role for which Jane was separately remunerated by the Trust. Jane was appointed as interim chair on 1 April 2022.
2. 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.
3. 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. David was appointed as chief executive officer on 27 April 2021. The increase in pension related benefits in 2021/22 is related to this appointment.
4. Paul Grundy was appointed as interim chief medical officer from 1 February 2021. Paul was appointed as chief medical officer on 17 May 2021.
5. Steve Harris was appointed as interim chief people officer from 1 February 2020 and as chief people officer from 1 September 2020.
6. Jane Harwood was appointed as a non-executive director from 1 October 2020.
7. Peter Hollins left the Trust on 31 March 2022. Peter's 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.
8. Ian Howard was appointed as interim chief financial officer from 2 November 2020. Ian was appointed as chief financial officer on 14 March 2022.
9. Femi Macaulay was appointed as an associate non-executive director on 17 January 2022.
10. Joe Teape chose not to be covered by the pension arrangements during the reporting year.
11. 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.

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 2022	Lump sum at pension age related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 1 April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer value at 31 March 2022	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	0-2.5	5-7.5	65-70	205-210	1,660	0	0	0
David French Chief executive officer	7.5-10	0-2.5	45-50	0-5	559	88	684	0
Paul Grundy Chief medical officer	2.5-5	0-2.5	55-60	115-120	1,001	54	1,081	0
Steve Harris Chief people officer	2.5-5	2.5-5	30-35	50-55	373	40	435	0
Ian Howard Chief financial officer	2.5-5	0-2.5	20-25	0-5	161	18	195	0

Notes

- As non-executive directors do not receive pensionable remuneration, there are no entries in respect of non-executive directors in the above table.
- 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.
- 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.
- 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. David was appointed as chief executive officer on 27 April 2021.
- Paul Grundy was appointed as interim chief medical officer from 1 February 2021. Paul was appointed as chief medical officer on 17 May 2021.
- Steve Harris was appointed as interim chief people officer from 1 February 2020 and as chief people officer from 1 September 2020.
- Ian Howard was appointed as interim chief financial officer from 2 November 2020. Ian was appointed as chief financial officer on 14 March 2022.
- Joe Teape chose not to be covered by the pension arrangements during the reporting year.

Payments for loss of office (subject to audit)

There have been no payments made to senior managers for loss of office during 2021/22.

Payments to past senior managers (subject to audit)

There have been no payments during 2021/22 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 2021/22 was £245-250,000 (2020-21, £200-205,000). This is a change between years of 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 2021/22 was from £18,500 to £245-250,000 (2020/21, £17,400 to £265-270,000). 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 -1.3%. No employees received remuneration in excess of the highest-paid director in 2021/22 (there were eleven in 2020/21, which included senior clinicians in receipt of clinical excellence awards and the former chief executive who was a member of the board of directors for part of the year prior to a secondment).

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.

2021/22	25th percentile	Median	75th percentile
Salary component of pay	£24,900	£33,700	£45,800
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

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2020/21	25th percentile	Median	75th percentile
Salary component of pay	£22,900	£31,700	£42,700
Total pay and benefits excluding pension benefits	£22,900	£31,700	£42,700
Pay and benefits excluding pension: pay ratio for highest paid director	8.8:1	6.4:1	4.7:1

The increase in the ratio is principally due to the remuneration for the Chief executive officer role being payable for the entire year in 2021/22, whereas in 2020/21 the Chief executive was remunerated for that role for only part of the year and received remuneration in the role of Chief financial officer for the remainder of the year.

Directors' and governors' expenses

Directors	2021/22	2020/21
No of directors who held office	13	16
Number of directors who received expenses	1	2
Aggregate amount of expenses paid	£572	£173
Governors	2021/22	2020/21
No of governors who held office	30	29
Number of governors who received expenses	0	0
Aggregate amount of expenses paid	£0	£0

The expenses incurred by a director in 2021/22 related to course fees.



David French
Chief Executive Officer
 28 June 2021

Staff report

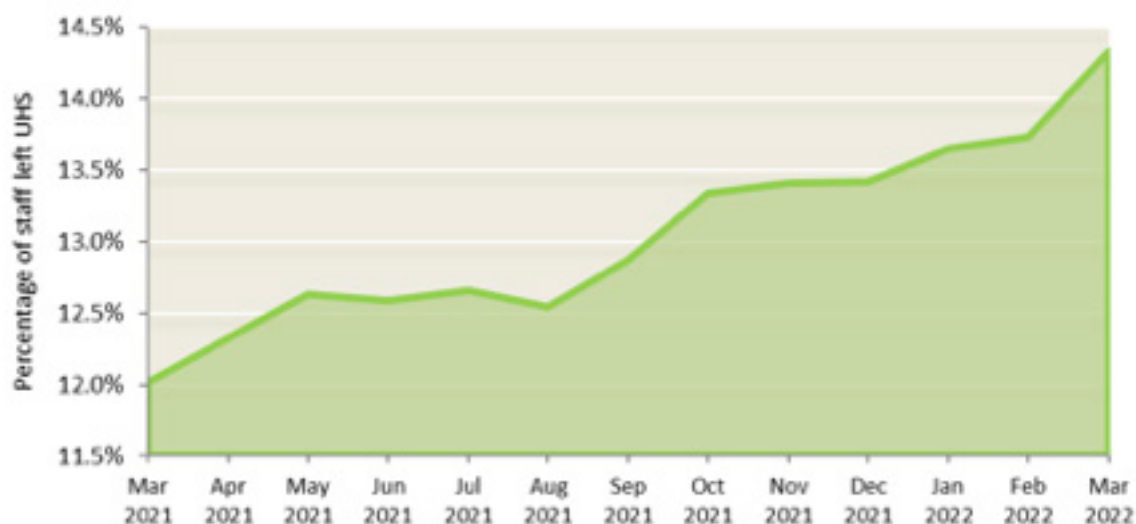
Staff numbers (subject to audit)

Average number of staff employed during 2021/22 (whole time equivalent (WTE) basis)

Staff Group	Permanently employed staff	Other staff	Total
Medical and dental	1,633	99	1,732
Ambulance staff	20	0	20
Administration and estates	2,403	195	2,598
Healthcare assistants and other support staff	1,513	240	1,753
Nursing, midwifery and health visiting staff	3,201	331	3,532
Scientific, therapeutic and technical staff	1,328	25	1,353
Healthcare science staff	204	19	223
Grand total	9,966.4	2,408.8	12,375.2

Staff turnover

Staff turnover during 2021/22 (12 month rolling basis)



Annual staff turnover was 14.33% as at 31 March 2022. There was an increase in the overall number of staff leaving the Trust in 2021/22, having dropped to the historically low levels during the COVID-19 pandemic. The primary staff groups affected were nursing and administrative and clerical staff. From March 2021 to March 2022, the three main reasons for given by those leaving were voluntary resignation, retirements and dismissal.

Nursing (clinical wards) vacancies 2021/22



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	482,685	0
Social security costs	49,359	0
Apprenticeship levy	2,343	0
Pension cost – employer contributions to NHS pension scheme	57,190	0
Pension cost – employer contributions paid by NHS England on behalf of the Trust	25,010	0
Pension cost - other	80	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
Total gross staff costs	616,667	55,089
Recoveries from DHSC group bodies in respect of staff cost netted off expenditure	15,469	0
Recoveries from other bodies in respect of staff cost netted off expenditure	0	0
Total staff costs	601,198	55,089
Total staff and executive director costs (excluding capitalised costs)	598,742	55,089

Equality, diversity and inclusion

To deliver our aspiration of world-class care delivered by world-class people, we strive towards creating a diverse workforce and being an inclusive employer. There is compelling research evidencing the benefits of workforce inclusivity linked to organisational performance and improved patient outcomes; also it is a moral imperative to address any societal and structural disadvantage faced by minority groups.

During 2020 there were a number of factors that prompted the Trust to take further action to gain traction in this area: the emergence of the global COVID-19 pandemic and the disproportionate impact of COVID on people from black and minority ethnic (BAME) backgrounds and the murder of George Floyd and the subsequent Black Lives Matter movement. A programme of listening events and interventions and pulse surveys were carried out across the organisation. The One Voice network was pivotal in supporting organisational learning at the time. As a result all themes were analysed and the Trust race equality improvement plan was created with a set of actions designed to improve the experiences of people of black and ethnic heritage.

As recognition of our ambition to create a fully diverse and inclusive culture across the Trust, an investment in additional resources and expertise was made to lead and support delivery of continuous improvements in this area. The organisational development and inclusion team was created within the wider people directorate.

Our 2021 WRES (NHS Workforce Race Equality Standard) results showed that we have made some improvements in recruiting and retaining a more diverse workforce. We saw a 1.7% increase of people working for the Trust from a black or ethnic background from 2020, 21% of our total workforce.

We have also made progress in the likelihood of people from BAME backgrounds entering into the disciplinary workforce, they are less likely than those who are from white backgrounds.

However, there is still a gap in the overall experience of those from BAME backgrounds compared to those from white backgrounds in terms of successful recruitment, access to training and development, experiences of bullying and harassment and representation at senior roles in the organisation.

WRES headlines 2021



21% of our workforce are from BME backgrounds, an increase of 1.7% from 2020.



People from white backgrounds are 1.31 times more likely to be shortlisted than people from BME backgrounds.



People from BME backgrounds are less likely to be entered into a formal disciplinary process.



People from BME backgrounds are less likely to access non mandatory training and professional development opportunities.



People from BME backgrounds experience higher levels of harassment, bullying or abuse from patients, relatives or public.



People from BME backgrounds experience higher levels of harassment, bullying or abuse from staff compared to people from white backgrounds.



Perception of equal opportunities related to career progression is significantly less for BME staff than amongst people from white backgrounds.



Representation of people from BME backgrounds on the Trust Board is 8% (one person).

Our WDES (NHS Workforce Disability Equality Standard) results showed that the COVID-19 risk assessment process in 2020 has led to an increase the number of staff making declarations of disability, with 15% declaring a long-term illness or disability. However, this declined in 2021 to 13.4%.

WDES results since 2019 have shown improvements across all indicators related to equal opportunities in career progression, experience of bullying and harassment, access to education and training and likelihood of being shortlisted in the recruitment process.

WDES headlines 2021



Our 2021 WRES and WDES results were analysed alongside trend data from the previous three to five years, whilst improvements have been made in some areas, other areas have remained static.

In order to see significant improvements in staff experience and future WRES and WDES outcomes recommendations were made and accepted by the Trust's board of directors as follows:

- Development of a Trust equality, diversity and inclusion (EDI) position statement and EDI strategy aligned to our people strategy and wider Trust strategic framework.
- Agree diversity and inclusion objectives for divisional senior leaders in 2022/23 appraisals to drive accountability.
- Develop EDI insight via a range of data sets to measure progress and identify areas of action at divisional and care group level.
- Establish divisional diversity and inclusion steering groups to drive actions and scrutinise data and influence decision-making.
- Strengthen the recruitment and selection policy and processes to ensure bias is eliminated.
- Develop and launch inclusive recruitment training.
- As part of the development of the Trust's talent management strategy, create an effective talent management framework to support the increase of diverse representation of people in senior roles.
- Strengthen and expand the staff networks enabling safe spaces and diverse lived experiences to influence decision-making.
- Embed inclusive leadership in all Trust leadership development.
- Deliver the 'Actionable Allyship' training programme across the organisation, with a target of 80% participation between 2022-2024.
- Enhance the Trust values with behaviour definitions that clearly articulate expected behaviour in relation to inclusion, belonging and compassion.

- Create a gender equality metric to identify and take action on inequalities in relation to sex and gender.
- Continue to develop our well-regarded disability advisory service in occupational health. This provides practical advice and guidance to our people on adjustments at work, including procuring specialist equipment. There have been some excellent success stories with this service.

Progress against these actions 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.

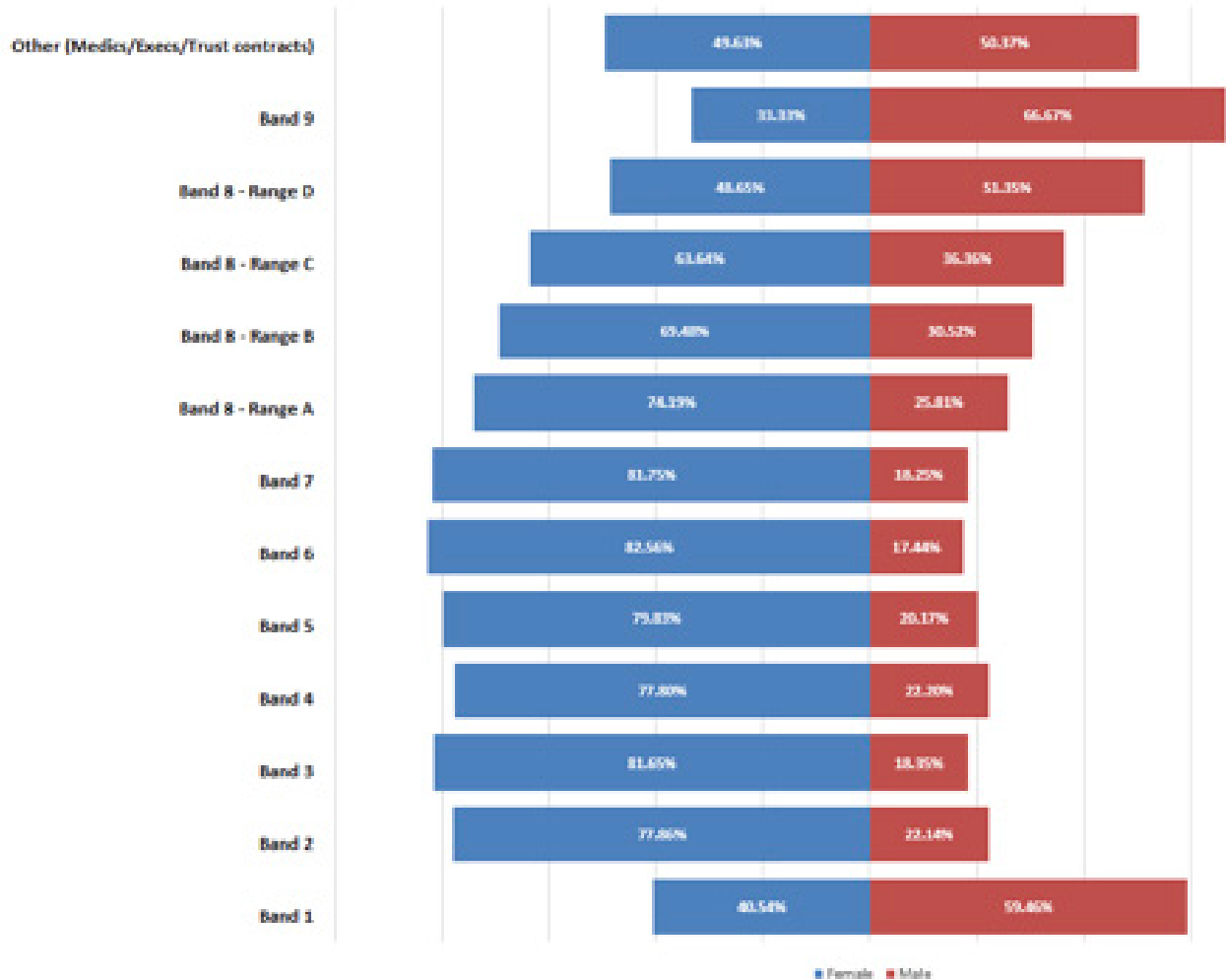
Staff gender breakdown

The gender breakdown for staff on 31 March 2022 is set out below.

Gender breakdown	
All staff	
Female	74%
Male	26%
Board of directors	
Female	23%
Male	77%
Chair and non-executive directors	
Female	29%
Male	71%
Executive directors	
Female	17%
Male	83%

ACCOUNTABILITY REPORT

Breakdown by gender/band of substantive staff
Percentage split breakdown
March 2022



N.B.

Percentage calculation: female staff (9,958) / total staff (13,447) = 74%

Percentage calculation: male staff (3,489) / total staff (13,447) = 26%

Gender pay gaps

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

We want to lead compassionately and inclusively, so our people are involved in decision-making, feel hopeful for the future and are confident in bringing their whole selves to work.

In 2021/22 the Trust has continued to put in place programmes, interventions and wider support offerings. The ethos of our model is to ensure our staff can access the most appropriate support, at the time and place that they need it.

During the early part of 2021 a series of interventions to support reflection and wellness were introduced with an aim to provide safe spaces for people to talk, listen, be heard and give feedback on where things could be improved.

The organisational development team introduced a variety of different ways that people could be engaged, working alongside our psychologists. We invested in the training of peer practitioners to be able to provide on-site, in the moment, interventions when people needed them, examples include:

- 'Time to Think' practitioners, to deliver thinking environments, which enable people to discuss topics or issues in a safe space and where peers can listen and provide support.
- Appreciative inquiry facilitators, who enable people to take a positive lens and appreciate the things that are going well and adopt a mind-set of appreciation and hope.
- Strengthening the 'Safe Space' practitioner peer network by training more staff in 'Safe Space' coaching and support techniques to enable people to access support when needed.
- Increased our TRIM (trauma risk management) practitioners to support those who have experienced traumatic events.
- Mental Health First Aiders (MHFA); working in partnership across Hampshire and the Isle of Wight, the Trust is part of a regional Mental Health First Aid Faculty and is currently in the process of training peer practitioners initially as MHFA champions with a view to some going on to 'train the trainer', sharing training across the integrated care system.

After a successful pilot in May 2022, we recruited over 100 wellbeing champions working all over the Trust, across a range of professions and seniority. Wellbeing champions have been given training, tools and resources to lead on championing wellbeing in their areas. They offer signposting to support, hold monthly champion meetings sharing ideas/practice, provide regular updates on wellbeing, act as an important link on the ground for the wellbeing team and have their own workplace champion pages for sharing information and providing mutual support.

Morale and appreciation initiatives

In the latter part of 2021 as the COVID-19 pandemic evolved we responded to a need around boosting morale, in addition to challenges around staff shortages and the ability for staff to take regular breaks away from clinical areas for rest. As a result we devised a wellness/appreciation programme which took refreshments and regular boost initiatives to people in their workplaces:

- regular boost box deliveries to all departments on a regular roll-out basis (these included a selection of wellbeing items - food items, wellness treats, appreciation items, thank you cards etc.);
- free tea/coffee/biscuits delivered to all staff departments on an ongoing basis;
- fruit boxes; and
- Trust branded items such as pens.

Accessibility: 'Windows on Wellbeing' and Workplace

In order for staff to access wellbeing information, signposting and offerings in one place the 'Windows on Wellbeing' Staffnet (staff intranet) site was created.

In addition, a leaflet for all staff and managers to signpost and identify the right support for them was launched, recognising the importance of staff being able to access wellbeing resources and support information quickly using a QR code.

The staff Workplace wellbeing pages are populated by both the wellbeing team and members of staff, with the latest wellbeing information, support and training opportunities as well as inspirational quotes and people sharing wellbeing practice and thoughts.

Governance and monitoring

In order to ensure the decision-making, measurement, monitoring and governance of the wellbeing programmes and investment is managed the healthy workplace and wellbeing group was set up, reporting into the people board and then on to the people and organisational development committee.

Established in December 2021 and chaired by the Director of organisational development and inclusion, the group's membership includes all those leading areas of staff wellbeing including representation from occupational health, psychology, spiritual care, peer practitioner, human resources and health and safety teams. This group leads on the development and implementation of employee health and wellbeing programme, governance and action plans. It is supporting the development of the Trust's health and wellbeing strategy and annual plan and making recommendations and exploring opportunities to utilise the Hampshire and Isle of Wight enhanced wellbeing hub to complement the Trust's internal wellbeing offers. It is both strategic and operational and works to support the NHS health and wellbeing framework (2021/22). It also receives information on investments and performance monitoring.

Our 2021 annual NHS staff survey results are positive, 56% of staff completed the survey. We scored average or above average in 106 out of 112 questions in our benchmark group.

Our 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.

We scored the best in our benchmark group for opportunities for career progression and provision for challenging roles.

Our staff experience scored related to violence and aggression at work, bullying and harassment have also improved and are close to the benchmark average. We aim to sustain improvements in these areas in 2022/23.

Our score relating to staff experiencing work related stress has remained the same at 42%, which has not declined since 2017.

Risk of burnout due to exhaustion, does remain a concern and efforts will be focussed in this area for 2022/23.

The focus for improvement in our staff survey is around workforce planning and capacity. 28% of staff agreed or strongly agreed there were enough staff in the organisation to do their job properly, a decline of 9.8% from 2020. However, it is important to put this in context to the national picture, the best organisation in our benchmark group saw a decline of 14.6% in the same question.

The health and safety committee has corporate responsibility for oversight of core legislative commitments in the Trust. It receives regular reporting on compliance, policy and incidents.

Reward and recognition

As an organisation, we recognise the importance of demonstrating how much we value our staff. Through the hard work, commitment and dedication consistently shown and diligently rising to the challenges the COVID-19 pandemic has presented, we want to show our appreciation for that. Long service awards are an integral part of the staff benefit scheme for our employees. The awards recognise continuous service to the Trust at 5, 10, 15, 20, 30, 40 and 50 years, enabling us to celebrate this achievement with our staff and giving thanks for their hard work over the years.

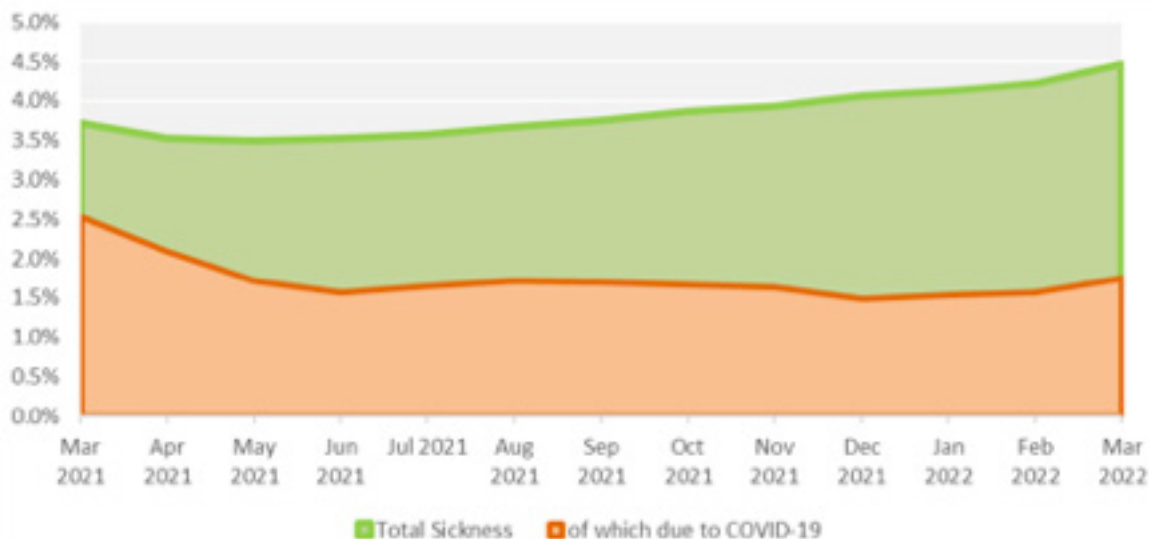
Running in parallel with the long service awards is our retirement gift scheme. This scheme recognises long service at the point of retirement and is a scheme that rewards employees after completing 20 years or more of service in the NHS, where the last five have been with the Trust. This is a further reward scheme that the Trust offers to recognise the commitment and work that staff continuously give.

In December 2021, a festive card containing a gift token was given to all substantive Trust staff. This was in recognition and appreciation of every person's effort and dedication to our patients and families during the year. This was appreciated by staff and demonstrated how valued our Trust team members are for the work that they do.

The Trust also recognised the contributions of its people in the 2021 Hospital Super Heroes awards. From a huge range of nominations winners and runners up were selected against categories aligned to our Trust values.

Sickness absence

Sickness absence during 2021/22 (12 month rolling basis)



Sickness rates are continuing to increase throughout the year and are higher than in 2020 and 2021. The reasons for this include COVID-19 related sickness (including long covid), work related stress and an increase in short-term sickness.

Staff experience and engagement

We are committed to listening to our diverse 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 to respond accordingly. We will seek to make year-on-year improvements in the annual NHS staff survey and continue to raise participation. Our 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.

We have a positive and productive relationship with our trade unions, meeting monthly in the Trust's staff partnership forum, where issues of key importance are debated. Our 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 NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise', and retains the two previous themes of engagement and morale. These replace the ten indicator themes used in previous years. All indicators are based on a score out of ten for certain questions with the indicator score being the average of those.

The response rate to the 2021/22 survey among trust staff was 56.2% (2020/21: 50.1%).

2021/22

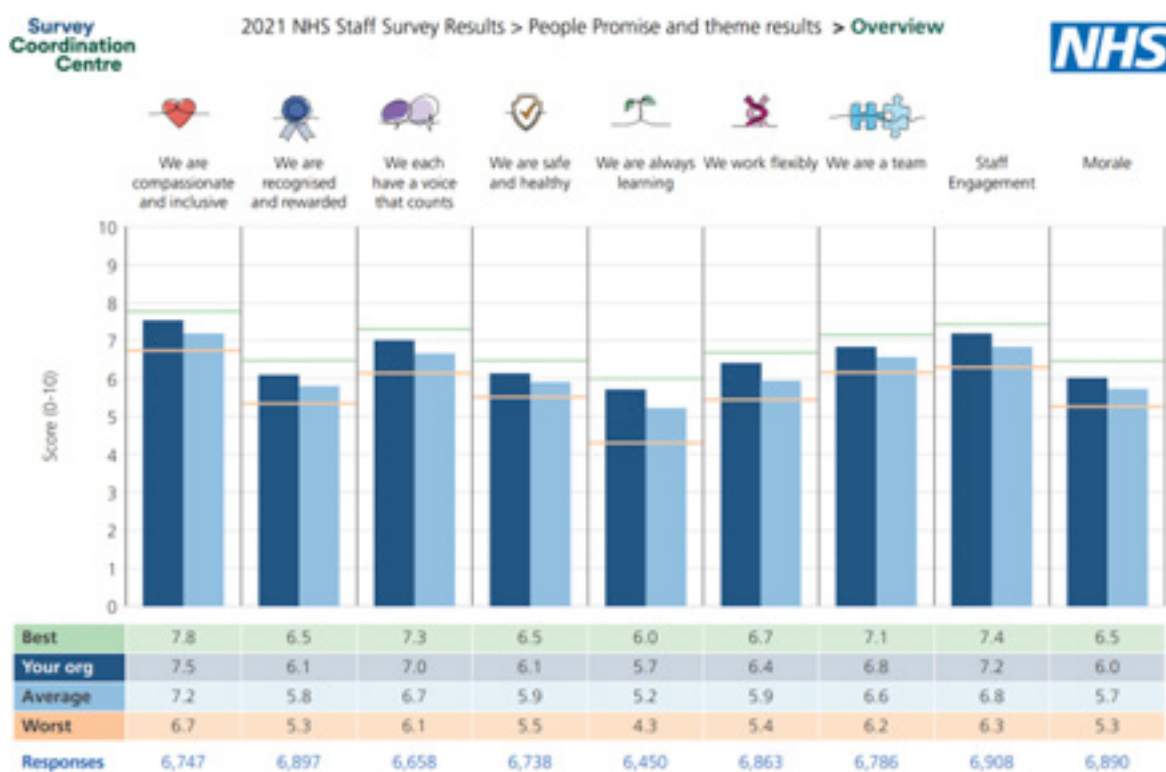
Scores for each indicator together with that of the survey benchmarking group (acute and acute and community trusts) are presented below.

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

2019/20 and 2020/21

	2020/21		2019/20	
	Trust	Benchmarking group	Trust	Benchmarking group
Equality, diversity and inclusion	9.1	9.1	9.2	9.0
Health and wellbeing	6.4	6.1	6.2	5.9
Immediate managers	6.9	6.8	7.1	6.8
Morale	6.4	6.2	6.4	6.1
Quality of appraisals			6.0	5.6
Quality of care	7.5	7.5	7.5	7.5
Safe environment – bullying and harassment	8.2	8.1	8.3	7.9
Safe environment - violence	9.4	9.5	9.4	9.4
Safety culture	7.0	6.8	7.0	6.7
Staff engagement	7.3	7.0	7.3	7.0

New for 2021, the NHS staff survey 2021 results have been aligned to the themes that make up the national People Promise. The Trust scored above average on all seven themes plus the staff engagement and morale score in our benchmark group (See Figure 2).



The Trust had a response rate of 56.2% (6,985 staff) out of an eligible staff number of 12,428. This is an increase of 6% participation from 2020. The average response rate in our benchmark group was 46.4% and so it is pleasing to see that so many of the UHS family responded.

The Trust has scored above average or average for 106 out of the 112 questions compared to other trusts in the acute and community group. Highlights include:

- **71.9%** would recommend the Trust as a place to work.
- **85.7%** of staff agree that the care of patients/service users is the organisation's top priority.
- the Trust achieved the best score across all acute trusts for offering staff challenging work (**75.6%**) and staff reporting there are opportunities for career development (**64.6%**).
- **83.1%** of staff said that they would be happy with the standard of care provided by this organisation if a friend or relative needed treatment, in comparison to an acute trust average of 66.9%.
- **78.2%** of staff said that they would feel secure raising concerns about unsafe clinical practice, a 4.7% increase on 2020.
- **75.6%** of our staff say the people they work with are kind to one another, compared to an average of 68.9%.

The areas where the Trust scored below average were on elements related to pay satisfaction, quality of experience relating to appraisals, experience of physical violence at work, meeting to discuss team effectiveness and number of staff working part-time hours:

- the percentage of staff that were satisfied with their level of pay was 31.7%, which is 0.2% lower than acute trust average.
- the number of teams meeting often to discuss the team's effectiveness was below the acute trust average of 55.6%, with a result of 54.8%. This is a decline from 2020 and is likely to be attributed to restrictions during the COVID-19 pandemic.
- the Trust has fewer staff working part-time (17.4%) than the acute trust average (19.7%) and this number has dropped by 1.3% since 2020.

Future priorities and targets

The areas to continue our improvement actions:

- Staffing levels are the top concern among staff, with only 28.2% of staff saying there are enough staff to do their job properly, a 9.8% decrease from 2020. This was the most declined score in the entirety of the survey results. The acute trust average for this question was 26.0%.
- The focus on appraisals was reduced during the COVID-19 pandemic. Whilst 81.9% of staff who completed the survey said they had received an appraisal in the twelve months prior (the acute trust average was 80.1%):
 - 22.3% of staff said appraisal had helped them to improve how they do their job (the acute trust average was 19.8%);
 - 35.2% said their appraisal left them feeling that their work was valued by the organisation (the acute trust average was 29.3%); and
 - 34.3% said the appraisal helped them to agree clear objectives for their work (the acute trust average was 30.2%).
- Staff looking forward to going to work has dropped from 61.4% in 2020 to 56.35% in 2021, higher than the acute trust average of 52.0%.
- Whilst there have been improvements in areas of inclusion, this still remains a critical priority for the Trust and a major theme of the new people strategy under the belong pillar.

- The rate of staff experiencing physical violence at work from patients/service users, their relatives or other members of the public (14.1%) has dropped from 2020 (17.3%) but still remains slightly higher than the acute trust average (14.0%). Recognising we have made improvements in this area, it continues to be a priority area of focus going forward
- Burnout is an area of concern with 46.8% of staff stating that they often or always feel worn out at the end of their working day or shift, 0.4% lower than the acute trust average. Burnout is understandably a critical area of concern for the whole NHS.

The quarterly pulse staff survey measures the engagement of our staff using nine questions which also form part of the annual staff survey. Some of the findings demonstrated in the two quarterly pulse surveys conducted in 2021/22 have demonstrated that 87% (quarter two) and 85% (quarter four) of staff would be happy with the standard of care provided at the Trust if a friend or relative needed treatment. Furthermore, there has been an increase in the quarter four survey scores for the questions 'care of patients is my organisation's top priority' and 'I am able to make improvements happen in my area of work' from the quarter two scores, by 0.5% and 0.1% respectively. Over the course of the past year engagement has slightly declined. With a score of 7.21 in the quarter two pulse survey, 7.18 in the annual staff survey in quarter three, and scoring 7.17 in our most recent pulse survey, in quarter four. Additionally, from quarter two there has been a drop of 6% in the amount of staff who say they look forward to going to work, with a score of 53.2% in the quarter four pulse survey. The continuation of the people pulse surveys will allow us to continue to measure the engagement of our staff, track trends in the data and inform areas requiring improvement across the Trust.

Gaining regular insights and experiences from our staff on how it feels to work at the Trust is vital to steer and drive improvements at the Trust and is a crucial factor in our value 'always improving'. The themes from the staff survey will be analysed and engagement will take place at both Trust-wide and divisional and team level. Each team will be supported to create their top three priorities to focus in response to the feedback.

Trade union facility time

The Trust is required by The Trade Union (Facility Time Publication Requirements) Regulations 2017 to publish the following information in its annual report in the format shown.

Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
62	57

Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	0
1-50%	62
51-99%	0
100%	0

Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First column	Figures
Provide the total cost of facility time	£258,694
Provide the total pay bill	£693,303,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.04%

Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

First column	Figures
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	5.4%

Expenditure on consultancy

Expenditure on consultancy in 2021/22 was £1,475,000.

Off-payroll engagements (subject to audit)

Highly-paid off-payroll worker engagements as at 31 March 2022 earning £245 per day or greater

Total number of existing engagements as at 31 March 2022	0
Number that have existed for less than one year	5
Number that have existed for between one and two years	0
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 2022	5
of which:	
• Not subject to off-payroll legislation*	0
• Subject to off-payroll legislation and determined as in-scope of IR35*	0
• Subject to off-payroll legislation and determined as out-of-scope of IR35*	5
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 2021 and 31 March 2022

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 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

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.

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	0	1
£25,001-£50,000	0	0	0
£50,001-£100,000	2	2	2
Greater than £100,000	0	0	0
Total number of exit packages by type	0	2	2
Total resource cost (£000)	164	154	154

Staff exit packages (non-compulsory departures payments)

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
Total	4	146
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.

2020/21	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
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	2	154
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HM Treasury approval	0	0
Total	2	154
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: As a single exit package can be made up of several components, each of which will be counted separately in the above table, the total number above will not necessarily match the total numbers in the staff exit packages table, which will be the number of individuals. The remuneration report in this annual report provides details of exit payments payable to individuals named in that report.

Counter fraud

The board of directors 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 of directors 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) for part of 2021/22 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 and NHS Improvement's NHS system oversight framework provides the framework for overseeing systems including providers and identifying potential support needs. The framework looks at five national themes:

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- finance and use of resources
- people
- leadership and capability.

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

Segmentation

During 2021/22 the Trust was placed within segment '2'. This segmentation information is the Trust's position as at 16 May 2022. 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
21 June 2022

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 Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the National Health Service Act 2006, 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 Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health 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.

ACCOUNTABILITY REPORT

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
21 June 2022

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 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The chief nursing officer has delegated responsibility for managing the strategic development and implementation of organisational risk management and clinical governance. The Trust's risk management strategy and policy was updated in 2020/21 and will be updated in 2022/23 following a review of risk appetite by the board of directors. The risk management strategy and policy details 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, that the wellbeing of patients, staff and visitors is optimised, that the assets, systems and income of the Trust are protected and that the strategy and objectives of the Trust are achieved.

However, 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 of directors 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. Risks to delivery of the Trust's strategic objectives are documented in the board assurance framework. The board assurance framework is reviewed regularly by the board of directors and 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 timescale, and
- it includes all the risks to the delivery of the strategic objectives.

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

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

Risk mitigation is achieved through a continuous cycle of the identification, assessment, control and review of risk. The highest scoring operational risks, including any changes to these, are reviewed by the audit and risk committee and board of directors on a quarterly basis and by individual board committees identified as responsible for monitoring these risks. The board of directors 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.

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 also shared with other stakeholders through meetings with commissioners, clinical network groups and patient safety forums.

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 medical, nursing/allied health professional and operational management of each division make up the divisional management team.

The risk and control framework

The board of directors approved a number of strategic objectives for 2021/22. Using the board assurance framework (BAF) the risks to delivery of the strategic objectives have been identified by the board of directors and these are set out below:

Strategic risk	Monitoring committee
Insufficient capacity to respond to emergency demand, reduce waiting lists for planned activity and provide diagnostics results in avoidable harm to patients	Quality Committee
We do not provide service users with a safe, 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 do not secure the required ongoing investment to support our pioneering research and innovation, driving clinical services of the future	Finance and investment committee

ACCOUNTABILITY REPORT

Strategic risk	Monitoring committee
We do not realise the full benefits of being a University teaching hospital through working with regional partners to accelerate research, innovation and adoption; increasing the number of studies initiated and the patients recruited to participate in these studies and the delivery of new treatments and treatments that would not otherwise be available to patients	Quality committee
We do not increase the UHS workforce to meet current and planned service requirements through recruitment to vacancies and maintaining annual staff turnover below 12% and develop a longer-term workforce plan linked to the delivery of the Trust's corporate strategy	People and Organisational Development Committee
We do not develop a diverse, compassionate and inclusive workforce, providing a more positive staff experience for all staff	People and Organisational Development Committee
We do not create a sustainable and innovative education and development response to meet the current and future workforce needs	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
We do not adequately 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 and reach net zero direct carbon emissions by 2040 and net zero indirect carbon emissions by 2045	Trust Executive Committee

The BAF was substantially refined and updated in 2020/21 and has continued to be reviewed and updated dynamically during 2021/22 in response to discussions and feedback from the board, its committees and executive directors. The board of directors and the audit and risk committee have reviewed the risks identified in the BAF throughout the year. These have also been monitored by board and other committees allocated responsibility for oversight of the individual risks set out in the BAF, as identified in the table above. 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.

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 – quality, safety, contractual, financial and people - monitored through the divisional performance and accountability framework.

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 clinically effective services.

ACCOUNTABILITY REPORT

Divisional accountability is 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, in addition to professional accountability to the chief nursing officer or chief medical officer, as applicable.

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. Risks are assessed based on the impact of the risk and the potential likelihood to occur using a standardised approach to risk assessment across the entire organisation to ensure consistency: The impact is based on a number of factors, for example; the financial implications, the number of service users or staff potentially affected, the ability of the Trust to achieve its objectives or the effect on the Trust's reputation. The likelihood is based on the probability of the risk emerging, or the timeframes in which the risk might occur, e.g. weekly, monthly, etc.

Low risks are managed by the ward and monitored at least quarterly at care group governance and management meetings. Low/medium risks managed by the ward/care group and monitored bi-monthly at care group governance and management meetings. Medium/high risks managed by the ward/care group and monitored by the divisional management boards and governance groups and Trust-wide governance groups monthly. Risk scoring is also validated at these meetings. High risks are monitored by the Trust executive committee monthly and the audit and risk committee quarterly. The chart below illustrates 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	
	Risks to data			Escalated to Divisional Governance	Escalated to Divisional Governance	
	3. Moderate security are managed					
	and 2. Low controlled through the		Managed within services and care groups			
	1. None informatics and					

Risks to data security are managed and controlled through the informatics and information governance management structures and responsibilities and a range of policies and procedures. These form part of the Trust's integrated governance approach to the management and monitoring of corporate and clinical governance and risk management. Data security performance is self-assessed annually through the completion of the 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.

Risks to health and safety are managed and controlled through divisional and Trust management structures and responsibilities and a broad range of policies and procedures. These form part of the Trust's integrated governance approach to the management and monitoring of corporate and clinical governance and risk management.

At the end of 2021/22 the risks escalated to the Trust executive committee were:

- insufficient staffing in theatres resulting in reduced capacity and delays or postponement of surgery;
- insufficient theatre capacity for particular specialities and sub-specialties;
- pressures in oncology pharmacy;
- the effective functioning of the crash call system in the emergency department;
- insufficient children and adolescent mental health services facilities and specialist staff;
- delays in discharging children and young people with acute mental illness or behavioural disturbance to more suitable alternative accommodation;
- response to a flu pandemic;
- outpatient capacity and the reduction in activity due to the COVID-19 pandemic within the ophthalmology service;
- delays in emergency care due to capacity in the emergency department;
- longer waits in cardiac surgery, vascular surgery, elective neurosurgery and ear nose and throat surgery;
- capacity within the multiple sclerosis service to manage the volume and complexity of patients;
- staff vacancies in pathology for allied health professionals;
- radiology staffing capacity;
- electrical infrastructure in parts of the hospital;
- the physical environment in the pharmacy technical services department meeting service quality and capacity standards;
- inadequate ventilation in inpatient areas in the context of COVID-19 transmission;
- quality of ultrasound equipment for fetal medicine tertiary services; and
- inadequate booking and IT systems in endoscopy.

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 specialities and to support business cases for additional investment in priority areas.

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:

- **Finance** – We have a MODERATE risk appetite for financial/value for money risks which may affect the Trust's statutory requirements and achievement of the control total. This means that 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.
- **Regulatory** – We have a MODERATE appetite for risks, including financial risks, which may compromise the Trust's compliance with its statutory duties and regulatory requirements. This means that we expect all services to comply with nationally mandated standards and targets as measured through key performance indicators, however, if there is a valid justification for non-compliance, we are willing to be challenged.

- **Safety** – We have a LOW risk appetite for risks which compromise safety. This means that we expect services to be delivered safely resulting in no harm to patients and staff.
- **Quality** – We have a LOW risk appetite for risks that may compromise the delivery of outcomes for our patients. This means that we expect services to be delivered effectively and not adversely affect the expected outcomes for patients, however, not all aspects are within the Trust’s control (examples include access and waiting times, referral to treatment times and timely discharge of patients).
- **Patient Experience** – We have a MODERATE risk appetite for risks which may affect our patients’ experience of our services. This means that we expect 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.
- **Reputation** – We have a MODERATE risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the Trust. This means that 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.
- **Technology and Innovation** – We have a HIGH risk appetite for the use of technology and innovation in service delivery. This is within the context of compliance to delivering clinically safe, secure, available and resilient systems and digital architecture. This means that 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.

The principal risks to compliance with the condition 4 of the NHS foundation trust conditions set out in 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 of directors through its integrated performance and finance reports. The board of directors conducts more detailed reviews on areas identified by the board of directors 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 actions plans.

In addition the board considers statements relating to compliance with this condition of the NHS provider licence on an annual basis as part of a self-certification process. 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 of directors and its committees to support ongoing compliance.

More generally, the board of directors conducts its own reviews of its governance structures including 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, including 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. Appraisals of both non-executive directors and executive directors take place annually with objectives and development plans identified, some of which are incorporated into the broader board development programme.

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 internal audit plan in 2020/21 included a review of the effectiveness of board governance arrangements. The report made a number of recommendations, recognising that the Trust had made changes to its governance arrangements to respond to the COVID-19 pandemic. These governance arrangements were restored after the first wave of the pandemic and all the recommendations in the report were implemented. The significant improvements to the Trust’s governance arrangements have been recognised in the head of internal audit opinion in 2021/22, which facilitates the systematic reporting of risk from ward to board. While subsequent waves of

the pandemic have resulted in the suspension of normal governance arrangements, this has only been for short periods to allow the Trust to respond to operational pressures. The board operating group was also reinstated for a brief period to ensure that necessary decisions were made in a timely way with appropriate support for management during peaks of the COVID-19 pandemic. The Board and its committees continued to meet in the normal way alongside this.

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.

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, with a representative attending meetings of the quality committee;
- 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.

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 Trust has not participated in any special reviews or investigations in 2021/22. 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 of directors, quality committee and the quality governance steering group, augmented by visits by commissioners and NHS England and NHS Improvement.

The Trust has set out to integrate equality impact assessments (EIA) in 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.

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 board of directors.

The Trust completes an annual top-level workforce plan as part of the wider operational and financial planning process and is working to embed this further and combine with a bottom-up service approach. The contributes to the wider integrated care system workforce planning process in line with NHS England and NHS Improvement requirements.

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 of directors;
- regular reporting to the board of directors of nursing and midwifery staffing hours and any 'red flag' events for staffing as part of integrated 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 associate, 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 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 integrated performance dashboard to ensure the quality impact is reviewed as a whole. There is formal quality impact assessment sign off from the chief nursing officer and chief medical director on major workforce change.

We regularly monitor all staffing metrics, using a variety of sources including data from the model hospital and these are reported monthly with a six-monthly focus by the quality committee and the board of directors.

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. We are working 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 of directors providing assurance that the Trust's junior doctors have safe working hours.

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

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

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

The Trust has undertaken risk assessments 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.

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 carried out a Use of Resources (UoR) inspection alongside the CQC's inspection of the Trust, which 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 now 'good'.

The Trust has an annual financial plan which is approved by the board of directors and submitted to NHS England and NHS Improvement as part of the Hampshire and Isle of Wight integrated care system. Performance against the plan is monitored by the finance and investment committee and the board of directors 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 its use of resources. The scope of the external audit of value for money was expanded in 2020/21 and included a more detailed report on these arrangements, which was considered by the audit and risk committee. No significant weaknesses in arrangements were identified in 2020/21.

Divisional and corporate departments are responsible for the delivery of financial and other performance targets through a budget-setting and performance management framework incorporating 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 and reducing 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.

Information governance

There were six reportable incidents relating to information governance involving data loss or confidentiality breaches that required action during the period from April 2021 to March 2022. These incidents involved:

- the incorrect disposal of one item of paperwork;
- the theft of paperwork from a vehicle;
- the loss/theft of paperwork from a postal service provider;
- a letter sent to the incorrect recipient; and
- unauthorised access to data by a member of staff.

Each of these incidents was notified to the Information Commissioner's Office (ICO) and the Department of Health and Social Care, as appropriate, using the data security incident reporting tool incorporated into the NHS data security and protection toolkit. No regulatory action was taken by the ICO against the Trust in respect of these incidents as it was 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 recurrence. The ICO has referred one of the incidents to its criminal investigations team, which will determine whether any further action should be taken against a third party.

Data quality and governance

The chief operating officer is the executive lead for data quality (DQ) and is also the Trust's senior information risk owner (SIRO).

The director of data and analytics leads on all aspects of data quality and data validation for the Trust. They are responsible for provision of internal performance reporting to the Trust's board of directors, the audit and risk committee and quality governance committees and to the senior management team, in addition to managing the formal reporting of performance to the NHS and other external bodies through nationally defined systems. They are responsible for ensuring all data is timely and appropriately quality assured.

We have data quality assurance processes to monitor quality and provide assurance. These are shaped by the NHS data security and protection toolkit (DSPT) guidance and include:

- incorporating national standards, definitions and DQ checks within key systems used to collect patient information (standard updates are managed by the informatics team);
- using external reports for monitoring and improvement, including the review of secondary use service dashboards, dataset specific ratings and quality metrics provided by NHS England and NHS Improvement and NHS Digital;
- procedures for analytics staff incorporating reconciliations, variance checks and trending;
- reviewing reporting and the investigation of trends prior to submission of data;
- analytics and audit work to support clinical coding completeness and depth;
- internal audits to compare recorded data to source data for core patient administration system datasets;
- the involvement of clinical staff in validating information; and
- the audit of key operational performance metrics each year to support the annual report and quality account.

The data and analytics team provide dedicated DQ analysis and are responsible for monitoring and reporting on DQ covering internal and external data flows. Problems highlighted by routine collections, datasets, performance reporting, benchmarking and Trust board reporting etc. are investigated and progressed to correct or explain variances.

The consultant led referral to treatment time (RTT) data is a key area on which the Trust is working to improve quality, develop reporting and provide greater accuracy. To do this the Trust has implemented a new system to manage the validation of patient pathways and episodes that make up the waiting list. The tool:

- helps maintain the accuracy of patient pathways and episodes data;
- standardises the validation of patient pathways and care records throughout the Trust;
- helps us understand patient pathways and waiting times across the Trust;
- ensures there is effective reporting in place which allows us to performance manage the validation of pathways; and
- integrates with other Trust systems to provide an overall picture of a patient pathways and patient waits.

A dedicated validation team is employed to support elective pathway data quality and improved data collection using the tool, alongside internal reporting. Staff throughout the Trust support RTT validation to ensure accurate waiting times are reported.

Additionally the Trust continues to support the implementation of the new weekly national waiting list minimum dataset collections. Reporting developments and changes to both data processing and national submissions have improved performance reporting accuracy. NHS England and NHS Improvement provide reports on data quality and UHS performance is consistently recorded in the 99.3% range – significantly better than most other trusts.

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.

A non-executive director chairs the audit and risk committee, which met five times during the year, and 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 audit. 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.

A non-executive director chairs the quality committee. The committee met seven 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 of directors received a report from the chair of the audit and risk committee and quality committee following each meeting and minutes of the meetings and 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 on.

The review of internal control is supported by the head of internal audit opinion for 2021/22, which provided the Trust with significant assurance with minor improvements required that there was a generally sound system of internal control, 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 that have been reported throughout 2021/22. 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 head of internal audit opinion highlighted the significant improvement in governance arrangements since its review of this area in November 2020.

The quality account describes the Trust's participation in national and clinical audits and actions to improve quality resulting from these. The quality committee reviews regularly reporting on clinical outcomes and effectiveness in order to provide assurance to the board of directors on the quality of services provided by the Trust. The board of directors 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 2021/22 through its own or external reviews.



David French
Chief Executive Officer
21 June 2022

QUALITY ACCOUNT 2021/22



Part 1: Statement on quality from the chief executive

1.1 Chief executive's statement and welcome

Welcome to the 2021/22 quality account which I am pleased to present on behalf of University Hospital Southampton NHS Foundation Trust (UHS).

2021/22 has been another year of unprecedented challenge for healthcare, and this year's quality account continues to have a strong focus on our ongoing response to the COVID-19 pandemic. It also includes information about how we are working to restore services for our patients as we move out of the pandemic. It demonstrates that despite the difficulties, we have supported each other and have never been distracted from our commitment to quality.

The challenges of the last year may have been enormous, but there have also been some real positives from the experience. We are working differently and more collaboratively as a health and care system, developing integrated care and rapidly introducing major change across our services, which helps us to focus on and continue to develop the high quality of our services.

As we recuperate and recover from the pandemic, we will be a team of people that together is stronger than ever before. The professionalism of the team and all those involved across UHS has been inspiring in the face of significant adversity. I am grateful for the care, compassion and kindness shown by all colleagues to our patients and to each other during the most difficult of years.

This is a great platform from which to seize all the opportunities we have before us to continue improving the quality of our services and care. As we begin to move forward, the Trust faces another set of challenges as our services have inevitably been affected over the last couple of years. We remain hugely concerned about the national growth in waiting lists for diagnosis and treatment, and for the people who may not have come forward for vital tests or treatment due to the pandemic. We will continue to do everything possible to maximise the number of patients that we can safely treat, and to ensure that patients on our waiting lists are regularly risk assessed and seen according to clinical priority. We are building capacity as quickly as we can and are recruiting more staff so we can treat the patients who need us. I have no doubt that the staff at UHS will continue to keep their focus on the quality of the services and care we give to ensure everyone who comes to UHS will have the best possible experience as they work tirelessly to put patients first.

Quality assurance has remained a cornerstone of our care despite this period of intense pressure. We have consolidated the work we started last year to embed a different approach to governance, reporting and assurance requirements, and our approach as an acute provider has continued to flex and adapt.

We are hugely proud to be playing an important role in the national response to COVID-19, not only through the delivery of essential healthcare, but also through the many research programmes that are helping us globally to understand and better treat the virus, and as the lead provider for the delivery of the COVID-19 vaccine programme to our population. We are investing significantly in our research and development infrastructure to secure our future as leading-edge university teaching hospital.

Equally, we are investing in other significant areas such as refurbishing the hospital, developing innovative digital solutions. We have also launched a sustainability initiative to make the hospital greener, recognising the influence it has on impacting the environment and population we serve. We aim to achieve carbon net zero, resulting in healthier lives for our community and people.

QUALITY REPORT

During 2021/22 the Board has been working on our strategy for the next five years, which sets out our ambition for our quality standards and what we want the hospital to be in 2025 for patients and staff. I'm excited to be the person leading UHS to achieve these ambitions, knowing success will be a collective effort. There is so much to do, but I know that working together we will overcome all the challenges because that is what the UHS family does.

The pandemic has challenged us, but it has also driven change, and it has shown what we can do together with the people of our city and region. In spite of the immense pressures we continue to face, our patients are hugely appreciative and grateful for the outstanding quality of care and treatment they receive here at UHS. This is testament to the dedication and hard work of everyone in the UHS family.

The information contained within this report has been subject to internal review and, to the best of my knowledge presents a true and accurate picture of the performance of the Trust.



David French
Chief Executive Officer
21 June 2022

1.2 Introduction to this report

Each 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 and 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?

This report tells you how well we did against the quality priorities and goals we set ourselves in each domain for 2021/22 (last year). It sets out the priorities we have agreed for 2022/23 (next year) and how we plan to achieve them.

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

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 2022/23.

2.1.1 Progress against 2021/22 priorities

Last year we set our quality priorities to ensure we delivered the highest quality of care shaped by a range of national and regional factors as well as local and Trust wide considerations. We recognised the overriding issues of significant operational pressures being felt right across the health and social care system and the pressures associated with the second year of the COVID-19 pandemic.

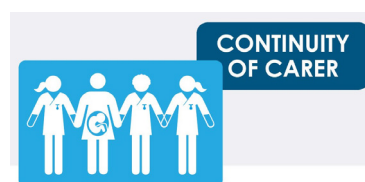
We acknowledged that many of the aims of our priorities could be disrupted by the ongoing pandemic and that we might need to be flexible in adapting the priorities in changing circumstances. We limited ourselves to four priorities in recognition of these pressures and to allow UHS to focus on responding to them.

This year our retrospective review reflects how we addressed the four priorities in the context of our organisational response to the COVID-19 pandemic and the pressing need to work towards restoration of our services. Our challenge was to deliver the highest quality care in the context of these combined pressures.

Overview of success

Figure 1: Priority 1

PRIORITY 1	Introduction of Midwifery continuity of carer (MCoC) for women at risk of complications in pregnancy.
Core Dimension:	Patient safety, patient experience and clinical effectiveness
Achieved	
Why was this a priority?	
<p>We recognise that the relationship between care giver and receiver leads to better safety and outcomes for women and babies in our care. Being cared for and supported through their pregnancy by the same midwifery team helps ensure safer care based on a relationship of mutual trust and respect and offers a more positive and personal experience.</p>	
<p>Midwifery continuity of carer (MCoC) is a model of care that aims to limit the number of different healthcare professionals a woman sees during her pregnancy. Its aim is for the pregnant woman to receive intrapartum care from a midwife she has met previously during her current pregnancy, thereby providing greater continuity.</p>	



This approach was the single biggest request of women heard during the NHS England 2015 National Maternity Review 'Better Births'. The model has proven beneficial clinical outcomes for women including:

16% less likely to lose their baby and 19% less likely to lose their baby before 24 weeks.

24% less likely to experience pre-term birth.

15% less likely to have regional anaesthesia (e.g., an epidural).

16% less likely to have an episiotomy.

The model organises midwives into teams of eight or fewer. Each midwife aims to provide antenatal, labour and postnatal midwifery care to approximately 36 women per year (pro rata), with support from the wider team for out-of-hours care. The 'Better Births' report published in 2016 set out a clear recommendation that the NHS should work towards a shared ambition for the NHS in England of MCoC being the default model of care available to all pregnant women.

To ensure equity in maternity health outcomes the report recommended that roll-out should be prioritised by March 2023 for those most likely to be at greater risk of complications in pregnancy and experience poorer outcomes. NHS England identified this group as woman from Black, Asian and minority ethnic (BAME) backgrounds, those who live in the most deprived decile (IMD-1/Indices of multiple deprivation-1) or those with increased vulnerability (e.g., poor perinatal mental health, history of substance misuse, history of domestic violence).

What have we achieved in 2021/22?

Our service was quick to adopt the model of MCoC. We used a variety of communication forums to engage our staff and patients, including involvement in national and local public MCoC events, staff team meetings, use of digital platforms, newsletters and dedicated time at midwifery study days for education and discussion.

We rapidly established five MCoC teams with each team caring for their own caseload of women in the antenatal, labour and postnatal period. Three are "caseloading" teams meaning they care for their women in labour with an "on call" commitment night and day and are based in the east, west and centre of Southampton. The remaining two teams are integrated teams who are available for women in labour when they are on a set shift for labour care and are based in the centre and west of the city. All our teams have a linked consultant obstetrician to ensure continuity of obstetric involvement, and a statement of purpose was agreed to describe the roles and responsibilities required to support the delivery of the model.

Before the publication of the 'Better Births' report we had already identified the need for a focus on the needs of Black and Asian women and those living in IMD-1 areas. Following publication of the report we accelerated our work, and since July 2020 Black and Asian women and those living in IMD-1 areas have been included for care in our MCoC teams.

NHS England Ambition target recommendations 2020/21	Percentage achieved by UHS 2021/22
35% of women will be booked to receive care in a continuity of carer team	41.7%
35% of Black, Asian and minority ethnic women booked to receive care in a continuity of carer team	75%
35% of women living in an IMD-1 area booked to receive continuity of carer	80%

How improvements are measured and monitored

MCoC compliance is reviewed at monthly service delivery meetings, at bimonthly maternity safety champion peer review meetings and through the local maternity and neonatal system (LMNS) by analysing data on the regional maternity services dashboard. We monitor the data, which tracks our performance using key performance indicators (KPIs), and report performance and strategic plans to our quality committee and Trust Board.

Our statement of purpose is reviewed every six months by the programme's senior matron to ensure it is responsive and continues to be fit for purpose.

We actively seek feedback from our patients and their families and from our staff.

What our patients told us:

"I was under X's care from around 19 weeks into my pregnancy after moving to Southampton. She came to visit us at home on most occasions and stayed in regular contact throughout my pregnancy; she also came to visit us at home after I'd given birth too. This was invaluable throughout the pandemic and I felt really reassured having a familiar face throughout."

"My midwife always instilled confidence in me and I felt able to contact her and other members of the team with any worries or concerns no matter how small. I'm extremely grateful for the care I received, Thank you."

"I had my third baby in August and due to my fear of hospitals and anything medical I opted for my first home birth. X from the homebirth team was incredible right from the moment she happened to appear (out of nowhere like a fairy godmother) into my midwife appointment just as I was saying I wanted a homebirth but was worried about it... she told me she would contact me to arrange a Zoom call where we could chat and she could answer all questions."

"My midwife seemed to have this sixth sense where she could tell when I was anxious about something and all of a sudden was telling me it was all going to be okay. She continued my care at my home each time, which was the first time I'd had any pre-natal care at home and it made me so much more relaxed!"

"Even in the two weeks after birth if I needed anything for me or for the baby, I just had to call my midwife, and it would either go through to her or a homebirth midwife on call day or night."

"I would like to say huge thanks to you and your team for the care you have provided. I am so glad that I was under your team. Your advice at each stage of pregnancy helped me to deliver a healthy baby."

"You have always gone above and beyond to make me feel comfortable (as you were aware of my past history). Whenever I started panicking, you calmed me by your friendly support. You had clarified things by providing more information and clarity as we were not sure about the options we had."

"You made sure that I will get full support from my consultant and GP where I needed. I cannot imagine my pregnancy journey without you."

"I didn't know them (the midwife team) earlier but they made me feel like they were my sisters."

"I do not think you could have done more than what you did."

What our staff told us:

“Working in the team has been the most rewarding thing I have done during my time as a midwife.”

“The role is so varied day to day and the fluidity it allows encourages you to constantly learn new skills and broadens your outlook on what defines being a midwife.”

“I have supported families throughout their pregnancy, birth, postnatal period and beyond and because of the relationships you nurture with these families they trust you completely.”

“My self-confidence at work has grown massively and I now feel happy to facilitate birth at home, in a birth centre or on Labour Ward, wherever my woman wishes.”

“This has given me exposure to new experiences, which can feel challenging at times, but by having a supportive team around you, advice is never far away. Caseloading has meant I’ve been part of the woman’s wider support network and understand the challenges she may face during her day-to-day life. This enables strong working relationships with other members of the multi-disciplinary team working with the family, such as safeguarding teams/family nurses/health visitors/obstetric team/social workers and more.”

“You really are at the centre of that family, coordinating their care, to improve their outcomes and their experience whilst accessing maternity care.”

Key areas identified of opportunities for further improvement

Originally our aspirations for 2022/23 were to grow our teams to ensure we had enough resource to offer MCoC to all Black and Asian women and women living in IMD-1 areas.

Two new integrated teams came online in January 2022, with plans to develop staff incentives to increase this during the year. We agreed to develop a MCoC team for those in IMD-2 and IMD-3 areas in the west Hampshire area where there are currently no IMD-1 areas.

When COVID-19 restrictions relaxed, we had also planned to increase face-to-face engagement with the local maternity workforce and continue to engagement with and sharing good practice across the Southeast region.

On 30 March 2022 the final report of the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust (the Ockenden Report 2022) was published.

The report recommended:

“All trusts must review and suspend, if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts. This will preserve the safety of all pregnant women and families, which is currently compromised by the unprecedented pressures that MCoC models place on maternity services already under significant strain. The reinstatement of MCoC should be withheld until robust evidence is available to support its reintroduction.”

Following this recommendation UHS has taken the decision to maintain current levels of provision but cease any further roll out.

Figure 2: Priority 2

PRIORITY 2	To support staff wellbeing and recovery
Core Dimension:	Patient safety and patient experience
Achieved	
Why was this a priority?	
<p>The health and wellbeing of our people and promoting a healthy work environment is one of our top priorities. Since the start of the pandemic we have focussed on what really makes a difference in supporting people to stay well and healthy and have continued to build on this work during 2021/22. During year we have actively listened to our staff and responded to their feedback by including more “in the moment” support, more regular morale initiatives and creating easier ways to access wellbeing support every day.</p> <p>We have become more flexible and responsive as the year has progressed, provided a range of support and options tailored to the needs of individuals. We have recognised that wellbeing is very personal, and everyone’s approach to promoting and sustaining their own wellness may be different.</p> <p>We appreciated many people were mentally and physically exhausted after the demands of responding to the pandemic. We recognised they would need time, space and support to develop resilience while the pandemic continued, and to recover as pressures eased. We saw that while the overall health and wellbeing scores in the NHS Staff Survey had improve significantly in 2020, the proportion of staff reporting work-related stress had also increased.</p>	
What have we achieved in 2021/22?	
<p>During the year we continued to introduce programmes, interventions and wider support offerings. The goal of our model is to ensure our staff can access the most appropriate support at the time and place that they need it. In 2021 we employed a staff wellbeing lead/programme manager and a wellbeing administrator as part of our organisational development (OD) team and tasked them with leading on the development and delivery of the wellbeing programme and interventions. A key area of growth and strength for staff wellbeing during the pandemic and beyond is the joined up working of the wellbeing, psychology, spiritual care, occupational health services and peer practitioner communities.</p> <p>During the early part of 2021 a series of interventions to support reflection and wellness were introduced aiming to provide safe spaces for people to talk, listen, be heard and give feedback on where things could be improved. The OD team worked alongside our psychologists to introduce a variety of different ways that people could be engaged. We invested in the training of peer practitioners called ‘safe space practitioners’ to be able to provide on-site, in the moment, interventions when people needed them. Strengthening that safe space practitioner peer network means we have trained more staff in safe space coaching and support techniques to enable people to access support when needed. The team are open to any suggestions of other areas where staff would find peer support valuable and to deliver thinking environments.</p>	



We also trained appreciative inquiry facilitators to work with staff in self-determined change to enable them to take a positive approach to their own wellbeing, appreciate the things that are going well and adopt a mindset of appreciation and hope.



After a successful pilot in May 2021, we recruited over 100 wellbeing champions working all over the Trust across a range of professions and seniority. Wellbeing champions have been given training, tools and resources to lead on championing wellbeing in their areas. They offer signposting to support, monthly champion meetings sharing ideas and practice and regular updates on wellbeing. They are important links on the ground for the wellbeing team and have their own workplace champion pages on Staffnet (our intranet) for sharing information and mutual support. They carry out regular wellbeing walkabouts wearing pink scrubs to make them highly visible. They are often accompanied by our executive directors and senior clinical leaders who are also available to listen, support and generally help raise morale.



In the latter part of 2021 as the COVID-19 pandemic continued, staff resilience was tested by challenges around increasing staff shortages and the ability for staff to take regular breaks away from clinical areas for rest. We recognised a need for boosting staff morale and devised a wellness and appreciation programme, which took refreshments out to staff including lunch grab bags, fruit boxes, hot drinks and wellbeing treats.

To make it quicker and easier for staff to access wellbeing information we launched Windows onto Wellbeing (WoW), a one-stop page on Staffnet consisting of various wellbeing windows each outlining a variety of aspects of wellbeing information and available support, with links and resources. This is being supplemented by wellbeing leaflets with QR codes, posters and video information.

A staff Facebook wellbeing page was set up, populated by the wellbeing team and any staff who wish to post. This shows the latest wellbeing information, support and training opportunities updated in real time as well as being a platform for inspirational quotes and for people to share wellbeing practice and thoughts.

During 2021/22 we tried to ensure, where possible, that wellbeing was included as an automatic element of all our initiatives and “business as usual”. Staff wellbeing was incorporated into many of our educational streams, with wellbeing awareness sessions being included in induction training, team study days and our UHS advocates study day. Team and personal wellbeing action plan templates have been created for use across the organisation, and when our chief nursing officer (CNO) introduced daily ward huddles (‘stop for support’) for our nursing teams, a key element was the opportunity to check on staff wellbeing and offer support.

How do we huddle?

10 minutes per shift to ‘Stop for Support’

- **Staffing**
 - If you need help today, how will you let me know?
 - Are there any staffing hot spots?
- **Safety**
 - Are there any clinical or patient safety concerns?
 - Are there any critical incidents we need to escalate?
- **Wellbeing**
 - How is everyone doing today?
 - Is there any learning or something positive from a previous shift we can use today?
- How you do this is up to you to fit with how you currently work
- Try to make it inclusive of everyone within your team



Teaching on stress management and post-traumatic stress is delivered by various groups and individuals including the wellbeing programme manager, the OD team, the psychology team and the wellbeing team. Wellbeing conversation workshops have been offered with good uptake and more are being rolled out in 2022/23. Mindfulness and mindful self-compassion workshops were commissioned in 2021/22 and have proved popular.

Other initiatives led by our wellbeing programme manager include our domestic abuse project which works with our partners Standing Together to support staff impacted by domestic abuse, our suicide prevention support advisory group, facilitating reflective practice guidance and a small working group which is supporting the patient safety incident response framework (PSIRF) agenda by exploring the impact of being involved in adverse incidents.

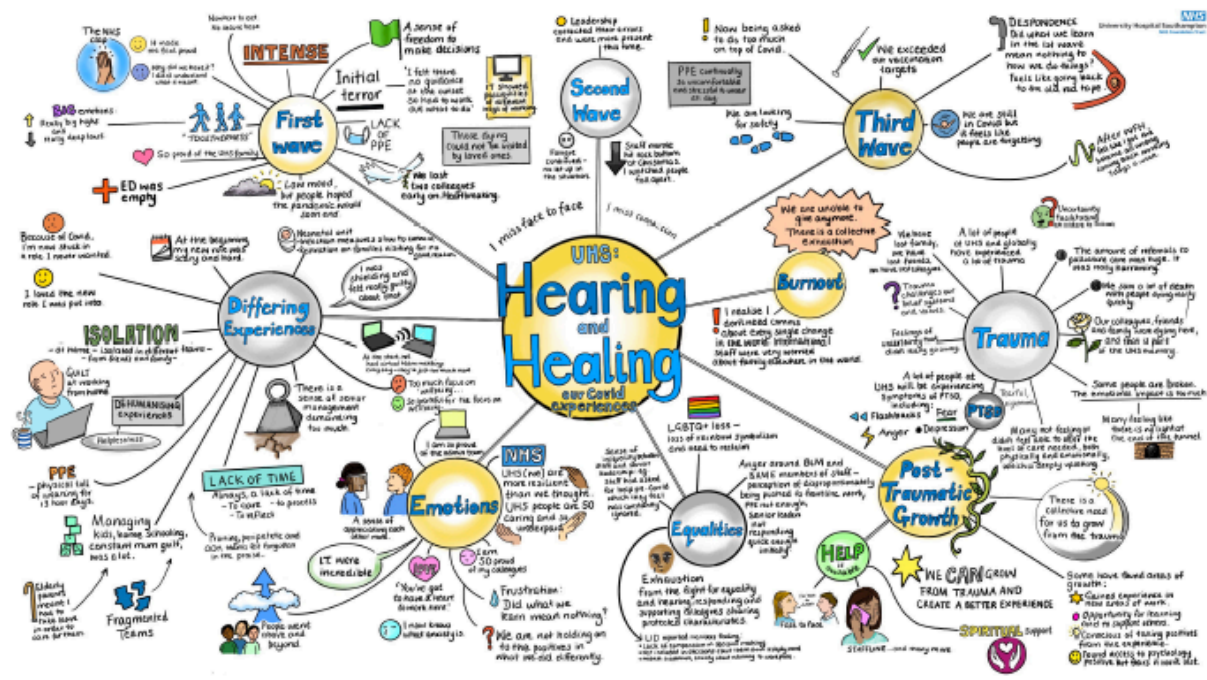
We have an embedded peer support service to provide psychological support to our staff in the context of traumatic events at work. The service is modelled on an evidence-based approach using a trauma risk management (TRiM) methodology which helps to identify risks for people who may suffer poor mental health following traumatic experiences. Our TRiM practitioners support those who have experienced traumatic events and we have increased the number of our practitioners during 2021/22.

UHS is part of a regional mental health first aid (MHFA) faculty which works in partnership across Hampshire and the Isle of Wight and is currently in the process of training peer practitioners as MHFA champions. Our ambition is that our practitioners will go on to participate in 'train the trainer' sessions, sharing training across the integrated care system (ICS).

We also looked at ways to demonstrate how much we value our staff. We wanted to celebrate the hard work, commitment and dedication consistently shown in rising to the challenges of the pandemic. We have promoted our long service awards, which recognise continuous service to the Trust, and our retirement gift scheme, which rewards employees after completing 20 years or more service in the NHS. In December 2021, a festive card containing a gift token from the CEO and Chair was given to all substantive UHS staff in recognition and appreciation of every person's effort and dedication to our patients and families during the year.



We have asked our staff for feedback about our initiatives and used their insights to help shape ongoing work. We have developed a UHS Insights document which summarised how staff were feeling and how the feedback they have given will support people to move forward. This is illustrated in the infographics below.



What our staff tell us:

"It all means I can allow myself time, space and kindness to deal with the difficulties during/post [pandemic] knowing that others felt/are feeling the same way I am."

"I really appreciate the way the hospital has prioritised staff wellbeing. It has made us feel as though we are a priority and really valued."

"I have been impressed with how many different options there have been to help us all get through this and help us look after ourselves."

"I've never known staff health be so important to the Trust, and it's made a big difference to how I've coped."

"I don't know if you ever get to hear how people you've seen through TRiM are getting on or not... so I thought I'd give you a little update. I'm back at work on week 2 of a phased return... I'm delighted to say that so far it seems to have worked wonders!"

“The main reason for this email is to say thank you. You were pivotal in the whole journey ensuring I got on the right track to restore my head health early. Without you it’s highly likely I’d have probably gone back to work and have ended up in a much worse position and the whole process would have been a lot longer and arduous to get back to where I am today.”

“Listening to other staff members’ struggles and realising that we are not on our own, we are part of a big team.”

“Hearing the different stories but appreciating we were united in suffering, learning, confusion and hope has been helpful.”

“I can see senior leaders are human with the same insecurities as us; they’ve been in our shoes at some point.”

‘Listening to the situations that others have faced was a real reminder that we have had a shared experience which makes things feel easier. The honesty and openness of others was both enriching and humbling. I left feeling like my faith in humanity had been restored.’

“I found that listening to others’ experiences was extremely valuable. Although I was obviously aware that we have ‘all been in this together’ it has at times felt quite lonely and difficult.”

How improvements will be measured and monitored

The decision-making, measurement, monitoring and governance of the wellbeing programme is managed by the healthy workplace and wellbeing group which reports into the UHS people board, and then into the people and OD committee. Membership includes representation from occupational health, psychology, spiritual care, peer practitioner groups, HR and health and safety teams and works to support the NHS health and wellbeing framework (2021/22). The people and OD committee reports into Trust Board.

Key areas identified of opportunities for further improvement

It is important to us that we continue to lead compassionately and inclusively, so our people are involved in decision-making, feel hopeful for the future and are confident in bringing their whole selves to work no matter who they are. We want the culture at UHS to reflect our commitment to prioritising the health and wellbeing of all staff so that it is a consideration in every decision we make.

We are working to build confidence and trust in the vast array of support we have developed over the last two years, to drive uptake now awareness is high and to help people find effective help.

Risk of burnout due to exhaustion remains a concern and efforts will be focussed in this area for 2022/23. We have identified temporary wellbeing hub space for staff while we wait for the new staff wellbeing building, which has been made possible with the funding from the proceeds of the auction of the donated Banksy ‘Game Changer’ artwork. This new building will house a gym, café and space for reflective groups to meet as well as being a base from which the wellbeing team will provide its support.

In 2022/23 several UHS staff will taking part in the first regional diploma in health and wellbeing and a regional wellbeing festival is planned for July 2022, in which we will be taking an active lead.

Our 2021/22 annual NHS staff survey results are positive with our scores relating to wellbeing being above the benchmark average. Contributing factors to wellbeing such as staff engagement, morale, staff experience in areas such as kindness and respect, feeling valued and trusted to do their job were all above the benchmark average.

Our staff experience scored related to violence and aggression at work, bullying, and harassment have also improved and are close to the benchmark average. Our score relating to staff experiencing work-related stress has remained the same at 42%, which has not declined since 2017.

We will continue to work towards improving our staff survey results during 2022/23.

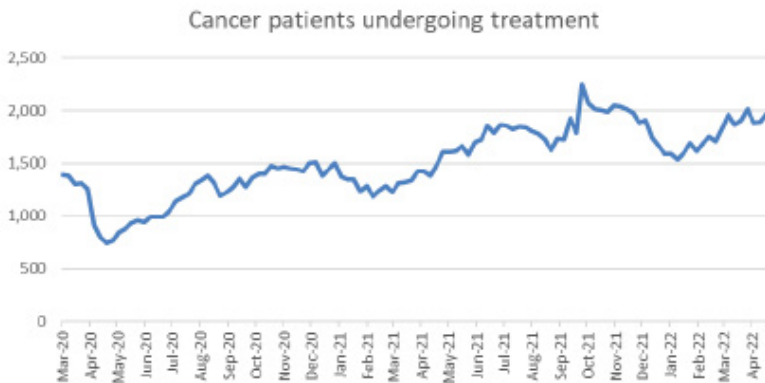
Figure 3: Priority 3

PRIORITY 3	Managing risks to patients delayed for treatment and restoring elective programmes																		
Core Dimension:	Clinical effectiveness																		
Partially achieved																			
Why was this a priority?																			
<p>The pandemic had a significant impact on waiting times as elective activity reduced to focus on treating patients with COVID-19. In March 2020 only 29 patients were waiting over 52 weeks for treatment, but by March 2021 this had increased to 3,311 patients.</p> <p>These delays clearly have a significant impact on people’s quality of life and, at times, outcomes. During the first wave of the pandemic elective activity reduced substantially, with only 35% of April 2019 levels of activity taking place in April 2020. By 2021 there was a real imperative to move towards managing the pandemic while continuing to treat as many other patients as possible and making sure we communicated effectively with those waiting to help manage the uncertainty and to reduce the backlog where possible.</p>																			
What have we achieved in 2021/22?																			
<p>During the first year of the pandemic the Trust set up a clinical prioritisation process, led by the chief medical officer (CMO) that focused on prioritising all patients waiting for surgery to ensure we continued to treat people based on need and urgency. The Trust also implemented a clinical assurance framework (CAF), designed to measure and mitigate risks across the specialities as well as ensuring that resources (e.g., theatres) were allocated in line with anticipated levels of potential harm.</p> <p>During 2021/22 our hospitals continued to see significant levels of COVID-19 demand with the end of the first wave lasting into May 2021. From September 2021 the number of COVID-19 patients started to increase again, rising to approximately 100 in December 2021 before gradually decreasing. A further wave followed in March 2022, with over 100 COVID-19 patients being cared for in the Trust. Despite this, the Trust continued to see more elective patients in 2021/22 than in 2020/21:</p>																			
<p>Figure 4: Number of elective patients seen April 2020-March 2022</p>																			
<table border="1"> <caption>Elective activity since April 2020</caption> <thead> <tr> <th>Quarter</th> <th>Number of Elective Patients</th> </tr> </thead> <tbody> <tr> <td>Q1 2020/21</td> <td>10,000</td> </tr> <tr> <td>Q2 2020/21</td> <td>17,000</td> </tr> <tr> <td>Q3 2020/21</td> <td>21,000</td> </tr> <tr> <td>Q4 2020/21</td> <td>18,000</td> </tr> <tr> <td>Q1 2021/22</td> <td>21,000</td> </tr> <tr> <td>Q2 2021/22</td> <td>21,000</td> </tr> <tr> <td>Q3 2021/22</td> <td>22,000</td> </tr> <tr> <td>Q4 2021/22</td> <td>21,000</td> </tr> </tbody> </table>		Quarter	Number of Elective Patients	Q1 2020/21	10,000	Q2 2020/21	17,000	Q3 2020/21	21,000	Q4 2020/21	18,000	Q1 2021/22	21,000	Q2 2021/22	21,000	Q3 2021/22	22,000	Q4 2021/22	21,000
Quarter	Number of Elective Patients																		
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Q4 2021/22	21,000																		
<p>This was despite more stringent and time-consuming infection control measures than prior to the pandemic and reducing theatre capacity to support intensive care staffing. At times, we had up to seven wards repurposed for caring for patients with COVID-19.</p>																			

Cancer care

We are proud to have maintained all our cancer services throughout the pandemic and believe that we continue to offer clinically effective services to patients. Despite the number of patients being treated for cancer increasing throughout 2021/22 due to a rise in referrals that occurred after each COVID-19 wave, we were able to respond to this increase.

Figure 5: Cancer care patient tracking list July 2020- March 2022



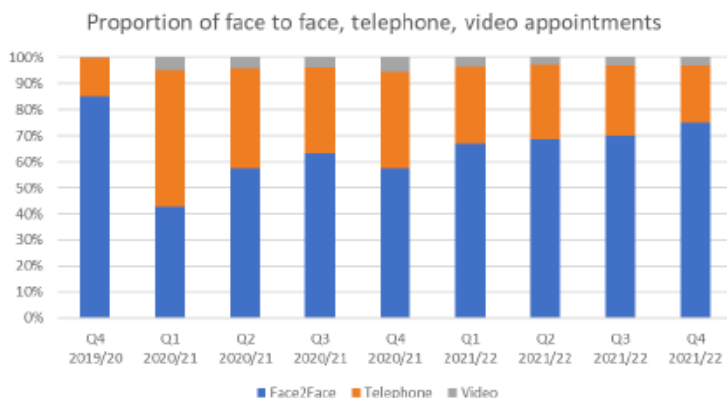
When COVID-19 restrictions in England were relaxed, both in September 2021 and again in February 2022, we saw higher volumes of referrals and two week waits (2WW) performance for urgent referrals has been affected. This is mainly in the breast service with other tumour site performance being broadly maintained. We have seen a relatively stable level of 31-day performance (the target for at least 96% of patients to start a first treatment for a new primary cancer within 31 days of the decision to treat) and 62-day performance (the target that there is no more than 62 days wait between the date the hospital receives an urgent referral for suspected cancer and the start of treatment).

We note that our 62-day performance shows us to be in line with other tertiary teaching hospitals, which illustrates that other hospitals are seeing similar challenges to UHS in relation to cancer. When benchmarking against similar trusts (other large teaching hospitals), we have continued to perform well, and we continue to prioritise cancer services to reduce the number of patients awaiting treatment, including reducing those waiting more than 62 days.

Outpatient services

At the start of the pandemic in 2020 we saw a seismic shift towards non-face-to-face outpatient appointments. The national aspiration was to maintain 25% of patients seen non-face-to-face in 2021/22.

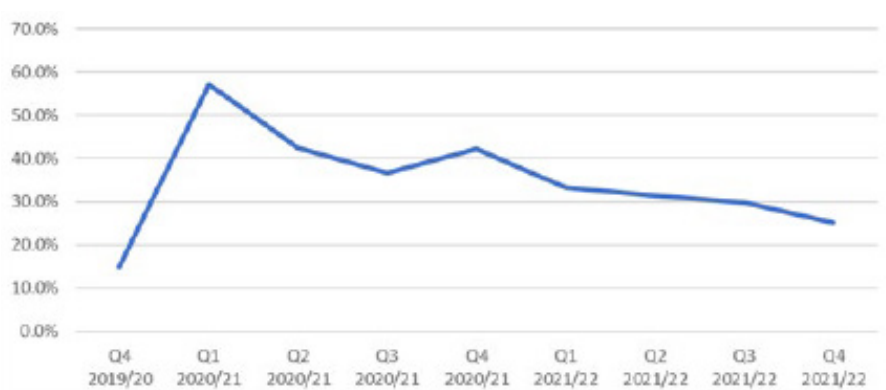
Figure 6: proportion of face to face and non-face to face appointments at UHS



Although the proportion of virtual appointments has naturally reduced compared to levels seen during the pandemic (as some clinics have reverted to a face-to-face service), we have continued to offer virtual outpatient appointments through 2021/22. We recognise that in some cases this provides a more convenient service for patients. We have also rolled out a patient texting programme, which provided an additional safety net. For the specialties with the highest number of long waiting patients we text patients to ask whether their symptoms have worsened and whether they need to speak to a clinician. If they confirm that they do need to speak to a clinician, an outpatient appointment is scheduled for them.

We have also used technology to continue to offer virtual appointments where appropriate and are conducting approximately 30% of our appointments virtually. The Trust has maintained this as a target, and although we have returned to face-to-face appointments where necessary, virtual appointments continue to be a core part of our strategy with our outpatient clinical activity increased to achieve the target.

Figure 7: Proportion of virtual appointments



Diagnostics

During 2021/22 UHS significantly increased the volume of diagnostic activity as the pandemic eased and services adjusted their ways of working, focussing on reducing the longest diagnostic waits first. Despite an increase in diagnostic referrals, the size of the diagnostic waiting list has been held steady, alongside an improved performance.

Alongside community partners in Solent NHS Trust and Southern Health NHS Foundation Trust, the Trust successfully bid for phase one funding to develop a community diagnostic hub. The main hub will be based at the Royal South Hants Hospital (RSH), with other targeted diagnostics being delivered in Lymington New Forest Hospital and Hythe Hospital. These hubs will support a one-stop approach for conditions, delivering tests closer to home and releasing acute diagnostic capacity for the support of inpatients and complex patients.

In late 2021 the Trust completed a Trust-wide patient-led waiting list validation of all patients waiting 33 weeks or longer. Discussions as to how best to continue this as part of a rolling programme rather than a standalone exercise are ongoing.

The Trust worked with third party supplier partners to survey patients by text message or email linked to a secure portal, backed up by paper letters where patient details for digital contact were not available. This saved administrative time, as well as generating a far higher response than traditional methods of validating waiting lists.

The purpose of this initiative was to reassure every patient and confirm if patients were ready to attend (and ask them to indicate a timescale if not), as well as indicate whether COVID-19 concerns were a factor in their wish to delay. We also wanted to know if patients' circumstances had changed, to offer the opportunity of contact with the Trust about their specific circumstances and offer practical and holistic services from the patient support hub.

As well as following up patients whose responses did not match their clinical status, or whose responses flagged concern, all patients requesting contact were followed up by care group administrative and/or clinical teams.

Referral to treatment (RTT)

During 2021/22 UHS has had to continue to manage the impact of COVID-19 on patients on the elective waiting list. We are conscious that some patients have waited a long time from referral to treatment. As referrals have increased post-lockdown (peaking in Summer 2021) , the total number of patients waiting has grown. However, we have reduced and held steady the total number of patients waiting over 52 weeks through 2021/22

Figure 8: RTT Patient treatment list

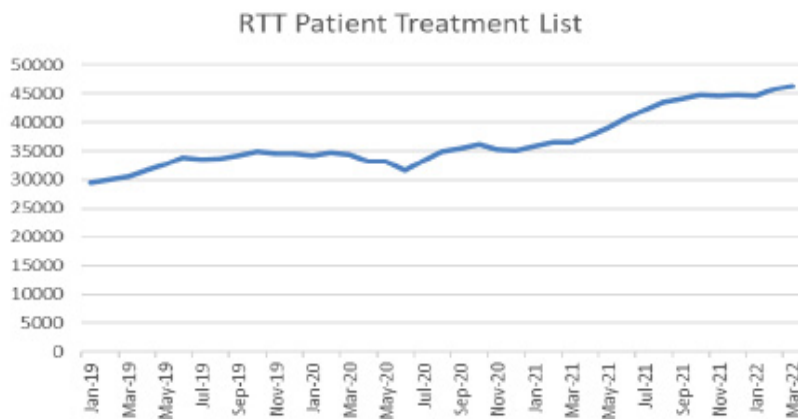
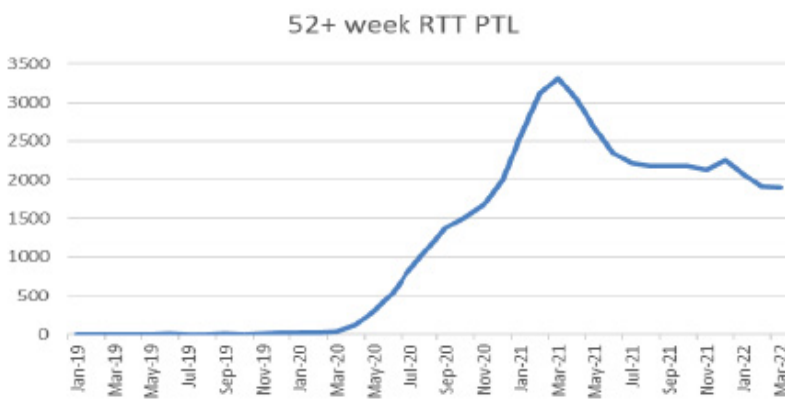


Figure 9 : Patients waiting over 52+ weeks for treatment



In 2021/22 we noted a small, but growing, cohort of patients who had waited more than 104 weeks for treatment due to pressures and constraints associated with the pandemic. This grew from 13 in March 2021, peaking at 171 in December 2021. Throughout 2021/22, our operational teams developed clear plans to address these longest waiters. At the end of March 2022, besides patients who had requested delay of their treatment, we only had five patients who had waited more than 104 weeks for their treatment. Actions to increase capacity and treat these patients include use of the independent sector for specific cohorts of patients (e.g., in the ear, nose and throat (ENT) service) and additional weekend capacity through waiting list initiatives (e.g., Urology 'super weekends').

We have continued to make good progress against our target and, when we remove the patients who are choosing to wait, we are ahead of the plan.

While patients wait for surgery, we have continued to assess them using the CAF, where patients are clinically reviewed based on their previous clinical priority. We use a rating system where priority is given to patients most likely to deteriorate clinically, with P1 being the highest and P4 the lowest risk. Triage takes account of vital signs, pre-hospital clinical course, mechanism of injury and other medical conditions and is a dynamic process and patients are reassessed frequently (e.g., P2 patients every eight weeks, P3 patients every three months, P4 patients every six months). Based on this clinical review patients may be invited for an outpatient review.

What our patients tell us:

“I was very worried about not getting my surgery because of the pandemic, but the hospital was good at keeping in touch so I felt I knew what was going on”

“The news was so bad my dad didn’t want to go to the hospital for his tests because he thought the people with covid should have the beds, but he was phoned and the lady was really good at reassuring him that he was important too so he had his tests”

“I was going to wait until the pandemic was over to have my operation, but they got in touch and said they could do it and got me in and did it anyway and I was so pleased”

“Not having to go to the hospital for my outpatient appointment was so much easier. No parking problems, and the doctor was just as good as if I’d been there. I hope this carries on”

“I was so scared my cancer treatment was going to be stopped, but they sent me to another hospital to have it. I’ve read in the papers about people not getting their treatment, so I am so relieved my hospital could still do it”.

How improvements will be measured and monitored

We have a robust reporting processes monitoring this activity which runs from care group and divisional governance and operational reporting through our Trust executive committee (TEC), quality committee and Trust Board. We work closely with our chief operating officer (COO) and executive team to maintain a constant focus.

Key areas identified of opportunities for further improvement

We will continue to work to restore elective activity and reduce waits during 2022/23.

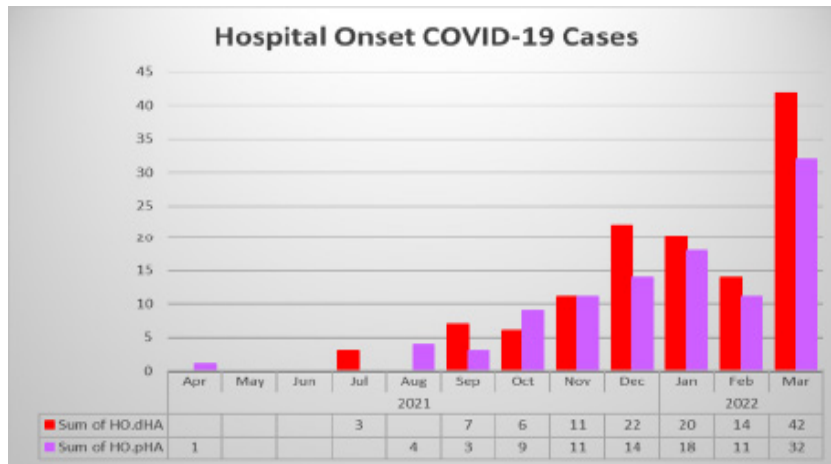
Figure 11: Priority 4

PRIORITY 4	Reducing healthcare associated infection (HCAI)
Core Dimension:	Patient safety
Achieved	
Why was this a priority?	
<p>Healthcare associated infections (HCAIs) are among the most significant causes of morbidity and mortality in healthcare settings. We know prevention of HCAIs is central to providing safe and high- quality healthcare, good patient experience and maintaining safety. It also improves length of stay and helps with our financial and operational management.</p> <p>According to the World Health Organisation (WHO), HCAIs are common with an estimated 1.4 million affected at any given time and prevalence varying in the developed world from 5.1% to 11.6%. The most recent point prevalence survey of HCAIs in acute hospitals in England (2016), reported the prevalence of HCAIs as 6.6%, and a tertiary care hospital like UHS will be at risk from high levels as it treats many vulnerable patients needing complex support and procedures.</p> <p>In addition, antimicrobial resistance (AMR) has also been identified by the WHO as one of the top ten major threats to public health. Indiscriminate use of antibiotics in health and farming has led to significant challenges of multi-drug resistant bacteria in certain parts of the world. No new classes of antibiotics have been discovered since 1980, and we are facing the possibility of a world where antibiotics may no longer be effective.</p> <p>The UK five-year national action plan for tackling antimicrobial resistance (2019-2024) outlines key actions for focusing on infection prevention and control (IPC) and addressing AMR. Consequently, AMR and IPC are important for any healthcare organisation, and a system-wide approach to promoting and monitoring the judicious use of antimicrobials to preserve their future effectiveness is essential.</p> <p>At UHS we have a dedicated infection prevention team (IPT) committed to supporting the organisation in preventing and reducing HCAIs. The team is made up of a diverse set of professionals with significant experience in infection control, with leadership and oversight from the CNO and director of infection prevention and control. The team drives improvements in patient outcomes by supporting reductions in HCAIs.</p>	
What have we achieved in 2021/22?	
<p>Unsurprisingly the COVID-19 pandemic has remained a key area of focus for UHS in 2021/22, with a continued emphasis on preventing transmission of infection while supporting the recovery and restoration of services.</p> <p>In-hospital transmission of COVID-19</p> <p>Throughout 2021/22 our COVID ZERO campaigns promoting safety across the workforce and services throughout the pandemic (wash, walk, wear, test and fresh air), and our follow-up #DontGoViral 2021 campaigns continued to be prioritised.</p> <p>Our COVID ZERO campaign has earned award-winning recognition for ‘Best crisis comms’ at the 2022 PRWeek UK Corporate, City & Public Affairs Awards.</p>	
	

What have we achieved in 2021/22?

Strategies to prevent and reduce the risk of in-hospital transmission of COVID-19 have remained a priority and have been subject to ongoing review, with actions and improvements taken to reduce the ongoing risk of hospital onset infection and outbreaks. The figure below shows the trend of hospital-onset cases of COVID-19 from April 2021 to March 2022 and follows similar trends as the local and national prevalence of COVID-19.

Figure 10: Cases of Hospital onset COVID-19*.



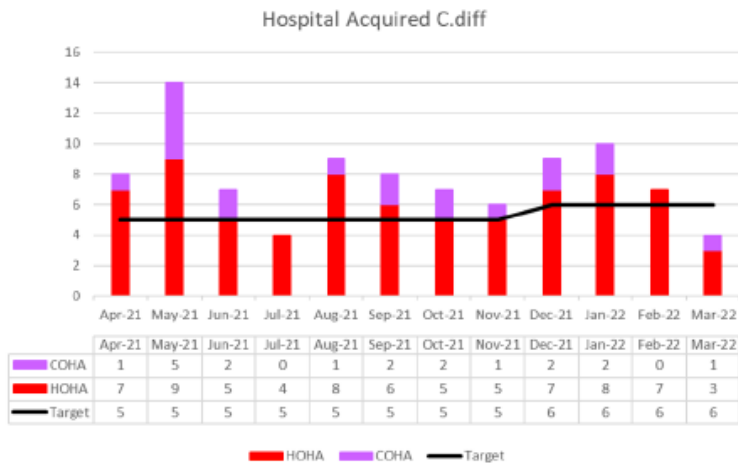
*Classified as “hospital onset-definite hospital acquired” (HO. dHA) when the first positive test is at least 15 days following admission and “hospital onset-probable hospital acquired” when a first positive specimen occurred on days eight to 14 (HO. pHA) following admission

Where cases of hospital acquired infection have occurred, they have been investigated using a root cause analysis (RCA) investigation process either as individual case reviews or part of a wider outbreak investigation. Hospital outbreaks of COVID-19 are robustly managed by the IPT using a formal incident/outbreak management process and reported in the national outbreak management system with ongoing monitoring until 28 days following the last confirmed case. Learning from individual case investigations or outbreaks is shared promptly across the Trust and used to inform ongoing IPC actions and strategies.

Clostridioides difficile (C. diff)

UHS has seen wide fluctuations in the monthly number of C. diff cases with evidence of cases rising a few months after a major wave of COVID-19 infections. Reasons for the increase are not clear, but are likely to be multifactorial, and possibly related to the use of high-risk antibiotics during the first waves of the pandemic. This increase is being reported nationally with increases in rates of both community onset and hospital onset cases according to UK Health Security Agency (UKHSA) surveillance data.

Figure 11: Trends in hospital acquired C. diff *

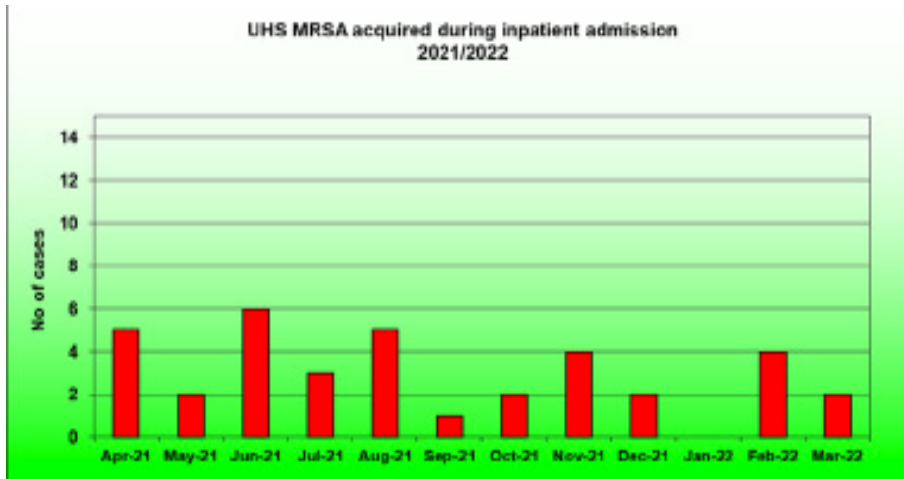


*Is classified into community-onset (COHA) and Hospital onset (HOHA) depending on identification of C. diff in community or hospital respectively.

MRSA

In 2021/22, UHS recorded cases of hospital acquired MRSA bloodstream infection as illustrated in the figure below.

Figure 12: Number of patients who acquired MRSA (non-bloodstream infection) during their hospital stay



The downward trend is representative of the trend that has been seen over the last few years.

Blood stream infections (BSI)

All BSI cases are reviewed by the IPT to identify contributing factors or gaps in practice which may have contributed to infection occurring. They are investigated in detail to identify any learning that may drive improvements.

Overall our reviews have noted that cases are complex with multiple risk factors for infection. A proportion of cases of BSI are assessed as unavoidable, but where infection is thought to have been preventable (e.g., occurred because of the presence of an invasive device such as an intravenous line or urinary catheter), this is followed up with appropriate investigation to identify emerging trends/themes, organisational learning and targeted improvement actions.

The NHS Standard Contract 2021/22 includes quality requirements for NHS trusts and NHS foundation trusts to minimise rates of defined Gram-negative bloodstream infections to threshold levels set by NHS England and NHS Improvement. This includes klebsiella species, pseudomonas and E.coli. Monitoring of MSSA bloodstream infections is also undertaken.

Hospital BSIs are defined as those that occur after the first 48 hours of admission (post 48-hour BSI).

Figure 13: The number of cases of hospital acquired E coli BSI

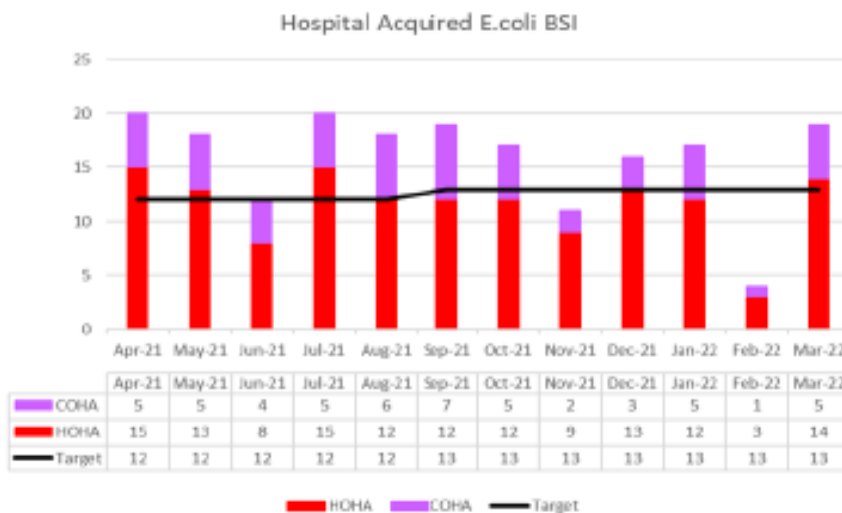


Figure 14 : The number of cases of hospital acquired klebsiella BSI

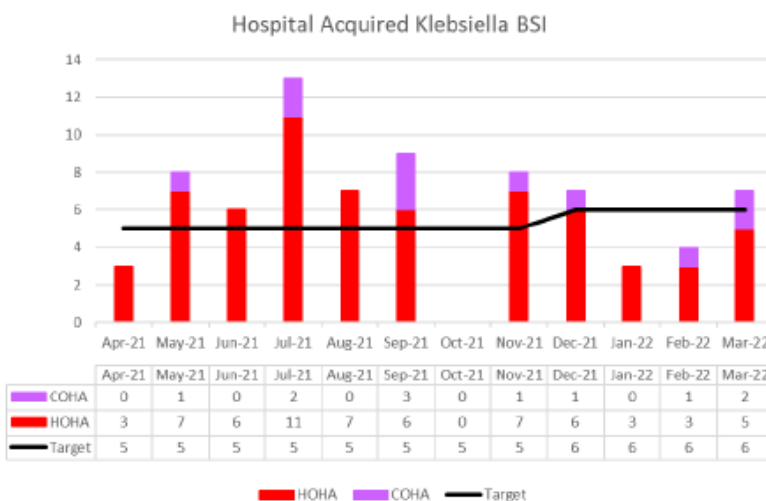


Figure 15 : The number of cases of hospital acquired pseudomonas BSI

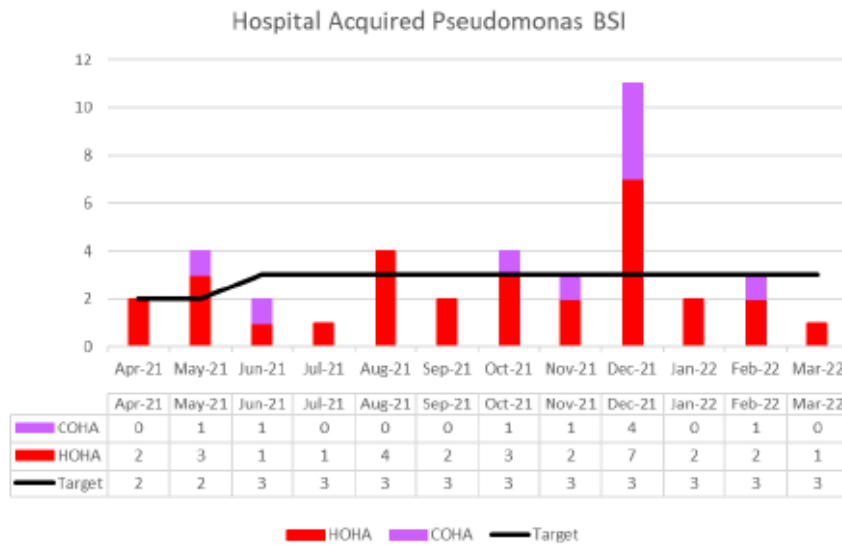
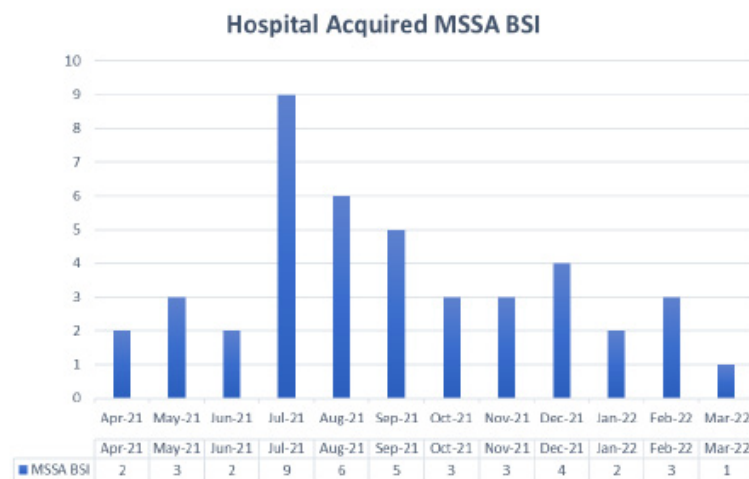


Figure 16 : The number of cases of hospital acquired MSSA BSI



Vigorous focus and attention to IPC strategies targeted at reducing the risk of hospital transmission of COVID-19 has been central to our ongoing response to the pandemic, whilst at the same time focusing on restoring operational activity. Despite the challenges, UHS has one of the lowest rates of MRSA BSI in the country, and hospital-acquired COVID-19 infection is lower than in comparable hospitals. The health, safety and wellbeing of our patients, communities and staff has remained a priority, and UHS has consistently had lower rates of COVID-19 related staff sickness compared to peers.

What our staff tell us:

- “It’s been a hard couple of years, but at least I feel confident the hospital has kept us as safe as possible with all of the infection prevention standards.”
- “The infection control team has been amazing. Things can change very quickly, but they always seem to be one step ahead.”
- “I think the COVID ZERO campaign has really helped keep us and the patients safe. I have friends in other hospitals, but we seem to be much better at our infection prevention.”
- “The visiting restrictions have been hard, but I know they’ve helped keep infection down, and kept us safer.”
- “I feel reassured when the infection prevention team come to the ward to talk to us, and there are always updates on Staffnet and Workplace.”
- “I think we have been ahead of the game with our infection control right from the start.”

How ongoing improvements will be measured and monitored

The IPT has well-developed surveillance systems in place to monitor performance indicators including cases of C. diff infection, MRSA BSI, gram-negative bloodstream infection and COVID-19. These surveillance systems are a key component in identifying opportunities to prevent HCAs and support continuous quality improvement. The data will continue to enable effective monitoring of rates and distribution of infection, trend analysis, detection of outbreaks, monitoring of interventions and predicting emerging hazards.

We also have a process in place for reviewing the clinical pathway of patients with significant HCAI to determine if these are avoidable, with a post infection review (PIR) triggered to identify learning and improvement actions where required. Outcomes of PIR are regularly reviewed by the IPT and learning shared for wider Trust implementation.

Monitoring of required infection prevention practice standards and practice will continue to be undertaken through audit and observations taken by clinical teams, peers and the IPT in line with the annual infection prevention audit programme.

A review of the overall performance of individual clinical areas, looking at both audit data and cases of infection, will be completed by the IPT on a regular basis to facilitate the identification of areas of concern in a timely manner. This process achieves high standards of infection control governance, which is respected at all levels of the organisation.

The performance indicators for HCAI and infection prevention practice standards will continue to be reported and monitored through the Trust infection prevention committee, quality committee, TEC and Trust Board.

Key areas identified for further improvement

While UHS has performed well in relation to several HCAI indicators, improvements are required in some areas. Reduction in C. diff is identified as a key improvement priority in the forthcoming year with key actions identified to support this being:

- Toxin positive inpatient cases of C. diff will continue to be reviewed by the IPT and enhanced surveillance undertaken to review assurance that all elements of the care are being met.
- All hospital acquired cases are reviewed by a consultant microbiologist/infection control doctor to identify learning and actions required.
- The C. difficile antimicrobial review group will review cases to ensure appropriate antibiotic use and duration, with feedback to clinical teams.
- Increased ongoing focus on antimicrobial stewardship via stewardship ward rounds with feedback to clinical teams for improvement.
- Continued focus on cleaning standards and optimising the use of isolation facilities and improving standards of isolation care.
- Reduction in avoidable bloodstream infections has also been identified as an improvement priority for 2022/23 with a focus on improvements in invasive device management and care e.g., intravenous lines and urinary catheters.

2.1.2 Priorities for improvement 2022/23

This section presents our quality priorities for 2022/23. Our priorities are built around our ambitions and intention as a Trust to deliver high quality, well-led, safe, reliable and compassionate care in a transparent and measurable manner.

To determine our quality improvement priorities for 2022/23 we have consulted with key stakeholders including our Trust's quality committee, the Trust 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 2022/23 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?**

Once again, we need to recognise that management of the COVID-19 pandemic will continue to be a priority for the foreseeable future, and possibly all of 2022/23. We will remain realistic and be flexible about the ability to release resource to focus on any quality priorities outside of the urgent operational response to the pandemic and the increased numbers of patients waiting for diagnosis and treatment.

The quality committee on behalf of Trust Board has approved the priorities and progress in achieving our quality priorities will be monitored by quarterly reporting to the committee.

Figure 17: Quality priorities 2022/23

No 1		
Quality Priority		Core Dimension
Enhancing capability in Quality Improvement (QI) through our Always Improving strategy.		Clinical effectiveness
Why we chose this priority	What we will do	Progress metrics
<p>A consistent language and culture of QI is a central tenant of all outstanding organisations.</p> <p>At UHS, this is typified by our Always Improving value, and underpinned by our Always Improving strategy which sets out our approach to building and maintaining our QI capability and is supported by robust integrated governance.</p> <p>Throughout the pandemic our staff have been agile, flexible and innovative in how they continued to improve care for patients despite unprecedented challenges.</p> <p>However, we recognise that it has often been difficult to prioritise the time to train our staff in the skills required to engage successfully in QI, and difficult to create the space to apply a systematic organisational approach to guide our staff.</p> <p>We are now committing to creating time and space to build momentum during 2022/23, acknowledging that developing our QI capability will act as an enabler and catalyst to support the delivery of all our quality priorities.</p>	<ul style="list-style-type: none"> • Train our workforce to be able to deliver QI projects by giving them the skills required. • Offer secondments to staff to build quality improvement skills within transformation programmes. • Deliver on the ambitions of our Always Improving strategy by building our improvement culture. 	<ul style="list-style-type: none"> • Train 500 staff in quality improvement techniques. • Support staff to deliver 50 quality improvement projects, encouraging them to select projects that matter to them. • We will record 50 quality improvement projects on the Ulysses (solutions in risk management IT system) to create a rich resource for all staff to access. • We will improve our NHS Staff survey results on the questions relating to improvement (question 3d, am able to make suggestions to improve the work of my team/department; question 3e I am involved in deciding on changes introduced that affect my work area/team/department; question 3f I am able to make improvements happen in my area of work).

No 2

Quality Priority		Core Dimension
Developing a culture of kindness and compassion to drive a safety culture.		Patient safety
Why we chose this priority	What we will do	Progress metrics
<p>We recognise that high performing teams promote a culture of honesty, authenticity and psychological safety.</p> <p>This culture requires civility, kindness and compassion, which in turn creates a sense of safety.</p> <p>Behaving in ways that value and respect those around us can enhance teams, optimise performance and improve patient care and safety.</p> <p>Equally, incivility can impact patient care, has been shown to affect how teams' function and make clinical decisions and negatively affects patient outcomes.</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, conversely, of the power of civility.</p> <p>We aspire to create a strong culture of kindness and compassion to drive a safety culture.</p>	<ul style="list-style-type: none"> • Develop a communication strategy and complete a high-profile Trust-wide launch linking kindness and compassion behaviours to our Trust values. • Embed kindness training in the UHS Always Improving advocates training led by the transformation team. • Design a standardised methodology to run safety huddles to promote psychologically safe learning space across the Trust. • Use these safety huddles to promote rapid learning and shared understanding from incidents and wellbeing checks across teams. • Roll out just and learning culture work, training leaders in just cultures and develop learning tools to support implementation. • Appreciative inquiry training to be embedding into existing training programmes and delivered across the organisation. • Design a human factors strategy and training plan. Incorporate human factors training across high-risk pathways every month using tools that identify contributory factors in safety investigations to support organisational learning from human factors. • Review the 2021/22 staff survey 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. 	<ul style="list-style-type: none"> • We will have completed a successful launch and staff will be able to articulate how kindness and compassion links to our Trust values. • We will aim to train 20 new advocates per month. • Safety syllabus training level 1 and level 2 will have been implemented, and 85% of our staff will have received training by April 2023. • Our patient safety team will have established a minimum of one cohort in patient safety incident investigation (PSII) training, which includes the Just Culture guide. • All governance teams will have attended the PSII training by September 2022. • 50% of the serious incident scrutiny group (SISG) core members to have received PSII training by September 2022. • The patient safety education lead will have delivered monthly sessions on human factor training. • Our 2022/23 staff survey will reflect improvement in engagement with this agenda.

No 3

Quality Priority		Core Dimension
We will improve mental health care across the Trust including support for staff delivering care.		Patient safety
Why we chose this priority	What we will do	Progress metrics
<p>In 2020 the CQC identified that acute hospitals (in collaboration with their mental health Trust partners), need to improve the care of patients with mental health needs while they are attending acute hospital emergency departments or receiving in-patient care.</p> <p>This is also supported by NICE guidelines which originated in 2009.</p> <p>A significant number of our patients have psychological needs, and/or co-occurring mental health needs.</p> <p>The majority will present with a physical health requirement which may be a primary physical health need, or as a direct result of a mental health crisis.</p> <p>Many physical health conditions have a direct impact on psychological and mental health, which if not addressed as part of their acute hospital care, will result in poorer outcomes for the patient and increase their length of stay.</p> <p>Optimising mental health is also a core principle of the UHS clinical strategy to bring equity in our approach to identifying and managing physical and mental health needs.</p>	<ul style="list-style-type: none"> • Ensure that the workforce is knowledgeable and skilled at meeting the physical and mental health needs of all our patients by completing a training needs analysis and continuing to roll out mental health champions training in collaboration with our liaison psychiatry partners. • Complete monthly deep dive audits mapping the patient journey and their access to mental health services and analyse performance to identify QI projects where barriers to timely access are identified. • Identify where improvement can be made in pathways and support for patients detained under the Mental Health Act 1983 (MHA). Agree an MHA administration statement of purpose (SOP), supported by education for staff and monitor compliance through our mental health board. • Ensure that staff in patient-facing roles understand restrictive practice and the legal frameworks and legislation that apply to its use by rolling out de-escalation and breakaway training delivered by the eight trainers within the Trust. • Ensure the Trust mental health strategy is implemented and embedded across all divisions. 	<ul style="list-style-type: none"> • We will have trained 150 UHS staff through the mental health champion's programme. • We will have identified and complete three QI projects informed by the deep dive clinical audit of the patient flow through our emergency department • We will deliver the nationally recommended approved programme of training to clinical staff with an initial target of 100 clinical staff per year. • We will evaluate the success of the programme in collaboration with an external training partner (Maybo). • We will have made our interim mental health strategy available to all and the strategic objectives detailed in it will be completed.

No 4

Quality Priority		Core Dimension
Recognising and responding to deterioration in patients.		Patient safety
Why we chose this priority	What we will do	Progress metrics
<p>National Early Warning Scores (NEWS2) were first produced in 2012 and updated in December 2017.</p> <p>They are a system used to standardise the assessment and response to acute illness, which improves the detection and response to clinical deterioration in adult patients.</p> <p>For child health there is a national paediatric early warning system (PEWS) which is being developed.</p> <p>NEWS2 and PEWS scores are a key element of patient safety and improving patient outcomes that allow us to monitor the acuity in our organisation.</p> <p>The number of activations act as a barometer for the acuteness of the Trust and assist in supporting the need for resources and skills.</p> <p>How rapidly we respond to deterioration in and out of hours is a key determinant of quality and patient outcomes.</p>	<ul style="list-style-type: none"> • Continue to monitor and analyse NEWS2 activations each month through our governance framework. • Progress the implementation of the national PEWS system in our children's hospital and monitor its impact. • Support the submission of data for Commissioning for Quality and Innovation (CQUIN) associated with deteriorating adult patients (CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions). • Work with the digital/IT team to enhance the current IT systems; providing a real-time, robust escalation and response system to deterioration to inform improvement programmes. • Our resuscitation committee will continue to scrutinise data related to outcomes of cardiac arrest in adults and paediatric patients and feed into the national cardiac arrest audit. • Improve our out of hours doctor's worklist (a tool which provides a concise list of patients for conducting a handover to another physician and for personal management of patients) to support improved responsiveness to deteriorating patients. • Improve documentation in theatres to ensure NEWS2 scores are recorded more accurately. • Improve education and supervision for hard-to-reach groups of staff in relation to deterioration. • Monitor our compliance with sepsis management (recognition and treatment) in the emergency department (ED) and clinical areas. 	<ul style="list-style-type: none"> • We will achieve 95% compliance with NEWS2 scoring in all patients, including those cared for in theatre areas. • PEWS scoring will have been introduced in our children's hospital. • Our quarterly CQUIN data will reflect a high standard of compliance. • We will have sustained or improved our metrics for the national sepsis data submission. • We will be able to evidence a decrease in hospital cardiac arrests. • Patient experience, monitored using patient feedback channels and patient surveys, will reflect a confidence in their safety.

No 5

Quality Priority		Core Dimension
Improving how the organisation learns from deaths.		Clinical effectiveness
Why we chose this priority	What we will do	Progress metrics
<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.</p> <p>Learning from deaths is a necessary part of clinical and QI work and helps to ensure that patients and families receive the very best clinical care and quality of experience.</p> <p>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 already have an internal medical examiner service (IMEG) where specially trained staff give independent advice about the cause of deaths on our organisation (except for deaths that must be reviewed by a coroner).</p> <p>As this service expands its scope to include all non-coronial deaths in the local community, it is vital that our own internal mortality review processes are robust, rigorous and, most importantly, interconnected.</p>	<ul style="list-style-type: none"> • Continue to support the growth and expansion of the medical examiner service in the review of all non-coronial deaths in the community. • Ensure that our internal mortality review processes are robust, receive strong engagement from clinicians and involve families as an essential part of the mortality review process. • Establish a learning from deaths steering group. • By introducing a mortality analyst/coordinator post, ensure that our learning from deaths reporting combines clinical scrutiny with family involvement to drive improvements in care and services. • Share learning from the internal mortality and morbidity (M&M) meetings to all services with a clear expectation articulated that this learning would drive improvement. Use existing governance structures to monitor compliance. • Revisit our existing specialist review processes including learning from deaths of people with a learning disability (LeDeR) and clostridium difficile associated diarrhoea/disease (CDAD) and urgent case reviews, to assess if they are responsive to the needs of patients and families to promote robust scrutiny. Where gaps are identified, work with the leads to embed this element. 	<ul style="list-style-type: none"> • Embed the new learning from deaths steering group and coordinate more detailed learning from deaths reports as a key group output. • We will create a bi-monthly learning from deaths bulletin for all clinical and relevant non-clinical teams to share learning and improvements. • We will implement a mechanism for evaluating family satisfaction with the medical examiner process to be reviewed alongside our existing bereavement survey. • Through the new mortality analyst/coordinator post, create a learning from deaths dashboard to ensure robust and relevant metrics can be regularly scrutinised for assurance.

No 6

Quality Priority		Core Dimension
Shared decision making (SDM).		Patient experience
Why we chose this priority	What we will do	Progress metrics
<p>SDM is promoted in many healthcare systems and is gaining importance internationally, reflecting patients' expanding knowledge of diseases and treatments through media, increasing numbers of available treatment options and patients' and physicians' preferences for more active patient involvement.</p> <p>SDM involves at least one patient and one healthcare provider. Both parties take steps to actively participate in the process of decision-making, share information and personal values and together arrive at a treatment decision with shared responsibility.</p> <p>SDM is a common feature of best practice guidelines, including the NHS England guidelines for communicating with patients and the National Institute for Health and Care Excellence NICE guidelines on SDM.</p> <p>Giving patients a period of reflection for deciding on treatment and giving consent also reflects the General Medical Council (GMC) guidelines for consent, which also require adopting SDM principles.</p> <p>The 2022 NHS England '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.</p> <p>SDM is a core part of the 2020-2025 clinical strategy at UHS. Initial projects and pilots in services have evidenced the benefits of this approach for our staff and patients and have been well received.</p> <p>Our ambition is to continue to embed SDM Trust-wide, however, we acknowledge work is required to fully meet the gap analysis against this guideline.</p>	<ul style="list-style-type: none"> • We will build on our SDM pilot scheme and collaborate with NSH England in writing SDM materials which can be used nationally. • We will continue to roll out SDM through more pilot sites, improving our principles and guidance tools. • We will adopt the 2011 nine item SDM questionnaire (SDM-Q-9) assessment tool across the organisation, using digital platforms. This will provide consistency and standardise practice. • Create a SDM training resource that can be accessible across the organisation. • Improve compliance against NICE guidelines. 	<ul style="list-style-type: none"> • We will have established our baseline for staff trained in SDM and increased this by 50%. • We will have increased the number of pathways in which SDM has been introduced by 50%. • We will have achieved 75% use of SDM-Q9 across areas using SDM. • Our clinical outcomes team will be able to evidence an improvement in our NICE exceptions report. • Patient satisfaction surveys will reflect a positive response to SDM.

No 7

Quality Priority		Core Dimension
Working with our local community to expose and address health inequalities.		Patient experience
Why we chose this priority	What we will do	Progress metrics
<p>We recognise that avoidable variations and systematic differences in health across our community must be tackled to ensure that everybody can access, receive and benefit from the same high quality of care.</p> <p>COVID-19 has 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 take a systematic and collaborative approach to identifying, understanding and removing health inequalities in conjunction with local partners.</p>	<ul style="list-style-type: none"> • Engage our communities through our health inequalities partnership group, ensuring that we hear from traditionally excluded groups, and explore if there are avoidable inequalities in accessing care and services, variations in the quality and experience of care or differences in clinical outcomes and long-term health prospects. • To achieve this, we will work directly with communities and community groups on their terms to listen, learn and improve. • To help achieve this we will recruit a carers lead, a health inequalities engagement officer (fixed term), a personalised care project officer to ensure care is inclusive (fixed term) and a charity-funded travellers liaison officer to ensure we involve and include the traveller community. 	<ul style="list-style-type: none"> • We will have defined key indicators to measure inequalities across access, experience and outcomes and created a health inequalities dashboard. • We will have a draft Trust health inequalities strategy with a clear action plan and set of objectives. • We will have delivered the first-year objectives agreed in our carer's strategy. • We will have worked with our hospital charity to identify and fund up to five projects that tackle health inequalities and deliver improvements in care and experience.

No 8

Quality Priority		Core Dimension
Ensure patients are involved, supported and appropriately communicated with on discharge.		Patient experience
Why we chose this priority	What we will do	Progress metrics
<p>Communication and robust discharge coordination are the two thematic areas which have a significant impact on the quality of 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.</p> <p>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 and commissioning groups has further reinforced the need for improved patient, carer and family involvement and improved communication during the discharge process as well as prompting more collaborative working between social care and healthcare staff.</p> <p>UHS is committed to establishing a clear, robust communication and discharge process to improve the experience of our patients, carers and their families.</p>	<ul style="list-style-type: none"> Equip patients to make informed decisions by holding anticipatory discharge conversations on admission. Develop a suite of digital and non-digital solutions which can be introduced in the first 24 hours of admission to allow families to access clinicians and play a part in the care planning. Ensure every patient has a clear discharge plan and planned discharge date on admission. Ensure all patients on the ward can answer the four key questions recommended by NHS England ahead of discharge: <ol style="list-style-type: none"> 1. What is the matter with the patient (or what are we trying to exclude)? 2. What have we agreed we are going to do to help the patient's recovery – now, later today and tomorrow? 3. What needs to be achieved to get the patient out of hospital? 4. If recovery is ideal and there is no unnecessary waiting, when should the patient expect to go home? Foster a culture across the organisation where staff aspire to make every discharge experience safe and efficient through coaching (detail captured in our medically optimised for discharge action plan). Revalidate best practice discharge training and make this accessible to all staff across the organisation. Review governance related to discharge. Renew information relating to discharge ensuring public involvement in the development of that information and agreeing access routes. Maximise access to the patient support hub and ensure this is visibly accessible to patients using our services. Hold a patient follow-up focus group to seek feedback from targeted pathways and use the information gained to focus improvement actions. Share learning from clinical incidents, incident reports and feedback from patients and partner agencies to drive forward quality improvements when we don't get it right. 	<ul style="list-style-type: none"> A sustained reduction in readmissions up to 30 days post discharge. A reduction in avoidable adverse events related to discharge. Patient satisfaction will improve by reduction of discharge related complaints, including those from medicines management and care homes. Increased update of digital communication for discharge co-ordination. Sustained reduction of on the day discharge cancellations for non-clinical reasons. Improvement in National Carer Survey results.

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 2021/22. 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 Participation in national clinical audits and confidential enquiries

During 2021/22 51 national clinical audits (NCA) and three national confidential enquiries covered NHS services that UHS provides.

During 2021/22 UHS participated in 96% of national clinical audits and 100% of national confidential enquiries of which it was eligible to participate in.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies participated in during 2021/22 were:

- **Epilepsy**
- **Transition from Child to Adult Health Care**
- **Crohns Surgery**
- **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 Child Health Clinical Outcome Review Programme (NCEPOD)**

The national clinical audits and national confidential enquiries that UHS participated in, and for which data collection was completed during 2021/22, are listed below (Figure 18) 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 known at the time of writing this report.

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Figure 18: Total number of NCAs UHS were eligible to participate in

No	Total number of NCAs UHS were eligible to participate in	Eligible (54)	Participated (49 = 96%)	% Actual cases submitted / expected submissions
1	Case Mix Programme (CMP) (ICNARC)	✓	✓	100%
2	Chronic Kidney Disease Registry - UK Renal Registry	✓	✓	100%
3	Elective Surgery (National Patient Reported Outcome Measures [PROMs] Programme (Hips and Knees))	✓	✓	100%
4	Emergency Medicine Quality Improvement Projects – Pain in Children	✓	✓	100%
5	Emergency Medicine Quality Improvement Projects – Infection Control	✓	✓	100%
6	Falls and Fragility Fracture Audit Programme (FFFAP) National Hip Fracture Database	✓	✓	96%
7	Falls and Fragility Fracture Audit Programme (FFFAP) Fracture Liaison Service Database	✓	✓	100%
8	Falls and Fragility Fracture Audit Programme (FFFAP) National Audit of Inpatient Falls	✓	✓	100%
9	Inflammatory Bowel Disease (IBD) Audit	✓	✓	100%
10	Learning Disability Mortality Review Programme (LeDeR)	✓	✓	100%
11	National Adult Diabetes Audit	✓	✓	100%
12	National Paediatric Diabetes Audit (NPDA)	✓	✓	100%
13	National Pregnancy in Diabetes Audit	✓	✓	100%
14	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) (asthma in children)	✓	✓	276 100%
15	National Asthma and COPD audit programme (NACAP) (asthma in adults)	✓	✗	0
16	National Asthma and COPD Audit Programme (NACAP) (COPD secondary care)	✓	✓	100%
17	National Asthma and COPD Audit Programme (NACAP) (Pulmonary rehabilitation)	✓	✓	100%
18	National Audit of Breast Cancer in Older Patients (NABCOP)	✓	✓	100%
19	National Audit of Care at the End of Life (NACEL)	✓	✓	40 100%
20	National Audit of Dementia	✓	✗	0
21	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	✓	✓	100%
22	National Cardiac Arrest Audit (NCAA)	✓	✓	100%

QUALITY REPORT

No	Total number of NCAs UHS were eligible to participate in	Eligible (54)	Participated (49 = 96%)	% Actual cases submitted / expected submissions
23	National Cardiac Audit Programme (NCAP) - Adult cardiac surgery	✓	✓	100%
24	National Cardiac Audit Programme (NCAP) - Cardiac Rhythm Management (CRM)	✓	✓	1160 100%
25	National Cardiac Audit Programme (NCAP) - congenital heart disease (CHD) paediatrics	✓	✓	100%
26	National Cardiac Audit Programme (NCAP) - Heart Failure Audit	✓	✓	100%
27	National Cardiac Audit Programme (NCAP) - Acute Coronary Syndrome or Acute Myocardial Infarction	✓	✓	100%
28	National Cardiac Audit Programme (NCAP) - Percutaneous Coronary Interventions (PCI)	✓	✓	96%
29	National Child Mortality Database (NCMD)	✓	✓	100%
30	National Comparative Audit of Blood Transfusion – 2021 Audit of patient blood management and NICE guidelines	✓	✓	10 100%
31	National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓	169 100%
32	National Emergency Laparotomy Audit (NELA)	✓	✓	100%
33	National Gastrointestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)	✓	✓	304 100%
34	National Gastrointestinal Cancer Programme - National Oesophago-gastric Cancer (NOGCA)	✓	✓	100%
35	National Joint Registry	✓	✓	506 100%
36	National Lung Cancer Audit (NLCA)	✓	✓	276 100%
37	National Maternity and Perinatal Audit (NMPA)	✓	✗	0
38	National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	✓	✓	100%
39	National Perinatal Mortality Review Tool	✓	✓	100%
40	National Prostate Cancer Audit (NPCA)	✓	✓	100%
41	National Vascular Registry (NVR)	✓	✓	40 100%
42	Neurosurgical National Audit Programme	✓	✗	0
43	Paediatric Intensive Care Audit Network (PICANet)	✓	✓	100%
44	Respiratory Audits (BTS) – National Outpatient Management of Pulmonary Embolism	✓	✓	30 100%

QUALITY REPORT

No	Total number of NCAs UHS were eligible to participate in	Eligible (54)	Participated (49 = 96%)	% Actual cases submitted / expected submissions
45	Respiratory Audits (BTS) – National Smoking Cessation 2021 Audit	✓	✓	200 100%
46	Sentinel Stroke National Audit Programme (SSNAP) continuous SSNAP Clinical patient audit, organisational audit	✓	✓	1160 100%
47	Serious Hazards of Transfusion (SHOT) - UK National haemovigilance scheme	✓	✓	100%
48	Society for Acute Medicine Benchmarking Audit (SAMBA)	✓	✓	100%
49	Trauma Audit & Research Network (TARN)	✓	✓	100%
50	UK Cystic Fibrosis Registry	✓	✓	96%
51	Urology Audits – Management of the Lower Ureter in Nephroureterectomy Audit	✓	✓	100%

Due to COVID-19 pressures and fluctuating resources during the year, some of the national audits were suspended and are due to take place next year (2022/23). For the same reasons, UHS were unable to send any data for the National Asthma Audit in Adults and National Audit of Dementia.

The reports of 19 national clinical audits were reviewed by the provider in 2021/22 and UHS intends to take the following actions to improve the quality of healthcare provided (see Figure 19).

Figure 19: National clinical audit: actions to improve quality

National audit title	Actions
1. National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Mental Healthcare in Young People and Young Adults Report.	<ul style="list-style-type: none"> To develop and promote national guidance outlining the expectations of general hospital staff in the care of children and young people with mental health conditions. To use HEEADSSS app as a screening tool in young people highlighting mental health issues. the use of risk assessment tool for every patient that presents with a mental health crisis and following referral pathway as agreed with community Child and Adolescent Mental Health Services (CAMHS). Training in use of risk assessment tool to be provided by new in-reach service. Lead nurse and doctor in Community Eating Disorder Service (CED) for CAMHS to be actively involved with ensuring policies and procedures are in place. Liaison CAMHS nurse to be recruited and child health matron responsible for CAMHS to be recruited. Liaison CAMHS consultant to promote integration of physical and mental health and lead on inpatient service development. To ensure staff recruitment is completed and environmental development to help with mental health patients whilst awaiting transfer onwards.

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National audit title	Actions
	<ul style="list-style-type: none"> • To review transition services for eating disorders. • To establish a risk management plan for all CAMHS inpatients to address deficiencies. • To review IT systems to enable electronic record sharing between CAMHS and physical health providers. • To develop a competence assessment tool for documentation. • Training in new documentation tool to be provided once developed.
2. National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Deaths in Acute Hospitals: Caring to the End.	<ul style="list-style-type: none"> • Handover process to be audited. • New folders to be introduced in emergency theatres to allow thorough handover of cases.
3. National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) - An Age-Old Problem "Emergency and Elective Surgery in the Elderly.	<ul style="list-style-type: none"> • A new consultant in Medicine for Older People to be seconded to cardiology, heart failure on a two -year secondment (0.6 full time equivalent). Part of this job plan will involve management of co-morbidity within the cardiology inpatient cohort. • To review in two years once secondment is nearing the end to advise what action will be taken. • Trauma & Orthopaedics (T&O) to review anticipated hip surgical cases in the pre-operative period to review medication to suspend drugs implicated in the development of acute kidney injury (AKI). • All emergency laparotomy cases to be discussed with critical care and allocated to a ward only if clinically allowable. • All elective patients to be reviewed and discussed in a double joint multi- disciplinary team meeting with surgeon, anaesthetics and intensivist to determine best operative pathway. • Clinician exploring models to address lack of medicine for older people physician in surgical specialities (already in T&O).
4. The B-MaP-C Study: Breast Cancer Management Pathways during the COVID-19 pandemic - A National Audit.	<ul style="list-style-type: none"> • Protocols to be put in place for breast surgery and oncology to ensure that these patients have cancer marking with clip at diagnosis, starting bridging therapy with endocrine agents and modified radiotherapy regimes. The problem is likely to reduce in frequency with increasing vaccination and decreasing COVID-19 numbers with possible restoration of normal service.
5. Surveillance of surgical site infections in NHS hospitals in England, 2019 to 2020 (SSSIS) - Report published 2020.	<ul style="list-style-type: none"> • IPC SSSIS lead to attend an SSSIS course run by Ethicon on the compliance with NICE guidance to prevent SSI. • Negotiations are underway for adopting PLUS sutures, which are recommended by NICE. • Planning is also underway for introducing the pre, intra and post-operative care bundles to improve compliance with NICE guidance. • To use the Plan/Do/Study/Act QI tool for this part of the project.
6. Female Genital Mutilation (FGM) Report 2020/21 published June 2021.	<ul style="list-style-type: none"> • Maternity Services will be moving over to a new Badgernet system to improve reporting information.

National audit title	Actions
7. Fracture Liaison Service Database (FLSD) published May 2021.	<ul style="list-style-type: none"> • Funding to increase staff from one to four to lead significant improvements in the service. • To increase identification of patients with fragility fractures and spinal fractures IT are to develop an electronic referral pathway. • Further IT solutions to be made in radiology and Minor injuries unit (MIU) pathways. • Ongoing project to implement artificial intelligence systems to identify spinal fracture patients, which will anticipate significant increase in identification rate. • Increase in comprehensive bone health assessment with increase of staff. • Increase in falls assessment referrals capacity with increase of staff. • Ongoing discussions with Community independent Services to try and increase data entry issues.
8. Annual Serious Hazards of Transfusion (SHOT) Report 2020 published July 2021.	<ul style="list-style-type: none"> • Concessionary release to be included in mental health training and competency training. • Final capacity plan to be put in place. • Need to take a further look at the 'Learning from Adverse Events' paper to ensure all nine principles are covered. • To define a process for trending Medicines and Healthcare products Regulatory Agency and Serious Adverse Event reporting (MHRA SAE). • To implement annual point of care (POC) blood gas analysis for all units. • To implement an audit of person-centred care.
9. NCEPOD Non-Invasive Ventilation - Inspiring Change.	<ul style="list-style-type: none"> • A recruitment drive to add staffing to put Respiratory High Dependency Unit (RHDU) and C5 on an improved staffing ratio.
10. National Paediatric Diabetes Audit (NPDA).	<ul style="list-style-type: none"> • In process of undergoing a QI project overseen by the Royal College of Paediatricians and Child Health(RCPCH) to improve key care processes. • To ensure ongoing staff training in the new Twinkle database. • To monitor functionality of Twinkle database to meet monthly with Hicom, UHS clinical lead and diabetes administrator.
11. National Asthma and COPD Audit Programme (NACAP) in adults.	<ul style="list-style-type: none"> • To plan to ensure data is submitted for this audit in 2022.
12. National Joint Registry (NJR) Knee replacement.	<ul style="list-style-type: none"> • On a monthly basis, we are going to review reasons for revision to ensure all aseptic loosening and infection cases are correctly recorded. • The departmental workplan to be adjusted so that the knee group can monitor the situation carefully. Specifically, it is the intention to introduce a frequent, regular forum for presentation of all pre- and post-operative cases. this will be headed up by a Trauma and Orthopaedic consultant and managed as part of job planning by a consultant orthopaedic surgeon. • Minutes to be recorded as evidence.
13. National Audit of Inpatient Falls (NAIF) report.	<ul style="list-style-type: none"> • To undertake an audit to assess the gap between actual and reported falls. • Development of education with the moving and handling team to address post fall moving and handling practices.

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National audit title	Actions
14. Inflammatory Bowel Disease (IBD) Audit report.	<ul style="list-style-type: none"> • A dedicated electronic gastroenterology grading matrix to be set up to ensure all new outpatient gastroenterology referrals will be in one place. • To introduce a direct access IBD physician delivered endoscopy service for GP referrals for patients with suspected inflammatory bowel disease.
15. National Bowel Cancer Audit report.	<ul style="list-style-type: none"> • A data clerk is required to work across colorectal surgery collecting outcome data on several fields, including cancer and pelvic exenteration surgery.
16. National Maternity Perinatal Audit (NMPA) report.	<ul style="list-style-type: none"> • UHS maternity data and informatics teams to work collaboratively to ensure data submission is accurate and complete.
17. National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Balancing the pressure (Long Term Ventilation (LTV)).	<ul style="list-style-type: none"> • To continue to liaise with service planners/commissioners around integrated care pathways across Hampshire/Dorset/Wiltshire. • Further mapping of commissioning arrangements for LTV provision. • To investigate investment in psychology. • To develop written information about LTV adult service. • To consider independent review of information. • Adult LTV team to attend transition clinics. • To review use of fast-track admission plans.
18. National Comparative Audit of Blood Transfusion (NCABT) 2021 National Comparative Audit of NICE Quality Standard QS138.	<ul style="list-style-type: none"> • To ensure all patients requiring iron therapy should be started more than four weeks before surgery. • To ensure patients have oral and written information regarding iron transfusion, which can include online resources.
19. National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Know the Score (Pulmonary Embolism PE).	<ul style="list-style-type: none"> • The standardised CT pulmonary angiogram reporting proforma should be audited locally to provide robust evidence, with radiology to audit this.

The reports of 121 Trust-wide and local clinical audits were reviewed in 2021/22 and as result the Trust will take action to improve the quality of healthcare provided (see Figure 20).

Figure 20: Local clinical audit: actions to improve quality

Audit title	Actions
1. Ciclosporin levels (CSA) and testing frequency in patients where the doses are being tapered.	<ul style="list-style-type: none"> • Audit to be presented and discussed with Bone Marrow Transplant (BMT) consultants. • Dosing is a consultant-led decision and should be repeated if not in range. • CSA level to be checked on days 0 and 1 regardless of whether the level is in range or not on day 0.
2. Early onset Group B Streptococcus (GBS) bacteraemia in Newborn infants.	<ul style="list-style-type: none"> • Kaiser scoring for infants with known maternal colonisation with GBS is not sufficiently safe therefore to continue to use local current guidelines for GBS.

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Audit title	Actions
3. VTE risk assessment of adolescent (13 years and over) patients undergoing major lower limb surgery.	<ul style="list-style-type: none"> To discuss with haematologist about current practice and whether change in practice is required for VTE risk assessment of paediatric orthopaedic patients. To request IT department to make completion of VTE risk assessment pane mandatory for 16- and 17-year-old children undergoing paediatric orthopaedic surgery.
4. Completion of recommended onward referrals following diagnosis of a permanent childhood hearing impairment (PCHI).	<ul style="list-style-type: none"> To discuss with appropriate staff if Ear Nose and Throat (ENT) referrals are still deemed necessary. To present results to appropriate persons.
5. Saving Babies Lives Element 3 - Management of Reduced Fetal Movements.	<ul style="list-style-type: none"> To re-audit in a year or because of any incidents.
6. Saving Babies Lives Element 5 Standard A: Reducing preterm births.	<ul style="list-style-type: none"> To review in depth all cases that were not compliant with the aim of identifying the cause for not administering antenatal steroids within seven days of birth. To review in depth all non-compliant cases to identify a common theme, if applicable. To develop tailored interventions to prevent common themes from reoccurring. To disseminate the results of the audit. Clinical lead and audit lead will meet again in June 2021 to discuss the results. The results to be disseminated among staff and educational resources will be created. A re-audit to take place in six months' time after interventions planed above have been undertaken.
7. IPCI Sharps Audit Report April 2021.	<ul style="list-style-type: none"> 16 ward areas to have the care group manager and care group clinical lead to support them to improve their compliance above 94%. Five ward areas to produce an action plan and then re-audit to improve compliance to over 94%.
8. IPC Urinary Catheter Care Audit Report April 2021.	<ul style="list-style-type: none"> Three ward areas to have the care group manager and care group clinical lead to support them to improve their compliance to above 95%. Six ward areas to produce an action plan, implement the actions and then re-audit to improve compliance to over 95%.
9. Rates of late onset sepsis in Southampton Neonatal Unit since the introduction of surgical ANNT for central line access, late onset sepsis guideline.	<ul style="list-style-type: none"> To improve staff education around line documentation and emphasize two- person technique for insertion (to do this at doctors' induction training).

Audit title	Actions
10. Are we adhering to the VTE prophylaxis protocol? Audit on Respiratory patients in University Hospital Southampton.	<ul style="list-style-type: none"> • To give a presentation and provide a poster at Wessex QI conference. • To be discussed with Chart's administrators. • The VTE reassessment form to be shown to the junior doctors in medical departments and has been made easier to locate and complete. • To make it clear on the medical notes that reassessment has also been implemented.
11. Review of MRI requests for Inflammatory Back Pain (IBP), requested by Rheumatology and Gastroenterology.	<ul style="list-style-type: none"> • To liaise with radiology regarding new IBP imaging protocol.
12. Cardiac disease in pregnancy - re-audit.	<ul style="list-style-type: none"> • A regional cardiac guideline to be developed and shared with referring units. • An e-docs proforma to be updated and shared with referring units.
13. Review of management of infants who are not independently mobile presenting to the emergency department with an actual or suspected bruise.	<ul style="list-style-type: none"> • To share audit results at the safeguarding governance steering group and paediatric liaison meeting. • To share the audit results at the ED governance group. • To share the audit results at peer review. • Revised bruising protocol, December 2020 to be shared with paediatricians and ED staff, highlighting key changes. • When reviewing process for the paediatric liaison nurses, to escalate to named nurse and ED safeguarding lead consultant if mark/bruise noted and no recorded action that children's social services have been contacted as per standard. • Ongoing bruising protocol training to ED staff. • ISF completion to continue to embed at MDTs and training sessions. • ICON (I – Infant crying is normal C –Comforting methods can help O – It's OK to walk away N – Never, ever shake a baby) completion to continue to embed at MDTs and training sessions.
14. An audit assessing VTE prophylaxis risk assessment on lower limb immobilisation and whether baseline bloods are required to assess.	<ul style="list-style-type: none"> • Creation of streamlined document with most relevant information regarding Rivaroxaban as VTE prophylaxis in lower limb immobilisation for patient information. • To liaise with governance and IT.
15. Saving Babies Lives Element 1 Reducing smoking in pregnancy.	<ul style="list-style-type: none"> • To disseminate results at local events, such as MQuEST (Maternity Quality Education and Safety Together), clinical education meeting, maternity mail and theme of the week. • To raise awareness of the importance of asking about the smoking status and performance of CO monitoring at every antenatal appointment. • To develop user-friendly guidance for members of staff undertaking CO monitoring, including how to use the monitor and tips and problem-solving recommendations. • To develop educational resources and training drop-in sessions for members of staff using CO monitoring as part of their clinical role. • To provide training on how to use CO monitoring for those maternity support workers who will be undertaking blood collection duties for women at their booking appointment.

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	<ul style="list-style-type: none"> • To hold discussions with infection prevention regarding the safe reintroduction of CO monitoring during COVID-19 pandemic. • To complete a risk assessment of rooms prior to the reintroduction of CO monitoring, taking into consideration sufficient ventilation to ensure safety of women and midwives. • To check that the right number of CO monitors are available for midwives, to check that CO monitors are in full working condition and the right products are used for cleaning purposes, in compliance with UHS infection prevention policies. • The clinical lead for this element is working in partnership with SHIP(a self- referral service) smoking leads and Local Maternity Systems (LMS). Moreover, it is expected that LMS will release a position statement to request further support from NHS England, since reaching compliance for this element is a common issue across maternity services. • Reintroduction of CO monitoring at every antenatal appointment. This event will coincide with the launch of the new maternity information system (MIS), Badgernet. This MIS will include mandatory questions regarding CO measurements at every antenatal appointment. • Re-audit of ten case notes per month commencing in August until September 2021 to assess performance after implementation of interventions suggested in this action plan.
16. Saving Babies Lives Element 4 - Effective fetal monitoring during labour.	<ul style="list-style-type: none"> • The obstetric consultants to reach >80% compliance target by 30 September 2021 as agreed by the clinical lead for obstetric consultants. It is expected that obstetric consultants will reach the 90% target by December 2021. • The obstetric trainees to reach >80% compliance target by 30 September 2021 as agreed by the clinical lead for obstetric trainees. It is expected that obstetric trainees will reach the 90% target by December 2021.
17. Saving Babies Lives (SBL) Element 2, additional information. Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction.	<ul style="list-style-type: none"> • To continue quarterly audits for this SBL compliance.
18. Saving Babies Lives Element 2A. Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction.	<ul style="list-style-type: none"> • To undertake an additional audit for questions 1, 2 and 3.
19. Saving Babies Lives Element 2, additional information 2. Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction.	<ul style="list-style-type: none"> • To ensure the variation of procedures is shared with commissioners and the clinical network. • To ensure a guideline is in place for this part of the element. • A business case to be developed for expansion of ultrasonography.
20. Saving Babies Lives Element 4 - Effective fetal monitoring during labour.	<ul style="list-style-type: none"> • To plan to re-audit in a year or because of any incidents.

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<p>21. Have qualifying cases been reported to Healthcare Safety Investigation Branch (HSIB) and reported to NHS Resolution Early Notification Scheme for April - September 2020 and is there evidence of compliance with Duty of Candour.</p>	<ul style="list-style-type: none"> • To write to the family who were informed that there would be external investigations ensuring that there is specific mention of the early notification scheme. • To review the duty of candour process for HSIB investigations ensuring that there is clear evidence of discussions. • To amend the governance in maternity and neonatal guideline to include the process for duty of candour in HSIB investigations.
<p>22. Infection Prevention Control - Saving Lives Hll 1 Central Venous Catheter Care.</p>	<ul style="list-style-type: none"> • Insertion: ten areas of non-submission audits to be completed and submitted by 30 June 2021. • Ongoing care: 13 areas of non-submission audits to be completed and submitted by 30 June 2021. • Two areas scored between 85% and 94% to re-audit within Three months ensuring compliance addressed. • Two areas scored below 85% will be required to: produce an action plan to address non-compliance and provide evidence of implementation. • Where non-touch technique non-compliance reported referred to Aseptic Non-Touch Technique (ANTT) training. • Re-audit within one month ensuring compliance addressed through action plan. • Care group managers/care group clinical leads to support the clinical teams, follow up on actions and monitor those areas with sub optimal performance. • A review by care group managers/care group clinical leads is required to ensure that all areas are required to submit audits do so as per the infection prevention annual audit programme.
<p>23. Infection Prevention Control - Saving Lives Hll 2 Peripheral Intravenous Cannula Care.</p>	<ul style="list-style-type: none"> • Peripheral Intravenous Cannula Insertion: 16 areas of non-submission audits to be completed and submitted by 30 June 2021. • Four areas scored between 85% and 94% to re-audit within three months. • Three areas scored below 85% will be required: produce an action plan to address issues and send to Infection Prevention for monitoring. • Where non-touch technique non-compliance reported referred to ANTT support. • Re-audit within one month ensuring compliance addressed through action plan. • Peripheral intravenous cannula ongoing: Seven areas of non-submission audits to be completed and submitted by 30 June 2021. • Two areas scoring between 85% and 94% to re-audit within three months. • 17 Areas scored below 85% and the following actions will be required to produce an action plan to address non-compliance and provide evidence actions implemented. • Where non-touch technique non-compliance reported referred to ANTT support. • Re-audit within one month ensuring compliance addressed through action plan.

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Audit title	Actions
24. Post inpatient falls medical response and management.	<ul style="list-style-type: none"> • To provide education to medical teams on post falls management and elements required to ensure medical reviews are comprehensive and thoroughly documented. • To update eQuest referral options to include an option to indicate the patient has had an inpatient fall and whether any harm is suspected. • To revise and trial an updated post fall medical proforma. • To update falls policy to incorporate elements on post falls management and documentation requirements. • To audit availability and content of post falls grab packs across the Trust to ensure these are readily available to facilitate their use.
25. Re-audit of Door-to-ECG time in the emergency department.	<ul style="list-style-type: none"> • To gain a pre-triage Electrocardiogram (ECG) more quickly to avoid late diagnosis of ST-Segment Elevation Myocardial Infarction (STEMI). • To create a chest pain box in ambulatory majors to prioritise walk-in patients with chest pain. • To print and utilise new SGH (Southampton General Hospital) Emergency Department (ED) suspected Acute Coronary Syndromes (ACS) guidelines for patients with chest pain. • To continue to push for dedicated ECG bay.
26. Patient Triggered Follow-up (PTFU) for Testicular Cancer.	<ul style="list-style-type: none"> • The germ cell cancer team to agree that no patient will have PTFU follow-up unless there is documented evidence of an exit interview recorded in the UHS electronic patient record (EPR) system. • The PTFU team will meet with consultant once a month to look at current patients on PTFU and discuss non-compliance. • Patients will be sent one reminder when they have missed an assessment. If patients fail to have their assessment, they will be sent a clinic appointment via the oncology outpatients booking clerks. • All interactions and actions to be documented in the EPR.
27. Fast and Furious - Ultrasound edition.	<ul style="list-style-type: none"> • To ensure teaching on ultrasound meets the standard set by the Royal College of Emergency Medicine (RCEM). • To set up Sonosite machine so that labels are automatically deleted after images are unfrozen and ensure pre-set labels are available.
28. To assess Neck of femur fractures (NOF) Documentation especially NOF Theatre Checklist in NOF Folder.	<ul style="list-style-type: none"> • To send an email to all concerned healthcare professionals in the Trauma & Orthopaedics (T&O) care group who are involved in managing NOF patients regarding the importance of ensuring timely and appropriate documentation, especially in promptly filling out the NOF fast-track checklist. • To put up posters for enabling awareness regarding adequate pre-operative documentation in hip fracture patients and its significance to better patient outcomes and improved quality of care.
29. Has an external specialist opinion taken place on all cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death in January to May 2021?	<ul style="list-style-type: none"> • To discuss the requirement for external clinical oversight for neonatal deaths with Paediatric Intensive Care Unit (PICU) Child Death Review Meeting (CDRM) lead and include within their CDRM process. • To agree the requirements for external clinical oversight for when there are shared care cases and whether additional external clinical oversight is required.

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Audit title	Actions
30. Ockenden report, Immediate and Essential Action 5: Risk Assessment Throughout Pregnancy, Q30.	<ul style="list-style-type: none"> • To make risk assessments at every antenatal contact a mandatory field within the new maternity information system, Badgernet, to improve uptake numbers of full risk assessments. • The new antenatal electronic records/maternity information system, Badgernet, will help to improve record-keeping once fully implemented. • To disseminate the results of this audit to health professionals providing antenatal care at UHS. • To re-audit these standards after the full implementation of the new electronic maternity records/ maternity information system, Badgernet.
31. Management of Supracondylar Fractures in the Paediatric Population.	<ul style="list-style-type: none"> • To ensure that the proformas for orthopaedic review on admission is used on presentation. • Post-operative monitoring charts will be expanded to include all parameters.
32. Evidence of scheduled Multidisciplinary Team (MDT) ward rounds taking place since December 2020, twice a day, seven days a week.	<ul style="list-style-type: none"> • To review the staffing guideline.
33. Ockenden report, Immediate and Essential Action 5: Risk Assessment throughout Pregnancy, Q31.	<ul style="list-style-type: none"> • To disseminate the results of this audit to health professionals providing antenatal care at UHS. • To elaborate a series of interventions to improve record keeping of antenatal records. • To re-audit this standard after the full implementation of the new electronic maternity records/maternity information system Badgernet. • To improve the provision of maternity information to women during antenatal appointments. • To make intended place of birth at every antenatal appointment more intuitive and easier to record.
34. Ockenden report, Immediate and Essential Action 5: Risk Assessment Throughout Pregnancy, Q33.	<ul style="list-style-type: none"> • To make intended place of birth at every antenatal appointment more intuitive and easier to record. • To make risk assessments and review and discussion of place of birth at every antenatal contact a mandatory field within the new maternity information system, Badgernet, to improve uptake numbers of risk assessment and review of place of birth. • To re-audit these standards after the full implementation of the new electronic maternity records/maternity information system, Badgernet. • To disseminate the results of this audit to health professionals providing antenatal care at UHS.
35. Ockenden report, Immediate and Essential Action 1: Enhanced Safety, Q4 and Ockenden report, Immediate and Essential Action 2.	<ul style="list-style-type: none"> • To update the UHS local guidance to ensure that there is clarity around having an external reviewer present for perinatal mortality reviews tool (PMRT) case reviews.
36. Maternity clinical documents audit.	<ul style="list-style-type: none"> • To re-run the Trust document report to check edited maternity documents have been updated correctly.

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Audit title	Actions
37. Infection Prevention and Control (IPC) - Multi Professional Hand Hygiene Audit – IN Patient Areas.	<ul style="list-style-type: none"> • Four areas scored between 94% - 85% to re-audit quarterly. • Five areas scored below 85% are required to be referred to hand hygiene training. • To produce an action plan to address the issues and send to infection prevention for monitoring. • To re-audit within one month ensuring compliance addressed through action plan.
38. IPC - Multi Professional Hand Hygiene Audit – Outpatient Areas.	<ul style="list-style-type: none"> • Two areas scored between 94% - 85% to re-audit within three months. • Two areas scored 85% are required to be referred to hand hygiene training. • To produce an action plan to address issues and send to infection prevention for monitoring. • To re-audit within one month ensuring compliance addressed through action plan.
39. Screening of faecal/ urinary incontinence in elderly patients admitted to Southampton General Hospital (SGH).	<ul style="list-style-type: none"> • To present to department (elderly care) medical staff to increase awareness of issue and encourage improved care.
40. First seizures and Driving Advice in the Emergency Department (ED).	<ul style="list-style-type: none"> • To present audit to ED staff. • To add to 'One Minute Wonder' posters. • Advice on UHS first seizure leaflets available in ED guidelines and printed in majors.
41. Auditing the documentation practices in a Senior House Officer (SHO)-led Ear, Nose and Throat (ENT) emergency clinic.	<ul style="list-style-type: none"> • Engaging with eDocs development team and SHO training to improve coding.
42. The safe storage of epidurals within University Hospital Southampton NHS Foundation Trust.	<ul style="list-style-type: none"> • Wards to act and will be visited in the next three months to ensure action has been taken to improve compliance.
43. Medicines refrigerator temperature monitoring.	<ul style="list-style-type: none"> • To inform ward managers of audit results. • To provide appropriate documentation for compliant monitoring. • To provide advice on request on how to reset thermometers. • Medicines safety team to perform random checks on wards over the next six months and feedback to the ward on the results.
44. Audit of the compliance to complete the treatment escalation plan (TEP) for the patients admitted to the Trauma and Orthopaedics (T&O) department.	<ul style="list-style-type: none"> • Email to be sent to all T&O staff for raising awareness and improving practice to meet local hospital guidelines. • Local teaching session to advise of the importance of completing this form as this will be re-audited to monitor compliance. • To put up posters in the registrar's office and on the wards for raising awareness about completing the TEP.
45. Compliance with national guidelines for consenting patients for prone spinal procedures.	<ul style="list-style-type: none"> • A 'Change of Practice' decision to be taken. • A decision will be made to include blindness in all consent forms for prone spinal procedures.

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Audit title	Actions
46. Paediatric Vestibular Audit	<ul style="list-style-type: none"> To present results at vestibular team meeting
47. Tranexamic Acid (TXA) prescribing in trauma patients.	<ul style="list-style-type: none"> To create protocol for Wessex Major Trauma Network to give guidance on when a second dose of TXA should be considered. To educate staff within emergency department to introduce protocol and reminder of second dose prescribing. To update emergency department transfer checklist to include "Second dose of TXA required?" prompt.
48. Analysis of fast-track application process in Elderly Care at University Hospital Southampton (UHS).	<ul style="list-style-type: none"> To survey nursing staff about their knowledge of and confidence in completing fast-track applications. To present data at departmental meeting to highlight importance of completing consent forms immediately and group consensus on improving fast-track process. To re-audit as APEX programme has been updated.
49. Audit of patients with Myasthenia Gravis undergoing Thymectomy at Southampton General Hospital (SGH).	<ul style="list-style-type: none"> Development of MDT in Wessex to streamline patient care and improve outcomes.
50. A prospective audit project into the adequacy of pain assessment in patients with Motor Neurone Disease undergoing radiology treatment.	<ul style="list-style-type: none"> To introduce a prescribable analgesic protocol to be utilised at the time of admission, which will aim to address analgesic requirements adequately in most of these patients.
51. Use of hearing aids (HA) with secure battery drawers in audiology	<ul style="list-style-type: none"> To change to notes template for HA reviews and repairs to remind clinician to ask about battery drawer if not previously documented.
52. First cycle audit assessing the quality of the headache referral pathway and interim report following ongoing quality improvement.	<ul style="list-style-type: none"> To include the designing of a proforma to circulate to GP surgeries with the intent of prompting improved pre-clinic assessment, documentation and care. To discuss with the project lead.
53. Data Transfer to picture archiving communication systems (PACS) 2020.	<ul style="list-style-type: none"> To come up with a plan to make sure staff check images are being successfully sent to PACS as they are scanned. For patients scanned at the end of the day, it would be useful to have a means of a handover for the following day's staff if some data is still to be transferred or processed. PACS check to be continued with plan to make somebody responsible for ensuring the check gets done. To speed things up and avoid duplication of work the PACS check should be simplified to specify all required images for a particular scan (as it already does) but without the need to say 'Yes', 'No' or 'N/A' for each one. Physics to investigate why certain topograms are not being sent to PACS automatically and attempt to fix the problem. To come up with a plan to keep on top of the Symbia database to make sure it does not reach capacity.

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Audit title	Actions
54. Imaging to clear the cervical spine in obtunded patients following trauma: Audit of practice at a regional trauma centre.	<ul style="list-style-type: none"> To present at the 2021 audit meeting to update the registrar body on the established best practice to improve vetting standard.
55. A re-audit of hearing aid verification in children.	<ul style="list-style-type: none"> To discuss results with relevant staff.
56. Speech and Language Therapy (SLT) Case Note Audit (Paediatrics).	<ul style="list-style-type: none"> To feedback results to SLT team and discuss areas for improvement and development. To agree action points following discussion of the results.
57. Re-audit of the use of clerking proforma for paediatric cardiology patients transferred to E1 ward from PICU.	<ul style="list-style-type: none"> To send email to all junior doctors on paediatric cardiology team asking for feedback and suggestions for improvement of PICU step down clerking proforma. To verbally ask colleagues for feedback and suggestions when able. To create new clerking proforma. To raise awareness of and improve availability of new clerking proforma.
58. UHS Environmental Audits Standards Precautions Audit August 2021.	<ul style="list-style-type: none"> 16 areas of non-submission to submit their audit by the revised deadline. 18 areas scored between 94% - 85% to re-audit within three months. Three areas scored 85% are required to produce an action plan and provide evidence of implementation and to re-audit.
59. UHS Personal Protective Equipment Audit August 2021.	<ul style="list-style-type: none"> 28 areas of non-submission to submit their audit by the revised deadline. Six areas scored between 94% - 85% care group managers/care group clinical leads to provide support to these areas. One area scored below 85% are required to produce an action plan and provide evidence of implementation and re-audit.
60. Audit on management of hot swollen joints.	<ul style="list-style-type: none"> Colchicine to be stocked on both D level wards and Medicine for Older Persons wards for quicker access. Crystal to be a search item created in eQuest for information. Distribution of information to be completed to aid searching for non-gynae cytopathology (crystal search tool and request bundles).
61. Abdominal X-rays only when the radiologist says it is ok.	<ul style="list-style-type: none"> To continue regular teaching to new doctors joining the department. To have good use of wall posters to get the message across. A slide to be added as a screensaver in the ED desktops.
62. An audit review of the treatment options for ingrowing toenails.	<ul style="list-style-type: none"> To present the results of the audit in the child health grand rounds.

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Audit title	Actions
63. Ockenden report: Maternity Personalised care and support planning. Technical Criteria A.	<ul style="list-style-type: none"> • To disseminate the results of this audit to health professionals providing maternity care at UHS. • To re-audit these standards after the full implementation of the new electronic maternity records/maternity information system, Badgernet. • To remind health professionals of the importance of accurate record-keeping at professional mandatory days, in maternity newsletters or as theme of the week. • To encourage health professionals to continue using and sharing resources with women to meet individual needs and facilitate woman's or birthing person's informed choice. • To discuss with the digital midwife the possibility of making record-keeping easier for health professionals when documenting the use of resources to meet individual needs and the woman's informed choice.
64. Ockenden report: Maternity Personalised care and support planning. Technical Criteria B.	<ul style="list-style-type: none"> • To re-audit these standards after the full implementation of the new electronic maternity records/maternity information system, Badgernet. • To disseminate the results of this audit to health professionals providing maternity care at UHS. • To encourage the use of resources in different languages when women do not speak English as their first language by signposting professionals to resources in different languages. • To encourage health professionals to continue using and sharing resources with women to meet individual needs and facilitate woman's or birthing person's informed choice. • To discuss with the digital midwife the possibility of making record-keeping easier for health professionals when documenting the use of resources in different languages to meet women's individual needs.
65. Ockenden report: Maternity Personalised care and support planning. Technical Criteria C.	<ul style="list-style-type: none"> • To re-audit these standards after the full implementation of the new electronic maternity records/maternity information system, Badgernet. • To disseminate the results of this audit to health professionals providing maternity care at UHS. • To discuss with the digital midwife the possibility of making record-keeping easier for health professionals when recording joint discussions with women on the impacts of any physical or mental health conditions identified through ongoing risk assessment together.
66. Ockenden report: Maternity Personalised care and support planning. Technical Criteria E.	<ul style="list-style-type: none"> • To re-audit these standards after the full implementation of the new electronic maternity records/maternity information system, Badgernet. • To disseminate the results of this audit to health professionals providing maternity care at UHS. • To discuss with the digital midwife the possibility of making record-keeping easier for health professionals when documenting plans reviewed by or with the woman or birthing person at every appointment. • To discuss with the digital midwife the possibility of making personalised care and support plan in place covering all three elements of the maternity/perinatal journey a mandatory field within the maternity information system, Badgernet. • To raise awareness among health professionals of the relevance of giving the same level of importance to the postnatal period when discussing it with women during antenatal care appointments and undertake personalised care plans with women prior to the birth.

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Audit title	Actions
67. Audit of do not attempt cardiopulmonary resuscitation (DNACPR) forms associated with patients with learning disabilities during the pandemic.	<ul style="list-style-type: none"> • To communicate to staff responsible for initiating DNACPR instructions that these are based on a patients' individual clinical condition through resuscitation training and to reiterate and explain that blanket DNACPRs are not supported. • All staff to be reminded about the legal requirement for involving patients in discussions regarding DNACPR instructions, identifying the reason with clear accurate documentation.
68. Post inpatient falls medical response and management.	<ul style="list-style-type: none"> • To provide education to medical teams on post falls management and elements required to ensure medical reviews are comprehensive and thoroughly documented. • To update eQuest referral options to include an option to indicate the patient has had an inpatient fall and whether any harm is suspected. • To revise and trial an updated post fall medical proforma. • To update falls policy to incorporate elements on post falls management and documentation requirements. • To audit availability and content of post falls grab packs across the Trust to ensure these are readily available to facilitate their use.
69. An audit to assess the compliance of ward-based therapy rehabilitation of major trauma patients against the NICE clinical guideline 83.	<ul style="list-style-type: none"> • Core standard 4 – goal setting: to develop a rehabilitation needs and MDT goal setting sticker. • To group therapy paperwork together including goal setting sheet together. • Core standard 5 – Patient information: to develop patient information booklet. • To develop patient survey to involve patients in developing the booklet content. • Core standard 2 – to develop a day three assessment sheet which includes a cognitive screen and functional assessment with goal setting. • To add cognition assessment prompt on major trauma initial interview with risk factor of 48 hours. • Core standard 3 – Function assessments: to pilot study occupational therapy (OT) rehabilitation on F1 to establish what OT involvement has with trauma patients. • To trial joint assessments and goal setting with a functional approach. • Core standard 5: to change major trauma pathway to include discharge section. • To change discharge paperwork and incorporate this into the rehabilitation prescription.
70. Compliance with prescribing oxygen in cardiology.	<ul style="list-style-type: none"> • To send audit presentation to current FY1s and SHOs working in cardiology for their information.
71. Audit of tracheostomy emergency and bedside equipment and bed signage.	<ul style="list-style-type: none"> • To clarify with Respiratory High Dependency Unit (RH DU) the access to flexible nasendoscopy. • To discuss with lead consultants the use of capnography with tracheostomy patients. • Aim to develop training package to support educational need on bed signage and emergency equipment across UHS.
72. Cystic Fibrosis Incontinence Care Review.	<ul style="list-style-type: none"> • To feedback audit findings to the physiotherapy team. • To provide teaching session on incontinence. • To hold discussion around documentation of continence status. • To amend clinic document. • To convert the ICIQ to electronic copy.

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Audit title	Actions
73. Venous Thromboembolism (VTE) Prophylaxis for Medicine of Older Person's Department.	<ul style="list-style-type: none"> To add sticker for medical notes about VTE, information in induction booklet for incoming juniors and software update proforma.
74. A review of Neurosurgical intracerebral haemorrhage (ICH) referrals during mass COVID vaccination.	<ul style="list-style-type: none"> An educational presentation to be given to the neurosurgical registrars at their weekly teaching. To put printouts of the guidance up on the notice boards in the neurosurgical registrars' office. To re-audit to evaluate if the actions have been successful.
75. Patient flow through Acute Surgical Unit (ASU) and prescribing compliance.	<ul style="list-style-type: none"> A trial of trained advanced nurse practitioners (ANPs) working within ASU from 8am-8pm (Monday - Friday) will be performed to review if the care provided is equal to or better than the current medical provision.
76. Audit of the compliance to complete the treatment escalation plan (TEP) for the patients admitted to the Trauma and Orthopaedics (T&O) department.	<ul style="list-style-type: none"> Email to be sent to all T&O staff for raising awareness and improving practice to meet local hospital guidelines. Local teaching session to be held to advise of the importance of completing this form as it will be re-audited to monitor compliance. To put posters up in the registrar's office and on the wards for raising awareness about completing the TEP.
77. VTE risk assessment of 16- and 17-year-old patients undergoing major lower limb surgery.	<ul style="list-style-type: none"> To hold discussion with haematologist about current practice and whether change in practice is required for VTE risk assessment of paediatric orthopaedic patients. Requesting IT department to make completion of VTE risk assessment pane mandatory for 16- and 17-year-old children undergoing paediatric orthopaedic surgery.
78. First seizures and driving advice in the Emergency Department.	<ul style="list-style-type: none"> Emergency Department SHO to complete a teaching presentation.
79. Auditing the support given to patients with meal ordering on a dementia ward.	<ul style="list-style-type: none"> To feedback results to speech and language therapy (SLT) team. To feedback results to dementia working group. To feedback results to Bassett Ward. To feedback results to Serco catering team. SLT, Serco catering team and dietetics to work together to produce texture-modified photo menus. To discuss with VLE leads whether Serco catering staff could have some access to Trust training.
80. Auditing availability of snacks of a variety of consistencies on medicine for older people (MOP) wards.	<ul style="list-style-type: none"> To share results with Serco catering team.
81. Auditing the prevalence of communication impairments in stroke admissions at University Hospital Southampton (UHS).	<ul style="list-style-type: none"> To present audit and results at clinical effectiveness meeting.

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Audit title	Actions
82. Prevention and management of pain.	<ul style="list-style-type: none"> • All ward leaders to remind staff of the need to enter a pain score on SafeTrack with each set of observations. • Senior nursing staff on shift to monitor documentation of patients who have moderate pain score on two or more consecutive occasions to ensure they have a documented plan in place. • Senior nurses to enforce that only registered patient-controlled analgesia (PCA) trained nurses should be recording PCA pump observations. • Ward managers to identify and arrange training on pain assessment for any staff who have not yet received it, confirming with practice development team when all relevant staff are compliant.
83. Prescription of regular flushes after biliary drain inserted through Percutaneous Transhepatic Cholangiography (PTC).	<ul style="list-style-type: none"> • Interventional radiology team requires improvement and training on documenting drain flushes. • The Hepatobiliary and pancreatic (a) surgical team to ensure they prescribe drain flushes. • The surgical nurses to be made aware of the importance of flushing the PTC drains (unless clearly contraindicated) and the need to contact the junior surgical doctor if drain flushes are not prescribed.
84. Are therapists providing evidenced-based, best practice guidance for patients attending UHS with a history of falls?	<ul style="list-style-type: none"> • The patient information leaflet to be redesigned and shared with therapy services. • Revised falls policy information to be shared with therapies department for information/education. • Review of current practices in relation to falls post COVID-19.
85. Audit of CT guided lung biopsies.	<ul style="list-style-type: none"> • Results disseminated to all clinicians involved in CT guided lung biopsies to raise awareness.
86. Hydration assessment and monitoring.	<ul style="list-style-type: none"> • To attend wards to promote the use of charts and have a focus week on hydration assessment and monitoring.
87. Documentation supporting monitoring patients' fluid balance.	<ul style="list-style-type: none"> • To disseminate results to individual wards for action. • To arrange focus week to concentrate on areas of lower compliance (recording of weight/ml per hour required, balances at midday and midnight). Week to include focus board and visits to wards by practice development nurses. • To plan for the fluid balance to be added to the online system, this is ongoing with digital services team.
88. Use of outcome measures to monitor improvements in patient recovery during stroke rehabilitation.	<ul style="list-style-type: none"> • To present results and feedback to the stroke therapy service.
89. Time to antibiotic in patients presenting with neutropenic sepsis and use of MASCC (Multinational Association for Supportive Care in Cancer) score to stratify patients presenting to acute oncology service.	<ul style="list-style-type: none"> • To present Audit in oncology audit meeting.

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Audit title	Actions
90. Reducing risk of overdose with midazolam injection in adults.	<ul style="list-style-type: none"> To ensure that areas in division B and division A are recorded that perform conscious sedation and assurance that there is an up-to-date guideline that states midazolam 5mg/5ml should be used. To confirm that cardiovascular and thoracic unit perform conscious sedation and assurance that there is an up-to-date guideline that states midazolam 5mg/5ml should be used.
91. Audit of reporting turnaround times for material referred for molecular analysis to West Midlands Regional Genetics Laboratory	<ul style="list-style-type: none"> RNA/DNA-NGS panel to be requested by reporting pathologist on new diagnostic biopsy/cytology/EBUS/metastatic sample as reflex + resections on request for adenocarcinoma/non-squamous non-small cell carcinoma.
92. Auditing medicine for older people ward compliance with the implemented International Dysphagia Diet Standardisation Initiative (IDDSI) fluid and diet guidelines and protocols.	<ul style="list-style-type: none"> To update posters to ensure they are displaying the most up-to-date information. Ongoing training should be provided to ward staff to ensure that handovers and diet grids are continued to be used with the appropriate terminology. Supplement posters need to be displayed consistently on all wards. Staff to ensure they are aware of appropriate supplements for patients on a particular level of thickened fluids and thickened fluids are being prepared to the correct consistency to aid patient compliance and safety.
93. Complications in Head and Neck Free Flap Patients.	<ul style="list-style-type: none"> To review antibiotic protocol to consider extending beyond 2xIV antibiotics post-operative doses. To discuss with MDT regarding consensus moving forward. To re-audit in three months.
94. Pre-Operative Chest Radiographs (CXR) performed despite a recent prior examination.	<ul style="list-style-type: none"> Awareness of staff performing IR(ME)R practitioner justification of completing another CXR. Awareness of referring clinical staff. To request all the patient's related imaging once the patient has been accepted by the Trust.
95. Management of pain in patients presenting to the Emergency Department (ED) with ankle fracture/dislocation.	<ul style="list-style-type: none"> Poster to be emailed to all ED staff highlighting results and recommendations. To present findings within appropriate forum. To present findings at middle grade teaching.
96. Audit of disposal of controlled drugs, non-controlled drugs, IV fluid and sharps in theatres at UHS.	<ul style="list-style-type: none"> To discuss with theatre matrons regarding areas of contention highlighted by audit and clarification of policy. Increase awareness of correct disposal methods through the following methods: by email to all anaesthetists and posters in theatres.
97. Compliance with MRSA risk reduction local policy within Surgical High Dependency Unit (SHDU).	<ul style="list-style-type: none"> To discuss the findings of the audit with Infection Control for critical care. To discuss with pharmacy whether we can make prescription of MRSA decolonization protocol easier for doctors. To discuss with all SHDU staff the importance of appropriate adherence to the current MRSA decolonization policy.
98. Documentation of the preoperative CXR result in preoperative clinic assessment.	<ul style="list-style-type: none"> To make medical staff aware of the issue of documentation of preoperative CXR. To present at local meeting.

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Audit title	Actions
99. Musculoskeletal therapy outpatient electronic notes audit: quality assurance of virtual and face-to-face consultation patient records using local abbreviation list.	<ul style="list-style-type: none"> • Working group to meet to amend notes template to address body chart information for new patients and objective/subjective information and goals review in follow-up sessions. • To agree a local abbreviation list. • To agree standardised document title. • To introduce electronic PROMs data via MyMR.
100. Auditing the documentation practices in an SHO-led ENT emergency clinic.	<ul style="list-style-type: none"> • To engage with eDocs development team and SHOs' training to improve coding.
101. Is delirium assessment in the GICU being performed at the optimum standards?	<ul style="list-style-type: none"> • Doctors to document in notes during ward rounds and on admission for CAM-ICU to be performed.
102. Unlicensed medicines.	<ul style="list-style-type: none"> • Where a patient information leaflet (PIL) is not available in English - to contact the manufacture to obtain English PIL - where this is appropriate. • Determine if injections that do not have any information and that have not been issued in the last six months are still required to be kept at UHS. • For injections where there is no information available (no PIL or in Medusa injectable medicines guide) to determine what information is available to nurses at the point of administration. • To complete a mini audit at the RSH to determine if they keep any other unlicensed medicines that are not kept at SGH dispensary.
103. Patient compliance with preparation information for stress cardiac scan.	<ul style="list-style-type: none"> • Gathering of cardiac magnetic resonance scan reporters in the discrepancy meeting to present the results, discussion on it and suggesting of new ideas e.g., optimisation of SMS information service.
104. Controlled drugs: safe use and management on the neonatal unit.	<ul style="list-style-type: none"> • Drug order book to be kept in a locked cupboard, location to be confirmed. • Staff education on signing drugs to create a one-minute wonder board. • Staff education on signing drugs to create a model template of 'how to document and sign for controlled drugs' that can be placed in the drug cupboard. • Signing drugs: creating 'checked and correct' stamps. • Create rubber stamp templates for controlled drugs. • Nurse education through email and education team.
105. Measurement of iron parameters in heart failure patients.	<ul style="list-style-type: none"> • Heart failure European Society of Cardiology guidelines to be presented in ground round cardiology department. • Iron studies in heart failure patients to be designed and published.
106. Re-audit: A review of Neurosurgical ICH referrals during mass COVID vaccination.	<ul style="list-style-type: none"> • An educational presentation to be given to the neurosurgical registrars at their weekly teaching session. • Printouts of the guidance to be placed on the notice boards in the neurosurgical registrar's office. • To re-audit to evaluate if the actions have been successful.

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Audit title	Actions
107. EEG Support and Adjustments.	<ul style="list-style-type: none"> • To keep track of those who repeatedly do not attend to send a friendly reminder. • To start from February 2021 appointments highlighting all referrals who should be sent a letter to make this more obvious to administrative staff. • All physiologists to gather responses and re-audit again in February 2022 for three months to allow for time for changes with the aim of being able to collect feedback about the support and adjustments on offer.
108. Is an organic cause ruled out in the Emergency Department in patients presenting with psychosis/mania?	<ul style="list-style-type: none"> • To advertise and promote the psychosis and mania protocol within the Emergency Department and encourage clinicians to use this tool. • To educate and encourage nursing and medical staff to use the: <ul style="list-style-type: none"> - psychosis and mania bundle. - psychosis/mania protocol posters. - psychosis/mania education. - psychosis/mania checklist.
109. Auditing availability of snacks of a variety of consistencies on medicine for older people (MOP) wards	<ul style="list-style-type: none"> • To share results with Serco catering company. • To liaise with Serco to create and implement a finger food menu. • To liaise with Serco regarding the availability of rice pudding and custard pots for patients (including those on modified consistency diets).
110. The impact of electric scooters on a major trauma centre.	<ul style="list-style-type: none"> • To do further research to assess risks and planning to submit the data to clinical governance. • To engage the local council to improve public safety.
111. Cystic Fibrosis (CF) Incontinence Care Review.	<ul style="list-style-type: none"> • To feedback to the physiotherapy team these results and discuss reasons surrounding it. • To provide a teaching session on incontinence in CF and the importance of addressing this issue and monitoring it using the outcome measures. • To inform the management on approaches possible and how to refer for specialist intervention. • To add prompt for ICIQ, treatment plan and onwards referral to online paperwork.
112. Patient flow through ASU and prescribing compliance.	<ul style="list-style-type: none"> • A trial of trained ANPs will be working within ASU from 8am-8pm (Monday - Friday) to review if the care provided is equal to or better than the current medical provision.
113. Indications of plain abdominal films from A&E at Southampton General Hospital.	<ul style="list-style-type: none"> • Ensure clinicians complete a thorough clinical assessment before ordering an abdominal X-ray (AXR). • Clinicians to seek further advice when in doubt regarding AXR before ordering any more.
114. Assessing pain in dementia patients using the Abbey tool.	<ul style="list-style-type: none"> • To raise awareness with nurses on the Abbey pain tool available for dementia patients. • To further analysis the use of the behaviour pain assessment tool (BPAT) to test reliability and validity. • If UHS wish to use BPAT will need to seek approval after the analysis has been completed. • Once decision has been made on which pain tool to use to have champion wards and outreach service to promote tool.

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Audit title	Actions
115. Measuring and Improving Fractional Efficiency in Radiotherapy.	<ul style="list-style-type: none"> To re-audit the time taken to complete the service in both Southampton and Basingstoke to align both sites to complete the required attendances per year.
116. Prevention of hyperthermia in patients with acute brain injury.	<ul style="list-style-type: none"> To ensure clear tab on cooling methods. To educate staff on intervention required when temperature >37.5 in acute brain injury. To update the Wessex Neuro Guidelines.
117. Use of clinical photography in trauma and orthopaedics.	<ul style="list-style-type: none"> To ensure orientation photographs taken on the entire limb or body part prior to photographing the wound or lesion in question.
118. Audit of safe sleep and ICON advice given to families by Maternity and Neonatal Unit Staff.	<ul style="list-style-type: none"> To re-audit cases to include a wider number once Badgernet is fully embedded. Neonatal Unit to review which policy should include the guidelines for discussions and documentation of safe sleep and ICON information.
119. Triage in the Maternity Day Assessment Unit (MDAU).	<ul style="list-style-type: none"> To consider consultant obstetric staffing in workforce project - gain consensus from consultant obstetrician group. Link with practice education team to request time and plan for Birmingham Symptom-specific Obstetric Triage System (BSOTs) update in annual midwifery statutory and mandatory training day. MDAU leads to meet with audit leads to review green' actions to facilitate increased midwifery-led discharge where appropriate.
120. Prospective audit of 'fast-track'	<ul style="list-style-type: none"> Clinical lead to speak to the divisional director regarding assistance with theatre availability to facilitate 'fast-track' Whipple's surgery.
121. Maternity documentation audit.	<ul style="list-style-type: none"> To share findings with Badgernet team and discuss plans for audit going forward.

2.2.2 Recruiting to research

The number of patients receiving relevant health services provided or subcontracted by UHS in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was 13,000. We ranked ninth for total recruitment amongst all acute NHS trusts 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.

2.2.3 Commissioning for quality and innovation (CQUIN) payment framework

CQUIN is a quality framework that allows commissioners to agree payments to hospitals based on the number of schemes implemented and a proportion of our income is conditional on achieving goals through the framework.

UHS income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework because the whole framework was suspended in response to COVID-19 without any detrimental impact on provider income.

Block payments to NHS providers will be deemed to include CQUIN, but the practical operation of CQUIN (both local commissioners and specialised commissioning), for NHS providers was suspended until March 2022. NHS providers are not required to carry out CQUIN audits or submit CQUIN performance data, but commissioners and NHS providers are advised they should continue to pay regard to the good practice processes highlighted within CQUIN and make appropriate decisions on how to implement these alongside published clinical guidance.

2.2.4 Statements from the Care Quality Commission (CQC)

The 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.

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 2021/22.

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 and leadership. In January 2019 NHS Improvement carried out a use of resources (UoR) inspection and the CQC completed its inspection.


The report was published on the 17 April 2019 and the Trust was rated as 'good' overall and 'outstanding' for providing effective services. We were rated as 'good' in the well-led category and for using our resources productively, with a combined UoR and quality rating of 'good'.

During 2021/22 the CQC scheduled inspections remained paused and we have not had a risk triggered inspection.

The Trust has worked hard to maintain contact and communication with our inspectors during this period. We have provided a regular flow of information, updates and escalations on our response to the COVID-19 pandemic, restoration of services, operational and strategic plans and the measures put in place to protect patients and staff.

Monthly contact and quarterly engagement meetings have continued to take place, and UHS looks forward to the next opportunity to have our services re-assessed and our ratings updated as we move towards our strategic goal of 'authentically outstanding'.

Figure 21: Overall rating for UHS 2019

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	

2.2.5 Registration with the CQC

UHS is required to register with the CQC and its current registration status for locations and services is as below.

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, Cxford 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, Cxford 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, Cxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD

UHS has been registered with the CQC since its inception in 2010 and has maintained its registration without conditions or enforcement action ever since, including in 2021/22.

2.2.6 Payment by results

UHS was not subject to a payment by results (PbR) clinical coding audit during 2021/22 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 auditors.

2.2.7 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 2021 – March 2022 to the NHS-wide Secondary Uses Service for inclusion in Hospital Episode Statistics. As of March 2022 (latest reporting month) the percentage of records in the published data:

Which included a valid NHS number were:

- 99.5% for admitted patient care;
- 99.8% for outpatient care; and
- 96.2% for accident and emergency care.

which included a valid General Medical Practice Code were:

- 99.9% for admitted patient care;
- 98.6% for outpatient care; and
- 95.8% 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.

2.2.8 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 submitted its 2020/21 assessment in June 2021, which complied with the revised deadline of 30 June 2021. The Trust was unable to provide the required level of assurance for four of the 110 mandatory assertions and consequently submitted an improvement plan, which was accepted by NHS Digital.

The Trust is ‘approaching standards’ and due to the increasing impact of COVID-19 and the recent security vulnerability (Log4J), NHS Digital has decided that organisations will no longer be required to submit updated improvement plans and no new deadline will be set for the 2020/21 submission. As such we will remain as ‘approaching standards’ for 2020/21.

2.2.9 Learning from deaths

During 2021/22 2,002 UHS patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Figure 22: Number of deaths per quarter 2021/22

Q1	Q2	Q3	Q4
403	429	639	531

By 31 March 2022 case record reviews and 171 investigations have been carried out in relation to the deaths included in Figure 21.

In 171 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: 403 in the first quarter; 429 in the second quarter; 639 in the third quarter; and 531 in the fourth quarter.

21 representing 1.1% 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 two representing 0.5% for the first quarter; two representing 0.1% for the second quarter; 13 representing 2% for the third quarter; and four representing 0.8% 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.

Examples of learning from case record reviews and investigations conducted in relation to the deaths identified is presented below:

Figure 23: Learning from cases

Thematic learning	Summary of completed action(s)	How learning has been shared	Impact of action
Learning was identified in relation to Vancomycin level monitoring in patients.	<p>Education and refresher education delivered to staff groups by pharmacist teams.</p> <p>Explain use of MicroGuide app if staff are new to the Trust and available channels of support.</p> <p>Review undertaken across the Trust regarding the monitoring and recording of medication related levels and communication around these.</p> <p>All anaesthetists to consider all blood levels and available information when reviewing a patient prior to theatre.</p> <p>Review the use of JAC prescribing system in theatres regarding accessibility of equipment and system, understanding barriers to practice and providing clear guidance on expected working.</p> <p>Review of options of recording levels and information on the electronic prescribing system versus a paper chart.</p> <p>Consider if one system can accommodate all medications that have level monitoring requirements for appropriate dosing.</p>	<p>Communication available to staff via video links.</p> <p>Alerts and safety prompts added to electronic prescribing system to reduce error.</p> <p>Learning shared at M&M meetings.</p> <p>Summary of case to be included in the pharmacy session of the doctors' induction to highlight the need for accuracy when prescribing and understanding responsibilities for monitoring.</p>	<p>Improve patient safety, better understanding and knowledge of staff, more accurate communication.</p> <p>All nursing staff will have the appropriate knowledge and understanding to make this process as safe as possible.</p> <p>Medical staff will be aware of how to access guidance and what their responsibilities are in relation to that medication.</p>

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Thematic learning	Summary of completed action(s)	How learning has been shared	Impact of action
<p>The out-of-hours referral system for physiotherapy or occupational therapy support is not sufficiently robust, leading to a key referral being overlooked for patient with neuromuscular degenerative disease.</p>	<p>Consultation for an improved system of referral to increase efficiency and reduce risk and enabling staff to automatically refer any respiratory patient with a neuromuscular degenerative disease including out of hours to the physiotherapy team.</p> <p>Education delivered to relevant staff groups.</p> <p>Expanding policy list and guidelines for staff of carers to include the 'expert carers' to encourage the contribution to patient care of the expert carer.</p>	<p>Consultation and outcome are shared throughout organisation.</p>	<p>Improvement of the referral function for referring staff and provide staff with information at a glance to determine if a referral has been made or not.</p> <p>Nursing staff will automatically refer any respiratory patient with a neuromuscular degenerative disease, including out of hours, to the physiotherapy team and better understand the risks.</p> <p>Clearly documented guidelines will provide certainty to staff who are asked to exercise discretion and provide guidance on when next of kin are deemed to be expert carers and allowed to stay with patients with increased care needs.</p>
<p>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.</p>	<p>Refresher training to be delivered to staff of all grades.</p> <p>Standard revised to include a nurse in charge review of all new admissions to any clinical area to ensure all assessments and documentation have been completed.</p> <p>Compliance will be shared with the nursing staff during daily safety huddles and any barriers to compliance discussed and mitigated.</p> <p>All patients assessed as risk of falls to be referred to therapy for mobility assessment.</p> <p>All patients who are not at base line mobility to be referred to therapy.</p> <p>New handover process operational which includes highlighting any outstanding assessments.</p> <p>Radiology staff induction pack to be updated with Trust falls pack and radiology falls pack.</p>	<p>Shared via safety huddles, peer review programmes and at clinical leader forums and governance groups.</p>	<p>Improved patient care tailored to individual needs.</p> <p>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.</p>

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Thematic learning	Summary of completed action(s)	How learning has been shared	Impact of action
X-ray results were not actioned post high harm fall No standard operating procedure (SOP) to manage urgent imaging requests.	SOP developed for urgent out-of-hours requests. Explored options to amend the eQuest system to communicate a specific urgency of a request beyond the current option that is limited to 'urgent'. Ward whiteboards, as clinical tools, are now routinely used to highlight and follow up clinical requests.	Communicate SOP across radiology and assess the competence of the administrative team.	High risk scans are identified and actioned immediately, or as soon as it is reasonably practical to do so.
Failure to monitor deterioration - inadequate checking of patient when critical alarm noted.	Teaching to all staff and rules set out for checking patients when a critical alarm is seen and will include getting a response from the patient any time a critical alarm is seen. Introducing signage at telemetry station outlining the expectations. Education to ensure that emergency buzzer to be pulled in the event of nursing staff being unsure of a patient's condition. Teaching all staff how and why we check previous events on the telemetry when an alarm sounds. A review with our education team of our ECG teaching forward nurses. Treatment Escalation Plans (TEPs) to be discussed on ward rounds and clearly documented using TEP forms and placed in medical notes. TEP is handed over when patient is transferred between wards. TEP is reviewed as required. Need for TEP to be documented to be discussed and cascaded through M&M and consultant forums. Removal of medical devices to be documented in medical notes detailing action undertaken. Importance of maintaining documentation standards to be cascaded through M&M meetings and consultant forums.	Education teams, via ward rounds, M&M meetings and consultant forums.	Will ensure that any patient where a critical alarm is shown is checked and a response is given. Clear communication of TEP for all inpatients.

0 case record reviews and 0 investigations completed after 1 April 2021 which related to deaths which took place before the start of the reporting period.

0 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.

0 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.

2.2.10 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 a number of 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.

All the core indicators included are updated with the most recent publications from NHS Digital/NHS England and NHS Improvement/Gov.uk. 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. Nationally not all data collections continued during 2021/22, so data is not as complete as in previous quality accounts.

The value and banding of the Summary Hospital-level Mortality Indicator

The Summary Hospital-level Mortality Indicator (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 on the basis of 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 National Reporting and Learning System (NRLS) had an internal reconfiguration of how they benchmark organisations.

Figure 24: The value and banding of the Summary Hospital-level Mortality Indicator

SHMI	June 2020 - May 2021		July 2020 - June 2021		Aug 2020 – July 2021	
	Value	OD* banding	Value	OD* banding	Value	OD* banding
UHS	83.17	2	83.1	2	81.78	2
National Ave	100	2	100	2	100	2
Highest Trust Score	119.82	1	120.17	1	118.47	1
Lowest Trust Score	71.69	3	71.95	3	71.88	3
	Sept 2020 - Aug 2021		Nov 2020 - Oct 2021		Dec 2020 – March 2022	
	Value	OD* banding	Value	OD* banding	Value	OD* banding
UHS	81.97	2	82.49	2	85.1	2
National Ave	100	2	100	2	100	2
Highest Trust Score	118.47	1	118.6	1	119.49	1
Lowest Trust Score	71.61	3	71.93	3	71.61	3

*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.

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 as 'as expected' SHMI ratio for the last four 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.

Figure 25: The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust since 2020/21

	December 2019 - November 2020	January 2020 - December 2020	February 2020 - January 2021	March 2020 - February 2021
UHS	43.5	43.0	41.5	41.6
National Ave	36.8	37.0	36.9	37.3
Highest Trust Score	59.3	61.5	62.3	62.38
Lowest Trust Score	8.1	7.7	7.2	7.8

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	April 2020 - March 2021	May 2020 - April 2021	June 2020 - May 2021	July 2020 - June 2021
UHS	42.7	44.3	43.0	43.5
National Ave	38.0	38.6	38.0	39.1
Highest Trust Score	63.1	64.6	65.0	63.7
Lowest Trust Score	8.5	9.2	38.0	10.6

	August 2020 – July 2021	September 2020 - August 2021	November 2020 - October 2021	November 2020 - October 2021
UHS	40.9	39.7	35.9	34.9
National Ave	39.2	39.2	39.5	39.7
Highest Trust Score	57.6	63.6	63.9	64.4
Lowest Trust Score	11.0	12.0	11.5	11.2

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 team and has reporting and governance arrangements and progress reports to quality committees.

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 in order to ensure that the number of expected deaths is accurately recorded.

The Trust's patient-reported outcome measures scores

Groin hernia surgery and varicose vein surgery : in the past neither hernia repair nor varicose vein surgery was 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.

Patient reported outcome measures (PROMs) data for hip replacement surgery and knee replacement surgery has not been collected nationally during the reporting period. The data below is the last available data.

Figure 26: Hip replacement surgery table 2018-20 only

	2018/19	2019/20	2020/21
UHS	21.68	22.97	Data not available (affected by the suspension of the submission of data)
National Ave (All Providers)	22.26	22.83	
Highest Trust Score (All Providers)	25.38	25.68	
Lowest Trust Score (All Providers)	18.65	18.25	

Figure 27: Knee replacement surgery 2018-20 only

	2018/19	2019/20	2020/21
UHS	21.68	22.97	Data not available (affected by the suspension of the submission of data)
National Ave (All Providers)	22.26	22.83	
Highest Trust Score (All Providers)	25.38	25.68	
Lowest Trust Score (All Providers)	18.65	18.25	

UHS is taking the following action to improve outcomes for hip and knee replacement surgery and so the quality of its services by: continuing to focus on improving participation rates for those surveys which we have responsibility for and by continued oversight of the feedback provided by the elective orthopaedic team.

Figure 28: The data made available to the Trust by NHS Digital with regard to the percentage of patients readmitted to a hospital that forms part of the Trust within 28 days of being discharged from a hospital that forms part of the Trust during the reporting period

Age range	2019/20	2020/21 April-February	2021/22 February-March
0-15	6.34%	6.62%	6.8%
16 or over	8.49%	13.40%	13.86

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 Trust's responsiveness to the personal needs of its patients during the reporting period

Figure 29: The Trust's responsiveness to the personal needs of its patients during the reporting period

	2018-19	2019-20	2021-2022
UHS	69.2	67.0	Data not available (affected by the suspension of the submission of data)
National Ave (All Providers)	67.3	67.1	
Highest Trust Score (All Providers)	58.9	54.4	
Lowest Trust Score (All Providers)	85.0	84.2	

UHS considers that this data is as described for the following reasons: collating the results of a selection of questions from the national inpatient survey focusing on the responsiveness to personal needs. Benchmarking our performance against our peers.

UHS has taken the following actions to improve the Trust's responsiveness to the personal needs of its patients, and so the quality of its services by: continuing to collect real-time feedback from patients as part of its inpatient survey, working to increase the FFT response rate this year and expanding the work of the patient experience and involvement team.

Figure 30: 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

Staff Recommends Care %	2018/19 Q1	2018/19 Q2	2018/19 Q4	2019/20 Q1	2019/20 Q2	2020/21	2021/22
UHS	94%	92%	94%	93%	93%	71%	83%
Highest Trust Score	100%	100%	100%	98%	100%	77.6%	58.4%
Lowest Trust Score	53%	39%	46%	64%	62%	38.5%	38.5%

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

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.

The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period

Figure 31: The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period

Venous thromboembolism (VTE) is a significant risk to hospitalised patients. Our VTE programme 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. Our VTE programme continued this year, however 2020-2022 VTE submissions were suspended due to the COVID-19 pandemic.

	Q2 2017/18	Q3 2017/18	Q4 2017/18	2020-2022
UHS	93.47%	93.60%	92.78%	Data not available (affected by the suspension of the submission of data)
National Ave (Acute Providers)	95.19%	97.34%	95.18%	
Highest Trust Score (Acute Providers)	100.00%	100.00%	100.00%	
Lowest Trust Score (Acute Providers)	71.88%	76.08%	67.04%	

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	Q2 2018/19	Q3 2018/19	Q4 2018/19	2020-2022
UHS	92.91%	92.49%	92.95%	Data not available (affected by the suspension of the submission of data)
National Ave (Acute Providers)	95.44%	95.65%	95.50%	
Highest Trust Score (Acute Providers)	100.00%	100.00%	100.00%	
Lowest Trust Score (Acute Providers)	68.67%	54.86%	74.03%	

	Q2 2019/20	Q3 2019/20	Q4 2019/20	2020-2022
UHS	92.19%	95.99%	Data not available (affected by the suspension of the submission of data)	Data not available (affected by the suspension of the submission of data)
National Ave (Acute Providers)	95.28%	95.04%		
Highest Trust Score (Acute Providers)	100.00%	100.00%		
Lowest Trust Score (Acute Providers)	71.72%	71.59%		

C. difficile infection

Figure 32 : 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

	2018/19	2019/20	2020/21	2021/22
UHS	10.6	12.3	38.7	Data not available (affected by the suspension of the submission of data)
National Average	11.71	13.2	45.6	
Highest Trust Score	79.65	51	141	
Lowest Trust Score	0	0	0	
Lowest Trust Score (non-zero)	1.6	1.7	2.3	

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

Information about our C difficile performance during 2021/22 can be found in part 2 of this report.

Safety incidents

Figure 33: 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

	October 2018 - March 2019	April - September 2019	October 2019 - March 2020	April 2020 - March 2021	April 2021 - March 2022
UHS					
Rate Incidents per 1000 admissions	39.71	36.70	34.50	38.13	38.1
Number Incidents	7,429	6,909	6,373	1,153	1,534
Number that resulted in severe harm or death	40	37	43	90	78
% that resulted in severe harm or death	0.54%	0.54%	0.67%	0.8%	0.78%

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 harm or death.

Other information

Figure 34: Other Information

Safety indicators	2019/20	2020/21	2021/22
Serious Incidents Requiring Investigation (SIRI)	48	90	76
Never Events	6	1	5
Avoidable Hospital Acquired grade III and IV Pressure Ulcers	46	20	158
Falls - Avoidable Falls	19	2	5

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.

2.2.10 Reporting against core indicators

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 the COVID-19 pandemic.

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 three hours 17 minutes for an assessment, three hours 41 minutes on a weekday and two hours 20 minutes at the weekend.

Because of COVID-19 UHS did not re-audit in 2020 or 2021 but there are plans to do so in 2022. The self-assessment of performance against the 7DS clinical standards and the associated board assurance process was also suspended nationally as a result of the pandemic.

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. 7-day mechanical thrombectomy cover has been delivered since March 2021.
- 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 take place in admission areas, intensive and high care areas and once daily review in other inpatient wards. The Trust consistently achieves this target.

UHS supported achieving this standard by implementing national early warning score (NEWS2) across all adult areas . Patient acuity and needs are updated daily on the doctors' worklist application. This provides detail on handover and to the on-call team. Patients requiring urgent review are seen by the duty team as highlighted through NEWS2 or by the nursing team.

2.2.12 Freedom to speak up (FTSU)

The Trust is committed to continuing to promote an open, honest and transparent culture where all employees, workers and volunteers feel safe and supported in speaking up.

The Trust Board and senior leadership team support this vision by acting as role models in promoting a speaking up culture across the organisation in line with the Trust's values and behaviours, and providing the resources required to support the FTSU agenda.

Having a FTSU guardian 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. Our FTSU guardian and champions have a key role in helping to raise the profile of raising concerns in the organisation and promoting a speaking up culture. They provide confidential advice and support to employees, workers and volunteers when they have concerns and encourage them to raise them with the organisation. We had continued to grow our community of champions during 2021/22, and now support 38 champions from a wide variety of backgrounds.

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Our guardian is available via a dedicated mobile phone number and email address and responds to all concerns within 48 hours. In 2020/21 we held most meetings using digital platforms to maintain safety, but this year we have gradually transitioned to a mixture of virtual and face-to-face meetings as restrictions ease. We have improved 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:



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”

Our FTSU reports directly to Trust Board on a bi-annual basis and the monthly raising concerns (whistleblowing) steering group, which is chaired by an executive lead. Here the guardian can share the key findings/recommendations from concerns that have been raised to foster a culture of openness, transparency and learning from mistakes.

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, and we continue to work to develop and strengthen our processes and structures to continue to support speaking up. The Trust is fully engaged with the National Guardian's Office and the local network of Freedom to Speak Up guardians in the region to learn and share best practice.

What our staff have told us

“You have been working wonders for my friend, you really are a jewel in the UHS crown, thank you for all that you do.”

“I had concerns... about my career progression. On several occasions, you liaised with me on how to remain professional and how to engage with my manager. You requested my consent before sharing or escalating any issues I had raised with you.”

“You escalated the concerns I had raised to senior management, and you represented my interest in these meetings. Through your input I had some positive outcome for some of the concerns I had raised.”

“You kept me informed of the outcomes of meetings.”

“Thank you for your support and it is great that UHS has a freedom to speak up champion.”

“Just to put into writing my thanks for your recent support with several of my team as our Freedom to Speak up Guardian...several have given me direct feedback on how helpful and supportive you have been, which has been very helpful in these stressful times.”

“Oh, thank you so much- I could cry with relief!”

“You’re very good at your job - thank you for giving me a voice!”

“I cannot thank you enough!”

2.2.13 Rota gaps

The guardian of safe working hours is responsible for ensuring that working hours are safe for NHS doctors and dentists in training in England; we know that this is important for patient and staff safety and to help maintain quality care.

The guardian also helps support the implementation and maintenance of the contract for doctors and dentists in training and has independent oversight of 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 the Trust Board which includes updates on rota compliance, vacancies/gaps and plans for improvement and junior doctor exception reporting data is a standing agenda item with the local negotiating committee.

There are 714 Junior doctors in training employed by the Trust and they all work on the 2016 contract. There are 344 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 10% which has remained reasonably stable. The cost of locum expenditure in the last year was £5,114,005. Work intensity remains high and the impact both of the COVID-19 pandemic and the beginning of recovery has been significant exception reporting.

- 2339 exception reports have been received at UHS since the implementation of 2016 contract.
- The number of exception reports submitted in each six-month period has varied from 80 to 419.
- The most common reason for the submission of an exception report is additional working hours and the most common resolution is additional payment.
- To date no exception report has been a breach incurring a financial penalty.
- The cost and risk of exception reporting to UHS is currently low .

The junior doctor executive committee led by the chief registrar, continues to meet quarterly with increasing representation from across the specialties. The junior doctor forum meets monthly and remains an informal method of communication between the junior doctors, the chief registrar, and the medical workforce team. The Consultant rota leads aim to meet quarterly to share good practice and discuss current issues in recruitment, retention, and training.

Although current vacancy level is relatively low (10%) staffing remains challenging in some specialties. During the COVID-19 pandemic overseas recruitment decreased and the processes were considerably slower. This area of recruitment is now returning to normal. This decrease was partially offset by the smaller number of UK trained doctors who went to work overseas.

There are several reasons why there is a vacancy rate which leads to high locum expenditure:

- there are not yet enough medical students in training to meet the expanding workforce requirement
- there has been an expansion of the specialty doctor tier which will be required to manage an increased workload.
- the remaining rotas in Emergency Department have now changed from a 1:2 weekends to a 1:3 to be compliant with the 2016 rules - this necessitates more doctors to staff the weekend rotas but benefits weekday working conditions.

There are ongoing concerns over the issue of rota gaps and the safety of areas of the hospital. The situation is unstable and small changes (such as summer annual leave) can reveal the fragility in the system. These problems are national and the Guardian is confident that the divisional management and executive teams are aware of these issues and seeking improvement plans. Rota annualisation should help alleviate the problem of annual leave.

Engagement with the exception reporting system remains variable. The overall impact of the new contract on the financial position and service provision remains unclear and difficult to quantify as so many factors impact rota gap and there is under-usage of the exception reporting system. There is an ongoing need for a wider overview of the workforce. Work is being carried out around the role of junior doctors, advanced nurse practitioners, physician assistants and supporting non-clinical roles. With the increasing workload there is a need for ambitious IT solutions with particular reference to access, functionality and system.

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.

Junior doctor and dentist rotas continued to maintain full compliance during the different phases of the COVID-19 pandemic. We redeployed 40 doctors in the first wave, but supported increases in hours for doctors working part-time, accommodated shadow rotas for specialties in need and supported 26 foundation interim year (FiY1s) to start new programmes.

In 2020, UHS embedded systematic evidence-based and triangulated methodological approaches to reviewing staffing levels on a six-monthly basis, linked to budget-setting. This process continues in 2021/22 and beyond under the auspices of operational planning for both workforce and finance.

Workforce key performance indicators and workforce planning data are reported monthly to Trust executive committee in line with our governance requirements, highlighting any risk areas. A monthly staffing status report is submitted and daily COVID-19-related staffing absence report has been provided throughout 2021/22.

UHS continued to further integrate work between various departments and services as we worked to align our internal direction with national policy initiatives such as the NHS People Plan and NHS England and NHS Improvement focus on strategic workforce planning.

Successful recruitment of doctors increased significantly this year:

- Junior doctors increased by 24 full-time equivalents
- Medical consultants by 31 full-time equivalents

UHS completed and returned a self-assessment for NHS England and NHS Improvement levels of attainment, and an options paper was prepared to the Trust investment group (TIG) for medic rostering and job planning to achieve compliance. Significant progress was made in 2021/22 in rostering of the medical workforce.

Additionally, this will improve the workforce capacity and planning for all staff groups, identify gaps in service through accurate recording of activities delivered and identify income generated from activities to contribute to financial planning and objectives.

Part 3: Other information

This section presents information about how some of our key services support the quality of the care we offer at UHS.

3.1 Our commitment to safety

We are proud of our long-standing commitment to patient safety and how it contributes to the quality of care that we provide. We recognise the importance of a culture where staff are comfortable to report when things go wrong, and where we learn from incidents and celebrate successes. We work hard to ensure staff keep focussed on safety in all that they do, and that support is available for them when necessary. We encourage our staff to help drive our safety culture, to be enquiring, anticipate and respond to safety issues, learn from times when things go wrong and share their experiences.

In 2021 we nominated two patient safety specialists for the Trust (our head of patient safety and our medical lead for patient safety). Since then both have been actively involved in national meetings working to develop these posts. Our specialists have worked as patient safety experts providing dynamic senior leadership, visibility and support. In addition, they support the development of our patient safety culture, safety systems and improvement activity. They have worked in networks with patient safety specialists from other organisations to share good practice and learn from each other, making them central to patient safety across the NHS in England.

This year we have been progressing our work in developing a culture of safety investigation based on human factors. This approach is more than error or incident analysis, and focusses on rigorous, evidence-based solutions to problems and building resilient systems that enable people to do the right things every time. In 2021/22 we supported 17 staff to undertake human factors online training with an external company, which led to them being awarded the title of patient safety associates. We continued to train new staff during the year to embed human factors expertise across the Trust. We also established a “community of practice” for human factors and patient safety associates with membership from across the Trust.



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In 2021 we participated in the WHO Patient safety day where the global theme was maternal and neonatal safety. At UHS we also focused on the importance of staff wellbeing during the day, sending our staff wellbeing lead and head of patient safety/patient safety specialist out and about in the hospitals to talk to staff in maternity and neonatal areas and our acute medical unit.



In 2021 the national roll-out of the national patient safety incident response framework (PSIRF) was delayed due to the pandemic. However, we worked during the year to update our gap analysis against the framework with the aim of facilitating inquisitive examination of a wider range of patient safety incidents. We conducted this in the spirit of reflection and learning rather than as part of a framework of accountability. This approach is informed by feedback and draws on good practice from healthcare and other sectors. It supports a systematic, compassionate and proficient response to patient safety incidents which is anchored in the principles of openness, fair accountability, learning and continuous improvement. It also has a strong focus on improving patient and family involvement. The UHS quality governance steering group agreed that UHS will adopt many of the new principles of the framework ahead of the national roll-out, and we have formed a task and finish group that will be working to deliver this during the next year.

As part of our preparation for the roll-out of the PSIRF, we completed a pilot project with eleven patient safety partners, supported by coaching from The King's Fund. We held a series of workshops where we undertook some co-design work looking at the PSIRF and recruited to our formal patient safety partners.

While we wait for the national PSIRF roll-out, we are keeping the profile of this important work high in a variety of ways. One of our existing partners spoke on our patient safety day online event and to the Trust Board as part of their study session, and our patient safety specialists are presenting a poster on the pilot at an international conference in Gothenburg, Sweden in 2022.

Patients and carers are an essential element of all our work at UHS and are core to our value patients first. Nationally there is a drive to create a:

“Pervasive culture that welcomes authentic patient partnership in their own care and in the processes of designing and delivering care. This should include participation in decision-making, goal-setting, care design, quality improvement, and the measuring and monitoring of patient safety”.

The quality improvement, patient safety and patient experience teams are running a joint programme to develop quality and patient safety partners at UHS. This builds on a successful pilot which enabled patient partners to contribute to the design of our new investigation process and advise about how we support patients and families affected by adverse events. These patient partners will be involved in quality and safety activities, including representation at governance and quality committees, and being involved in co-design of quality and patient safety initiatives.

For our patient safety incident investigation training we are moving away from RCA to a systems-based approach to understanding incidents and taking organisational learning – the patient safety incident investigation (PSII). To support this we are providing training in investigation techniques such as how to move from statements to interviews using a facilitated learning approach where we seek to understand the work as done, interactions in teams and why decisions made sense at the time. The training also includes human factors, mapping incidents with a systems approach and building strong action plans. This is supported by our approach to a just and learning culture and we are developing a framework and toolkit to support people in embracing an open and learning approach to incidents.

We held a workshop about just and learning culture with members of the Trust board and other senior leaders in the organisation in November 2021 in preparation for launching the Trust-wide work on just and learning culture.



The Trust's patient safety specialist leads a Trust board study session on the role of the patient safety specialists, implementation of the patient safety incident response framework and feedback on the patient safety partner pilot.

UHS has actively supported the development of the national patient safety syllabus, giving feedback to the academy of royal colleges who developed the packages. Levels one and two were launched nationally in October 2021 and they are available to all staff via our virtual learning environment. We have also appointed to a patient safety education lead who will start in early April 2022.

3.2 Duty of candour

Duty of candour, Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a statutory requirement for all providers registered with the 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 under this regulation. Our 'being open: 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 intranet 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

At UHS we remain 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.

Although feedback from these groups will remain a vital source of information for us, we are now aiming for people with lived experience (patients and carers or those with other relevant experience) to be involved in all areas of our work, helping to shape services and focus on improving the quality of their experiences.

During 2021/22 we have been supporting teams to involve patients to help design services and review and feed-back on their experiences. Over the year projects have included an ophthalmology engagement group, diabetic retinopathy engagement group, surgical pathway involvement meetings, discharge to assess carers project, a lung cancer innovation group and health inequalities meeting. We have also run learning disabilities and the expert patient listening events, introduced youth ambassadors and involved young people in a children's hospital early warning system project.

With the pandemic continuing into its second year, we recognise how visiting restrictions have continued to impact on our patient and family experience. This has been especially challenging as national restrictions have lifted, because UHS has continued to follow a more cautious approach, prioritising our COVID ZERO campaign to keep safety at the forefront of all that we do.

We have worked hard to mitigate some of the impact visiting restrictions have had, continuing to run our patient property pod, and encouraging families to send messages to their loved ones via our PALS messaging service or use our virtual visiting service. We have tried to be as adaptable and responsive as possible and worked hard to communicate what our visiting plans are and the rationale behind them to the public.

QUALITY REPORT

Our patient support hub has worked flexibly around changing patient and family needs, working collaborative with the voluntary and community sector to support uptake of community transport services and support services to help get patients home quickly. The hub also supported calls to patients on our waiting lists, helping keep them up to date and informed. The hub has been one of our major successes in improving the experience of patients and families. It works across organisational boundaries and care settings to ensure that patients receive a consistent level of support from our own volunteers, as well as voluntary organisations in the community. We have also reintroduced volunteers back into our wards and clinical areas where possible, supporting teams to deliver the best care for patients in challenging times.

This year the Trust has benefited from funds raised by Southampton Hospitals Charity, which has allowed us to implement a range of projects and initiatives that have improved the quality of care and experience for our patients and families. These projects are shaped by working with staff and patients to identify opportunities for improving patient experience and then directing charitable funds to make these ideas a reality.

Projects have included the introduction of birthday boxes which mean staff can help patients celebrate their birthdays while in hospital. The boxes include banners, bunting, cards and candles to help ensure patients do not miss their special days.



The charity has helped the hospital play team to purchase an anxiety and worry toolkit. This allows the team to help children with autism or very young children who might be shy, nervous or worried, deal with coming into the hospital. We have cards to help them display how they feel, how they are behaving and what do they need, as well as cards to help them tell us what they are anxious about and how we can help them manage their anxiety.



There is also an anxiety buddy booklet designed for anxiety in older children. This helps them to self-manage their worry and anxiety through a flowchart and learn how to manage their wellbeing. The toolkit enables the child to have a voice if they feel they cannot speak at that specific time.

At the request of the children's emergency department team, the charity funded a range of books dealing with death, grief and bereavement to help children understand what is going on when faced with the death of a loved one.



On a larger scale, the charity raised funds to refurbish the patient gym on our medicine for older people wards. Work on the new gym began in January 2021 following a fundraising campaign and will be a purpose-built specialist facility including elements such as plasma screens and Wii Fit technology to encourage patients to engage in the activities taking place on screens, as well as providing adapted exercise equipment.

To help improve the quality of communication with our patients we have introduced patient information boards across the site, with QR codes linking to key Trust information. This reduces the need for printed versions of information that can go out of date and enables us to ensure patients can get access to the right information when they need it. For patients unable to use QR codes, we offer other formats, including accessible versions.

We also built on the success of our sunflower hidden disabilities scheme which we launched in July 2020. This national scheme enables people with disabilities (particularly hidden disabilities) to flag to staff that additional adjustment or considerations might be required. We have now given out over 800 lanyards, and we continue to receive good feedback on the scheme.

What our patients and staff have told us:

“I wasn't allowed to visit at all when my mum was on the ward, but the nurses were brilliant getting her to use the iPad to speak to me.”

“The hub has been a lifeline for us. We got his belongings to him and sent messages, then they helped him get home.”

“The people in the hub were so kind and made such a difference.”

“I have enjoyed being involved in advising how a few projects could go. I appreciate being listened to as a patient.”

“I've been involved in some young persons' projects and felt I made a difference because I know what it's like to be a teenager in hospital.”

3.4 Our commitment to improving the environment for our patients

We know good environments matter to the care and quality of experience of our patients and their families and help us to maintain a safe environment. Despite an estate of varied age, we are committed to delivering the best environment that we can achieve. We have been running patient-led assessments of the care environment (PLACE) for some years, knowing that they provide motivation for improving quality by providing a clear message, usually directly from patients, about how the environment or services might be enhanced.

The assessments are normally led by patients and their representatives, supported by Trust staff. However, suspension of public attendance in hospitals, and the desire to reduce unnecessary mobility around the hospital led to a central decision to halt national assessments in 2020. This decision is under further review, but at the time of writing remains suspended. We recognised this was entirely appropriate, but we also felt that there has never been a more important time to keep a robust oversight of the environment. In 2021 we negotiated an agreement to run monthly 'PLACE LITE' audits, a smaller version of PLACE conducted locally using 'PLACE LITE' software.

During 2021/22 we ran this programme with our care groups and provided localised action plans which provided both clarity and control. Each assessment produced an outcome report and identified actions required based on the exceptions report. These reports provide scores in accordance with the national reporting structure, although not compared nationally, and each month all scores over the rolling year are combined to provide a rolling Trust score based on all assessments completed.

Ten assessments have been completed during 2021/22 across our sites. We have amalgamated these scores together, to provide an overall PLACE score both as a monthly score and a rolling year to date average, and the scores have been amalgamated to provide a single Trust position.

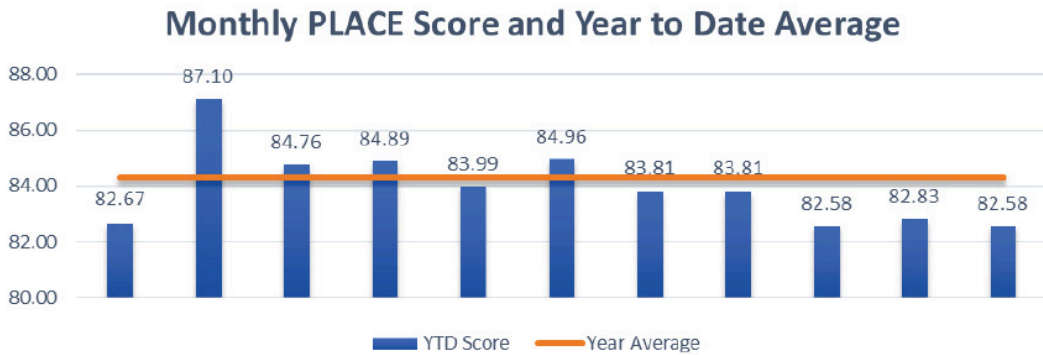
Figure 32 demonstrates that the combined PLACE assessment for each month in the blue bar, and then the accumulated score each month providing a year-to-date position. In time this will provide an understanding of progress, although as an early roll-out of the programme it will take a sometime to flatten the variance between older challenged and newer estate.

Figure 35: Combined PLACE assessment for each month



The figures below identify the position in each of the key domains of the assessment.

Figure 36: Cleanliness scores



The figures below identify the position in each of the key domains of the assessment.

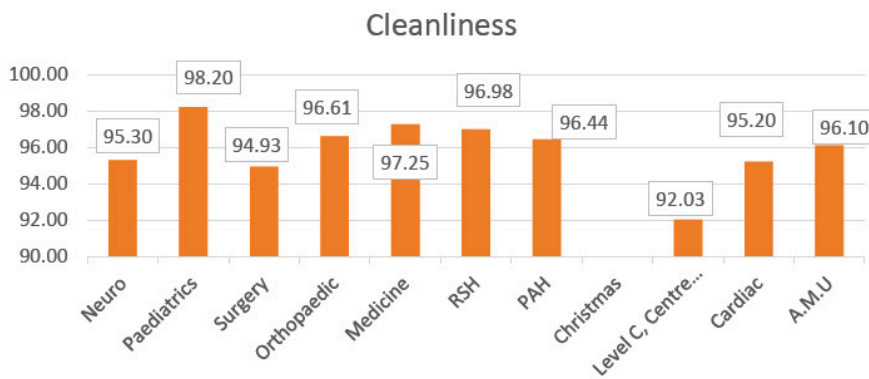
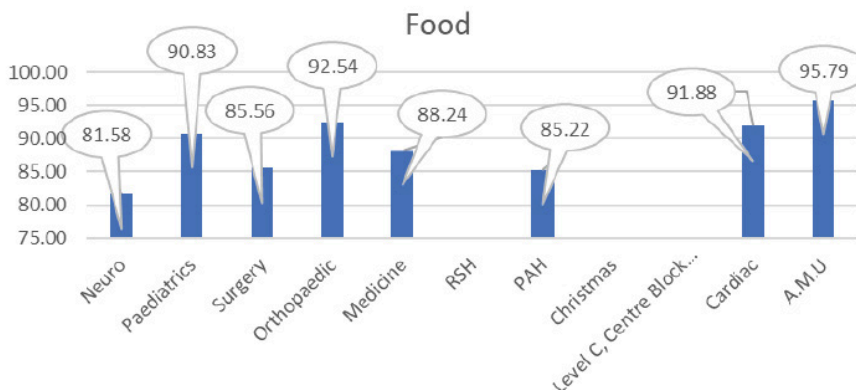
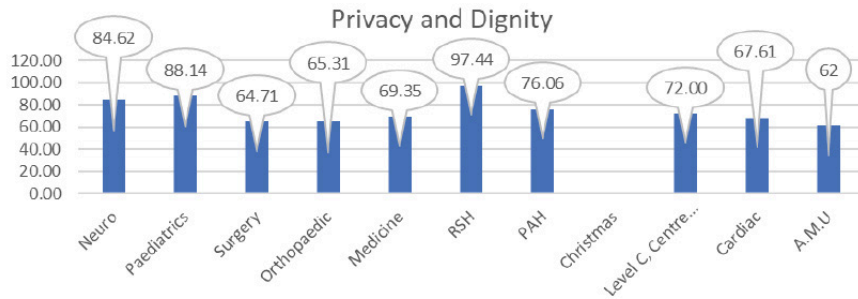


Figure 37: Food scores



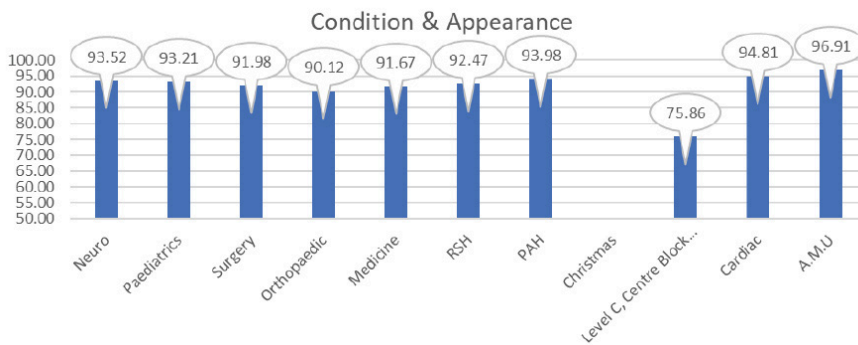
This combines both quality of food, the design and delivery of the meal service, preparation of patients, including food temperature, serving style, taste, texture, suitability, through to clinical involvement in the preparation and readiness of the patient. It also considers disability and dementia aspects such as adaptive cutlery and suitable menus, for example, finger foods.

Figure 38: Privacy and dignity scores



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.

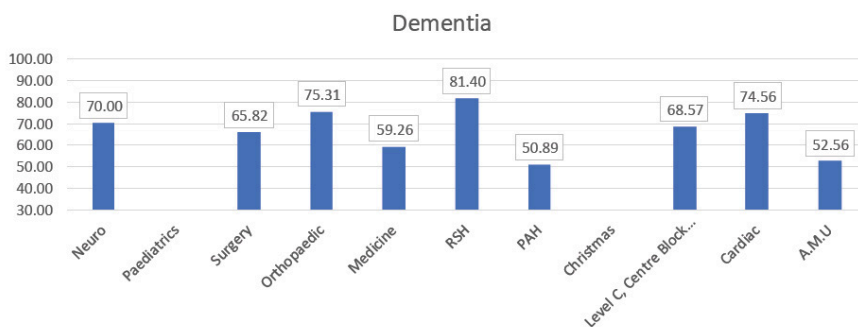
Figure 39: Condition and appearance



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.

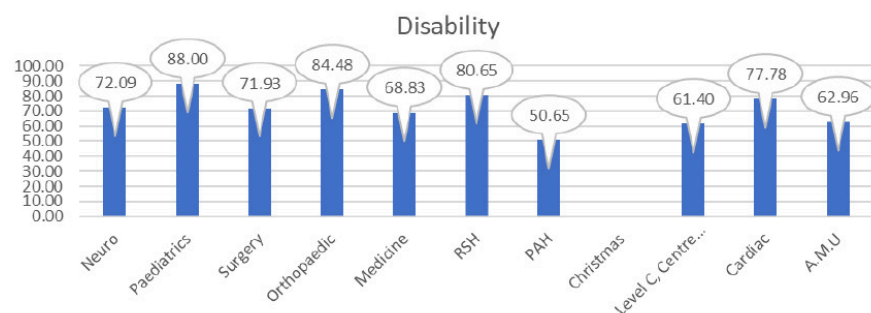
The local action plans address both the immediate remedial actions, but also the closer collaboration with departments at the time should enhance reporting and response.

Figure 40: Dementia scores



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 is important and even considers flooring to avoid confusion (shiny floors can be perceived as slippery or apparent debris seen in patterns).

Figure 41: Disability scores



We are focusing on the needs of our patients with disabilities, with a range of considerations from access to chair heights. 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 are creating. This will enable us not only to address issues when identified but should help us to proactively design out some issues where this is possible.

The information we have gathered from these audits has been shared with our PLACE patient assessors who are keen to participate, but who are awaiting approval to return to our sites. We are planning to recruit additional assessors from a wider stakeholder group when authorised, to become more representative of our case mix. We recognise that although UHS is well supported by local Healthwatch and a range of patients, most assessors are of a similar background and to be representative of our patient mix, we need to attract a variety of perspectives. Areas of focus to be progressed are:

- Engagement with health and social care and public service students at colleges/university is being explored.
- Paediatric, youth and transition groups/parents.
- Patient support groups, for example spinal cord injury association.
- Trust members invited at last members' meeting to express an interest.
- Charities have been asked if they receive requests regarding how to get involved in supporting the Trust.

We also have independent assessors who are not currently active but will be reintroduced when appropriate to provide additional assurance about the robustness of the programme.

3.5 Our commitment to staff

UHS is one of the largest acute teaching hospitals in England, providing services to more than 3.7 million people in central southern England and the Channel Islands, with a workforce of 13,000 who deliver excellent patient care every day.

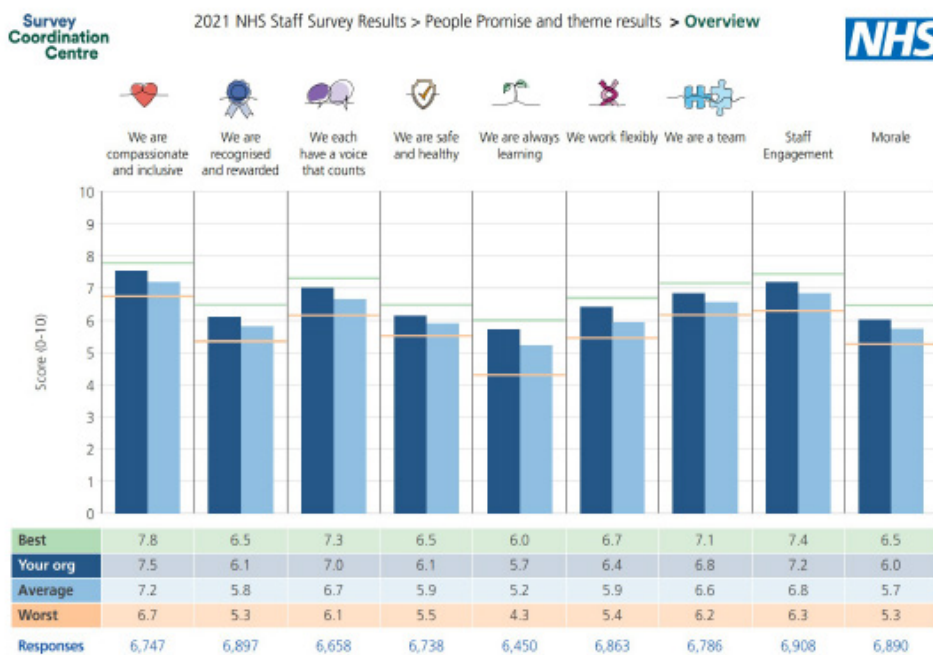
Our vision of “world class people, delivering world class care” is underpinned by our constant commitment to making ourselves even prouder tomorrow than we are today of the outstanding quality of patient care, inclusive culture, spirit of teamwork and collaboration both within and outside our organisation. That commitment is embodied in our determination to always improve which directs how we do things at UHS. We call it “the UHS way”, and it is the thread that brings everything together and provides a unifying measure of our progress towards achieving our corporate vision. The people strategy will deliver its part in this vision by enabling our people to thrive, excel and belong.

We want every member of staff to have the best experience working with us and are continuously looking for ways in which we can achieve that. This is our commitment to staff, and it runs in parallel to the commitment our staff show to UHS and their patients every day.

Our goal is to listen to our diverse UHS family, integrated team members, partners and communities to develop a deeper understanding of how they are treated and what it feels like to work at UHS, and to respond accordingly. We will seek to make year-on-year improvements in the annual NHS staff survey and continue to raise participation. Our 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.

For 2021 the NHS Staff Survey 2021 results have been aligned to the themes that make up the national People Promise (see themes below, Figure 39). UHS scored above average on all seven themes plus the staff engagement and morale score in our benchmark group.

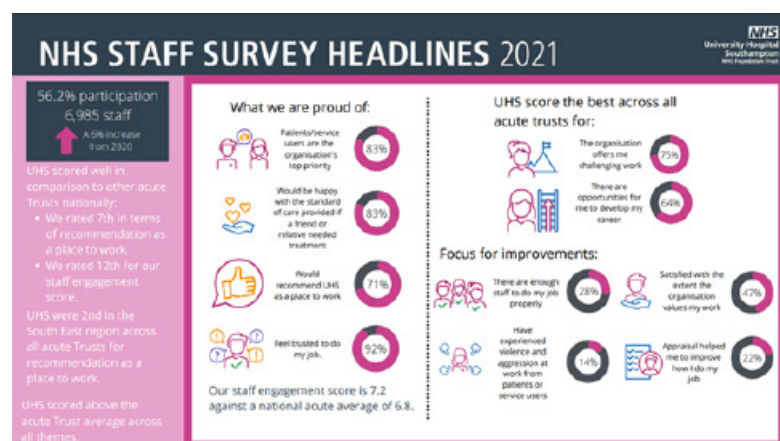
Figure 42: Themes of the People Promise



QUALITY REPORT

UHS had a response rate of 56.2% (6,985 staff) out of an eligible staff number of 12,428. This is an increase of 6% participation from 2020, an additional 1,238 staff members. The average response rate in our benchmark group was 46.4% and so it is pleasing to see that so many of the UHS family responded.

UHS have scored above average or average for 106 out of the 112 questions compared to other trusts in the acute and community group. Highlights include:



Results	Comment
71.9% would recommend UHS as a place to work.	Whilst we remain high above the national average for this indicator, we have declined 5.1% points from 2020.
85.7% of staff agree that the care of patients/ service users is the organisation's top priority.	Compared to an acute trust average of 75.5%. This is a slight decline of 1.5% from 2020.
UHS achieved the best score across all acute trusts for offering staff challenging work (75.6%).	And staff reporting there are opportunities for career development (64.6%).
83.1% of staff said that they would be happy with the standard of care provided by this organisation if a friend or relative needed treatment.	In comparison to an acute trust average of 66.9%. UHS has declined less than the acute trust average from 2020.
78.2% of staff said that they would feel secure raising concerns about unsafe clinical practice.	A 4.7% increase on 2020. This score is 4.3% above the acute trust average.
75.6% of our staff say the people they work with are kind to one another	Against an average of 68.9%. 77.4% say the people they work with are polite and treat each other with respect

UHS scored below average for six out of the 112 questions compared to other trusts in the acute and community sectors:

- The percentage of staff that were satisfied with their level of pay was 31.7%, which is 0.2% lower than acute trust average and lower than the UHS score of 35.7% in 2020.
- UHS is also slightly above average for the number of staff experiencing physical violence at work from managers with a result of 0.7% and an acute trust average of 0.6%. This is a slight improvement from 2020 where the result was 0.8%.
- The number of teams meeting often to discuss the team's effectiveness was below the acute trust average of 55.6%, with a result of 54.8%. This is a decline from 2020 where the score was 56.1%.
- UHS has less staff working part-time (17.4%) than the acute trust average (19.7%). This number has dropped from 2020 by 1.3%.

The areas to continue our improvement actions include:

- Staffing levels are the top concern among staff, with only 28.2% of staff saying there are enough staff to do their job properly, a 9.8% decrease from 2020. This was the most declined score in the entirety of the survey results. The acute trust average for this question was 26.0%.
- The focus on appraisals was reduced during the pandemic. Whilst 81.9% of staff who completed the survey said they had received an appraisal in the 12 months prior (acute trust average of 80.1%), only 22.3% of UHS staff said appraisal had helped them to improve how they do their job (with an acute trust average of 19.8%), and 35.2% said their appraisal left them feeling that their work was valued by the organisation (with an acute trust average of 29.3%). With 34.3% saying the appraisal helped them to agree clear objectives for their work (compared to an acute trust average of 30.2%).
- Staff looking forward to going to work has dropped from 61.4% in 2020 to 56.35% in 2021, higher than the acute trust average of 52.0%.
- Whilst there have been improvements in areas of inclusion, this still remains a critical priority for the Trust and a major theme of the new People Strategy under the belong pillar.
- The rate of staff experiencing physical violence at work from patients/service users, their relatives or other members of the public (14.1%) has dropped from 2020 (17.3%) but still remains slightly higher than the acute trust average (14.0%). Recognising we have made improvements in this area; it continues to be a priority area of focus going forward.
- Burnout is an area of concern with 46.8% of staff stating that they often or always feel worn out at the end of their working day or shift, 0.4% lower than the acute trust average. Burnout is understandably a critical area of concern for the whole NHS.

The quarterly pulse survey measures the engagement of our staff using nine questions which also form part of the annual staff survey. Some of the findings demonstrated in the two quarterly pulse surveys conducted in 2021/22 have demonstrated that 87% (quarter 2) and 85% (quarter 4) of staff would be happy with the standard of care provided at UHS if a friend or relative needed treatment.

Furthermore, there has been an increase in the quarter four survey scores for the questions 'care of patients is my organisation's top priority' and 'I am able to make improvements happen in my area of work' from the quarter 2 scores, by 0.5% and 0.1% respectively.

Over the course of the past year engagement has slightly declined. With a score of 7.21 in the quarter two pulse survey, 7.18 in the annual staff survey in quarter three, and scoring 7.17 in our most recent pulse survey, in quarter four. Additionally, from quarter two there has been a drop of 6% in the number of staff who say they look forward to going to work, with a score of 53.2% in the quarter four pulse survey.

The continuation of the people pulse surveys will allow us to continue to measure the engagement of our staff, track trends in the data and inform areas requiring improvement across the Trust.

Gaining regular insights and experiences from our staff on how it feels to work at UHS is vital to steer and drive improvements at the Trust and is a crucial factor in our value 'always improving'. The themes from the staff survey will be analysed and engagement will take place at both Trust-wide and divisional and team level. Each team will be supported to create their "top three priorities" to focus in response to the feedback.

The health and wellbeing of our people is a top priority, and this has been described in the retrospective review of quality priority two in this report.

3.6 Our commitment to education and training

This year has remained exceptionally challenging with the need for innovation and flexibility in all aspects of our work. The support and development of our current and future workforce has never been more important. Despite this, our training, development and workforce teams have succeeded in delivering high quality education and workforce deployment and planning. This has enabled us to continue to extend our ability to grow our own workforce with expansion of the range of apprenticeships across the Trust and maintain the quality of educational delivery via the increased use of digital technology. We have ensured that workforce information has enabled the safe and effective deployment of staff and support the training and education of those staff involved in the response to the COVID-19 pandemic.

Our skills for practice team have continued to be exceptional in their flexibility and ability to rise to the challenges and has continued to support a number of established education programmes and new initiatives, several of which have required working across the Trust. Skills for practice continues to deliver our Level 3 senior healthcare support worker apprenticeship, and there have been six successful completions in the last 12 months. The team worked closely with an external end point assessment organisation to ensure this could continue safely during the COVID-19 pandemic. The team support undergraduate medical student training and assessments and are supporting the UHS fit testing hub to ensure students have the appropriate personal protective equipment (PPE) to attend their placements. Third and final year objective structured clinical examinations (OSCEs) were also successfully delivered in July and September 2021.

Skills for practice have opened a new healthcare support worker hub, which is a drop-in service available to all support workers across the Trust. We have recently recruited a dedicated member of staff to deliver all aspects of healthcare support worker training and development.

Our Trust clinical skills training programme has continued throughout the year. The team have been instrumental in developing the training for the vaccination programme and have supported this programme by volunteering time to assist in the hub.

This year we have introduced associate centre facilitators who help facilitate healthcare support worker induction and provide pastoral support for new recruits. They also help new staff to get "signed off" earlier on completion of care certificates. The team have also designed healthcare support worker feedback forms, which have been used across the organisation, and this data is being used to help identify areas of good practice as well as areas where further input is required from the team.

There are now 341 apprenticeships in progress across the Trust. This includes 158 nursing degree and 26 nursing associate apprenticeships. Eight staff completed their nursing associate programme and eight Open University students registered as nurses in October 2021. A further nine nurse apprentices started the programme in February 2022.

We have supported our nurse apprenticeship scheme with an interactive session on applying the nursing and midwifery (NMC) code which was positively evaluated. UHS is also looking to start clinical supervision sessions with our final year students to continue to make links with the NMC code and clinical practice in a positive learning environment. The Trust has also supported other clinical apprenticeships in occupational therapy, diagnostic radiology, operating department practitioners, pathology, advance practice and healthcare science.

The Trust's own apprenticeship centre has successfully completed the training for a number of apprentices in pharmacy Level 2 and senior healthcare support worker Level 3. Some of these apprentices have progressed to higher level programmes such as the pharmacy technician Level 3 or nurse degree apprenticeship. These apprenticeships have provided more participation opportunities for the support workers in the Trust and is part of the Trust's approach to building a sustainable workforce. A further 44 apprentices started before March 2022, including our first group of apprentices on the improvement specialist apprenticeship and learning and development pathway.

The last 12 months have continued to pose challenges to the way we train our medical workforce and the way we deliver education. The rate of change at times has been frenetic, but 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 Health Education England (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. In particular, 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.

We also continue to invest in our medical workforce and recognise that doctors who are starting the careers in the NHS need additional support. In August 2021, the Board agreed to the funding of 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 the initiative remains a stand-alone initiative nationally.

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 for juniors in both areas is a major source of concern.

We were successful in collaborating with HEE on our first medical education research fellowship, and our first fellow started full time in October 2021. It is hoped that this will be the start of closer collaboration between UHS and HEE Wessex along with the universities in Winchester and Southampton in developing high quality postgraduate medical education research, that continues to drive excellence and innovative practice.

UHS continues to work closely and in partnership with Higher Education Providers (HEIs) and HEE both locally and further afield to support the ongoing learning, support, supervision and assessment of all our non-medical learners, including our allied health professional learners. In 2021/22 many of our learners were impacted and their programmes disrupted by the COVID-19 pandemic. UHS has worked with HEI partners to support learners within the organisation in an environment which is under constant change.

To improve this situation we have increased placement capacity for all learners and worked to expand into new placements. Placements in research and specialist teams are now established, and new initiatives include speech and language and dietetic and nutrition postgraduate courses in collaboration with the AECC University.

The Trust continues to support the developments of all elements of advancing clinical practice across a range of professional groups. There are an increasing number of non-medical professionals who are now supported to gain the additional skills to independently support a wide range of patient groups. A Southeast Regional Advanced Practice Faculty has been established and the Trust is an active partner in this as well as networking with Hampshire and the Isle of Wight and national groups to ensure standardisation and benchmarking of service provision.

The new trainee pharmacist learning outcomes were introduced very late on by the General Pharmaceutical Council and the national e-portfolio was only ready several weeks after the trainees started. The training programme for 2021/22 is not substantially different from previous years based on this, however, assessments are being adjusted. The joint placements with primary care networks were extended again to include three and we have four planned for the August 2022 intake.

The second year of the pre-registration pharmacy technician apprenticeship started in September 2021, and we have had significant interaction and support from the provider for the first cohort. There have been adjustments made to the programme for subsequent cohorts with cohort four starting in February 2022, an intake which will take us to 18 trainees.

The learning technology team have continued to work on compiling videos and e-learning modules to support education and training within UHS. This has included modules on chemotherapy, patient falls, blood transfusion for doctors, blood transfusion for healthcare professionals, anti-D blood module and intrathecal chemotherapy, all of which are available through our virtual learning environment (VLE).

It has been a positive year for undergraduate education, despite the challenges. In March 2021 the university gave us very encouraging feedback after a quality assurance visit. Improvement was noted in the engagement from the Trust senior leadership, inductions, student feedback, delivery of summative assessments and overall energy and enthusiasm for teaching. This year we have advertised for several leadership roles, and there has been strong competition each time, reflecting an increased enthusiasm for teaching.

A strong working relationship has been developed with the Southampton University faculty of medicine. This has enabled us to tackle some of the historic funding anomalies surrounding undergraduate education. We have found a way to continue to deliver medical student research projects despite a reduction in funding. We have increased our support for medical student electives, which was an urgent requirement while travel was curtailed. We have managed to reach a comfortable consensus on infection prevention, despite major differences in the policy between the university and the Trust.

There is now a clearly identified group of clinicians responsible for leading on undergraduate education. These are UHS staff who are partly funded by faculty, and they are supported by a SOP which makes the terms of office clear, with proactive integration of university funded programmed activities (PA's) into job plans. This should enable us to sustain the quality of teaching and of placements we provide.

The year ahead will continue to be challenging, and we will have to be mindful of the need to ensure that we continue to deliver high quality professional education and training in the context of ever-increasing service pressures. We know we need to work too hard in the current climate to support all staff to maintain continuous personal and professional development and address any gaps that may have developed while we were experiencing the worst of the pandemic pressures. Our Trust continues to monitor and support the development of staff which in turn supports the development of services and the care of our patients.

3.7 Our commitment to clinical research

During 2021/22 our research departments continued the fight against COVID-19. We also restarted paused trials and launched new studies across our services.

We continued our central role in the global COVID-19 vaccine effort having helped propel three vaccines into front-line use. We now led the world-first 'COV-Boost' booster study a nationwide trial comparing immune responses to seven vaccines when used as a third dose. This helped shape the UK's booster roll-out and informed the WHO global booster guidelines. In early 2022 we began trialling lower booster doses of Pfizer and Moderna vaccines for adults. Prompted by COV-Boost data, its findings could help vaccine supplies go further worldwide.

Our Southampton hub facility handled 12,747 participant visits for many of these vaccine trials. Based at the RSH, the trials are part of the regional Wessex vaccine hub that has been crucial to the UK's vaccine pipeline. We are now looking at its future role with our regional partners and see huge potential for it in region-wide, inclusive access to trials as part of an integrated care system.

As Omicron shows, COVID-19 continues to be a 'moving target'. Because of that, vaccine development needs to be continually dynamic, and in December 2021 we opened trials of Cambridge University's candidate vaccine. Using DNA technology to target all coronaviruses, it offers hope for tackling new variants, and even new coronaviruses. As it is a powder stable at room temperature, the vaccine is easier to distribute globally, and is easier to administer as it uses compressed air to push it into the skin rather than being injected.

In January 2021 Southampton began large-scale treatment trials for a developed inhaled Interferon-Beta. UHS is a lead site and the highest recruiter for this study, which builds on delivering the data showing 80% fewer patients needing intensive care after treatment. This trial originating from studies by UHS and the University of Southampton (UoS) partnership and is developed by a UoS spinout Synairgen. It is a standout example of the value and impact of our long-term efforts and investment in research. Our respiratory research teams also led the national ACCORD trial of multiple treatments. Coordinating teams across the UK, Southampton recruited the most patients across all sites.

Late 2021 saw two new national antiviral treatment trials open at Southampton. The PANORAMIC study is evaluating antivirals in the community and aims to assess antivirals for preventing positive cases from needing hospitalisation. It is complemented by the AGILE study evaluating early use of the antiviral Molnupiravir. AGILE is managed by our Southampton clinical trials unit and delivered in the National Institute for Health and Care Research (NIHR) clinical research facility.

Full results of our year-long, national ImmunoCOVID-19 study were published in November 2021 and showed no greater risk of severe COVID-19 for immuno-compromised children and their families. Throughout the pandemic this data informed UK policy, and the published results provided an evidence base for worldwide use. Other studies unpicked the wider impacts of COVID-19 and the pandemic restrictions. These included describing lockdown impacts on parents of babies born before term, and long-COVID-19 implications for hospitalised COVID-19 patients.

As well as the research associated with the pandemic, we continued to focus on and keep open vital non-COVID-19 studies of urgent treatments. Closure of these studies would have meant loss of the only viable treatment for some patients. Those efforts saw initial results of the RiVa study reported in early 2022 which trialled a UoS-developed mix of two immunotherapy drugs in treating resistant or relapsed lymphoma. Led by Dr Sean Lim, it showcases the UoS-UHS partnership's ability to take discoveries from laboratory to bedside.

Huge effort also went into restarting pandemic-hit studies and launching new ones as the pandemic ebbed and flowed. UHS ranked ninth nationally for people recruited to clinical trials and demonstrated standout leadership in many national studies. Our cancer teams enrolled four times as many men into the ATLANTA prostate trial than any other UK site, and in December 2021 we launched a major lymphoma treatment trial.

Our SafeFit initiative continued to support those living through the pandemic with a cancer diagnosis or suspected cancer and in July 2021 we won the Cancer Care Initiative of the Year at the HSJ Value Awards. SafeFit was adapted from our ground-breaking WesFit study, funded by the national lottery and supporting hundreds of people nationwide, the approach gives physical, nutritional and emotional support, and helps prepares cancer patients for surgery (a process known as 'prehabilitation'). With some cancer surgery paused due to the pandemic, the team immediately moved to adapt it for remote delivery.

We also take trials to the people: the iDx Lung trial is piloting new tests for early detection of lung cancer and uses a mobile research clinic to co-locate the team with mobile CT scan clinics around Hampshire. By doing this, they aim to collect nasal swab and a blood samples from 10,000 people at higher risk of lung cancer. Tests will look for changes detecting cancer at an earlier, more treatable stage.

Research has also given UHS patients access to advanced therapy investigational medicinal products (ATIMPs). Very few hospitals are able to offer these therapies, which can be the last option open to some. Cutting-edge treatments include gene therapy to replace faulty or missing genetic material, or re-engineer cells to help the body to fight cancers or diseases. Over 2021/22 UHS was able to give eight people access to four ATIMP trials. Our full range of such trials includes:

- Three haemophilia gene therapy studies.
- A new treatment for an incurable motor neurone disease.
- Five trials of cell-engineering treatments for blood, bone, skin and other cancers.

Being able to offer therapies such as these demonstrates research's key role in UHS's strategy and quality of care. We are proud to have been so central in finding new ways of tackling COVID-19 and how we have overcome pressures to advance care across services and specialties. This reflects our expertise, quality of our facilities and the commitment of our people.

3.8 Our commitment to technology

The Trust is committed to using modern technology to help improve the quality of care, safety and patient experience, and 2021/22 has been a very busy year for the informatics service.

In September 2021 the first part of the UHS business intelligence (BI) platform went live. The BI platform is made up of three main components – cloud infrastructure, a new data warehouse and Power BI reporting tools for data and analytics. The BI platform will join up data sets, providing a more comprehensive picture of UHS, its clinical services and its patients. It will provide a platform for the rapid development of healthcare analytics using modern tools to provide applications for clinicians, clinical services, operational teams and other key partners.

UHS will continue to develop reporting and analytics using the BI platform to take advantage of advanced analytics and data science methodologies (machine learning, modelling, etc.) to support patient care, predict future operational positions, provide alerting, etc. The platform enables more effective implementation of information governance requirements and supports assurance through greater transparency, auditability and clarity of reporting sources and data standards. The programme will help deliver the Trust's data insight strategy and the commitment to become a data driven organisation, using data for quality improvement, decision support and clinical care.

Since the platform was launched, reporting applications for outpatients, admitted care and waiting lists have already been released. Power BI has also been used to report oxygen use, support ward length of stay initiatives and ED activity.

In April 2021 the Badgernet system went live providing the maternity service with a complete digital record. The project involved migrating 3,000 active maternity records to the new system to enable the midwifery team to provide continuity of care. UHS informatics service also led a wider programme to roll out the Badgernet maternity system to the three other acute trusts within the Hampshire and Isle of Wight (HIOW) integrated care system (ICS).

Having all four services on the same system will provide significant benefits for midwifery and women as their pregnancy care often moves between hospitals and the lack of ability to seamlessly transfer women's records between the sites used to create a clinical risk. Now we can facilitate this in a digital way which provides time savings and reduces the risk associated with transfers of care where information is incomplete.

During 2021/22 the informatics service continued to support the Trust's efforts in managing the pandemic. An electronic booking system for staff was developed and introduced, and to date over 70,000 COVID-19 vaccinations and around 9,000 flu vaccination appointments have been booked by staff using the system. Having this available as a digital system has saved time for staff especially in occupational health and has reduced the overall administration effort in managing such a large initiative. This system was developed by our APEX development team.

The APEX team have also delivered adult and child safeguarding applications, finishing development work that was underway before the COVID-19 pandemic. New case management features include the ability to record and easily view which key professional is leading each case; the ability to tag safeguarding cases with themes, meeting logs, contact logs, changes to the referral forms and additional information on the cases overview reports.

In September 2021 inpatient noting went live. This solution developed by the APEX team replaces most paper forms used by doctors, nursing teams and therapists on our wards. The nursing component was implemented on F8 stroke ward, enabling nursing and healthcare assistant staff to complete their assessments and care plans on a laptop or iPad. To date it has been used by 450 different staff resulting in a dramatic reduction in paper use.

In July 2021 work was completed to fully implement an electronic "To Come In" (eTCI) solution for child health. This is a function which is used to list patients for procedures or elective admissions and replaces paper forms. This solution is already used for majority of adult specialties and is another example of a digital system improving the process and reducing the risk of paper being lost or misfiled. Having a digital system for TCI enables a complete view of the waiting list.

Attend Anywhere is the Trust's video consultation platform and has been in place since May 2019. Demand for the service increased exponentially in March 2020 when the pandemic precipitated the need for widespread usage of virtual care. Over 41,412 virtual consultations have been held this year, with an average of 1,879 per month taking place in 2021, across over 70 specialties. Numerous benefits have been appreciated by both staff and patients.

Several services care for patients from a wide geographical range, including Cornwall, Gloucester and the Isle of Wight. Attend Anywhere has reduced the need for patients and staff to travel long distances for routine follow-up appointments, leading to time and costs savings as well as environmental benefits. The use of virtual consultations has been particularly important during the pandemic, as some patients may not be seen at all in its absence. Hundreds of staff and patients have been surveyed throughout this period as part of an effort to understand and improve their Attend Anywhere experience. 91.5% of patients surveyed said their video appointment was as effective as a face-to-face appointment, with 96.2% saying they would use the service again. 88.46% of clinicians said that video consultations were easier for patients due to their circumstances, be it travel or mobility restrictions. Others noted that they were able to significantly cut down their waiting lists and get a better sense of the home life and surroundings of their patients.

In addition to virtual consultations, Attend Anywhere has also been used for virtual visiting. This was introduced in April 2020 when physical hospital visits were limited. iPads were supplied to each ward across the Trust, allowing for families to video call their relatives through Attend Anywhere. The service has been extremely well received, with over 15,398 virtual visits taking place.

My Medical Record (MyMR) has continued to be developed and further deployed in 2021 with great success. The progress includes upgrading the smartphone app to provide a more modern and user-friendly interface giving patients a better experience of using digital systems for their care. Through a nationally funded initiative, MyMR is live across the HIOW ICS in the three other acute hospitals, so we are making progress towards all patients in the HIOW locality being able to use this personal health record as part of their healthcare. Over 120,000 patients have registered to use the system and shared decision-making for patients is available in a digital format in the platform. A risk stratification survey tool for patients who are waiting for surgery has been developed in conjunction with the peri-operative medicine team and is now being rolled out. This will enable the clinical teams to have a comprehensive view of a patient's health status and manage them to be as fit as possible for surgery. Patients using My Medical Record now have the option to have a paperless relationship with the hospital and switch off paper letters because all their letters, appointments and results are in the platform.

GuidelT is a digital platform integrated into our system which acts as a repository for clinical pathway maps. The pathways stored on GuidelT cover a range of common clinical conditions and are specific to UHS. There are several benefits that will result from the use of the application. The pathways aim to save time and can potentially reduce the length of stay for patients, without compromising care. Many pathways that have previously been in circulation are unnecessarily large, out of date or otherwise inaccessible. Pathways on GuidelT are concise, with all the information available within a single screen, relieving the need for clinicians to consult multiple sources for treatment advice. The published pathways are put through a rigorous clinical safety process and reviewed at appropriate intervals, which will lead to a reduction in harm and potential litigation costs. The case for the wider rollout of GuidelT will be presented to the Trust in 2022.

Nurses across the Trust have been delighted with the Digital Carts that were given to the wards in 2021. Giving the ward nurse in charge their own dedicated mobile device has enabled them to undertake key tasks in real time and improve communication with the use of Microsoft Teams.

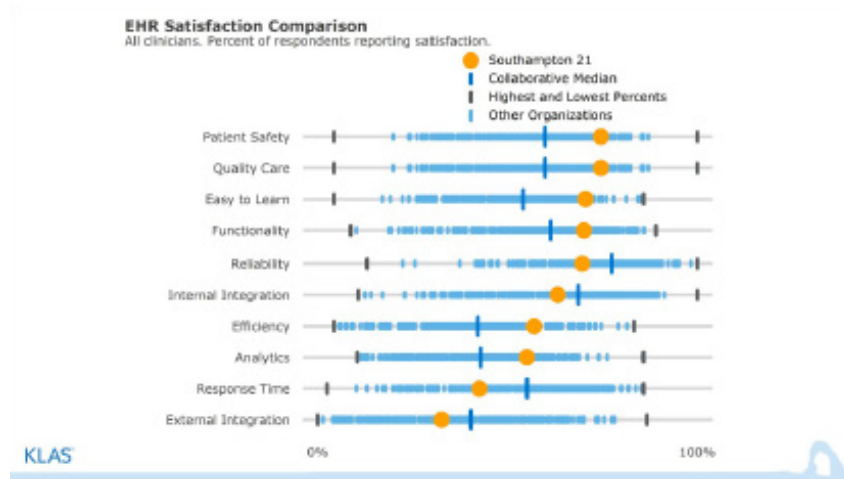
We have continued to use the communications app Medxnote, and this has now been migrated to Microsoft Teams. This allows staff to migrate from alternative solutions (for example, WhatsApp, iMessage or Facebook messenger) to use a cyber secure messaging function, enabling the Trust to meet its information governance standards for patient information data.

We have also completed the Microsoft 365 roll out for all staff. There are many benefits related to this solution, which will become more evident in 2022/23. However, in 2021 this platform enabled the Trust to deliver virtual services for staff including live events for briefing staff. Staff have benefitted from the Teams meeting facility in Microsoft Teams which has enabled staff to 'meet' wherever they are located. With many staff still working at home this has allowed the Trust to continue to operate effectively.

During 2021/22 we have continued to support access to the Trust from off site. The use of DigiRounds at home has provided benefits for consultants who are on call who are able to instantly access real-time patient information via DigiRounds, rather than logging onto a desktop/laptop. This has also meant that handovers have become more efficient as consultants can review clinical details, observations and investigations whilst discussing plans for the patients.

In the early part of 2021, we participated in the KLAS international electronic patient record benchmarking exercise and 3,200 staff completed the survey. The survey results highlighted that staff feel the clinical systems in use at UHS support patient safety and quality care. They are also easy to learn and gave good functionality as well as enabling efficiency.

Figure 43: KLAS international electronic patient record benchmarking exercise



Following the survey results the informatics service has focused on addressing the weaker areas in the survey response. The Trust has benefited from external funding that has enabled significant investment in the IT infrastructure which will provide better reliability and response times including removing over 800 older devices (Windows 7 devices).

In the KLAS survey staff highlighted that external integration (access to patient information from other parts of the NHS) is a challenging area. In February 2021, the Care and Health Integration Exchange (CHIE) for the HIOW ICS completed its migration. Staff have access to this platform via our CHARTS EPR and since it was upgraded over 100,000 patient records have been accessed by UHS clinical staff.

The benefit of being able to see information from other health providers across the ICS gives our staff a more complete view of the patient and will often help inform more rapid and accurate decision making particularly for our very complex patients with co-morbidities.

What our staff tell us:

- “So many of the IT solutions save time and give me more time to spend with my patients.”
- “Attend Anywhere has been a game changer. I can see more patients and start treatment quicker than if they were waiting for face-to-face appointments.”
- “So many people tell me Attend Anywhere has made the difference between having an appointment and having to wait until COVID-19 restrictions lifted so they could travel.”
- “Clinics are much better used now that some of the appointments are virtual. The clinics aren't as busy which is nicer for patients who don't have to wait so long, and car parking is easier.”
- “Virtual visiting has been brilliant and meant families have been able to keep in contact even when they couldn't visit. It's made it less lonely for the patients, and I can speak to families as well.”
- “Microsoft Teams has meant I have been able to carry on working from home while protecting myself from the virus. Going forward I can't see us stopping using Teams as its made so many things so much more efficient.”

Annex 1: Statements from relevant clinical commissioning groups, local Healthwatch organisations and overview and scrutiny committees and Council of Governors

Response to the Quality Report from NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group/Southampton Integrated Commissioning Unit

The challenges that 2021/22 brought in relation to the COVID-19 pandemic are recognised and the Clinical Commissioning Group would like to formally thank University Hospital Southampton NHS Foundation Trust for its part in the continuing system response to COVID-19 management and commend the continued focus on quality improvement during this time.

We are satisfied with the overall content of the Quality Report and believe that it meets the required mandated elements.

2021/22 Priorities for Improvement

We supported University Hospital Southampton NHS Foundation Trust's four Priorities for Improvement during 2021/22, which covered:

- the introduction of the Maternity Continuity of Carer model for women at risk of complications in pregnancy
- supporting staff well-being and recovery
- managing risks to patients delayed for treatment and restoring elective programmes, and
- reducing healthcare associated infection.

The Trust has achieved three of their priorities and partially achieved the priority relating to delayed treatment and the restoring of elective programmes. The work delivered across all four priorities has led to some considerable improvements which has had and will continue to have a positive impact on both patient experience, safety and outcomes and staff wellbeing, for example:

- establishing five Maternity Continuity of Carer teams, with each team caring for their own caseload of women in the antenatal, labour and postnatal period (Priority 1)
- focusing on the needs of Black and Asian women and those living in Index of Multiple Deprivation (IMD)-1 areas (most deprived area) by including them for care in their Maternity Continuity of Carer teams (Priority 1)
- providing extensive support for staff well-being and recovery through a range of initiatives including:
 - the appointment of wellbeing champions and safe space practitioners
 - the expansion of infrastructure to house a wellbeing hub
 - increasing the accessibility of wellbeing support on the Trust's intranet
 - the introduction of daily 'stop for support' ward huddles for nursing teams

- the provision of psychological support to hospital staff in the context of traumatic events at work (Priority 2)
- developing clear plans to address long waits and continuing the clinical prioritisation process (Priority 3)
- supporting the CCG review tool for people waiting longer than normal to support further prioritisation of services
- rolling out a patient texting service to provide a safety net for those specialities with the highest number of long waiting patients (Priority 3)
- maintaining cancer services throughout the pandemic (Priority 3)
- prioritising the COVID-ZERO campaigns across the workforce and services (Priority 4)
- focussing on infection, prevention and control strategies targeted at reducing the risk of hospital transmission (Priority 4) as well as being an integral partner supporting the wider Hampshire and Isle of Wight system and Southeast region with infection prevention expertise.

The CCG 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 2022/23.

National confidential enquires and audits

We are pleased that University Hospital Southampton NHS Foundation 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, a monthly review of reasons for knee revisions to ensure all aseptic loosening and infection cases are correctly recorded; implementation of education to address post fall moving and handling practices to be developed with the moving and handling team and the introduction of new folders in emergency theatres to promote thorough handover of cases.

Local clinical audits

The provider undertook 121 local clinical audits during 2021/22. These have led to the development of a number of improvement actions, for example, undertaking a teaching session on incontinence in Cystic Fibrosis; requesting the IT department make completion of the Venous thromboembolism (VTE) risk assessment form mandatory for 16- and 17-year-old children undergoing paediatric orthopaedic surgery and for senior nursing staff on shift to monitor documentation of patients who have a moderate pain score on 2 or more consecutive occasions to ensure they have a documented plan in place.

The CCG is keen to see the impact of these and other actions, through re-audit, in next year's Quality Account.

Learning from deaths

The CCG notes the learning and actions taken by the provider in relation to learning from deaths, for example, the development of a new handover process which includes highlighting outstanding assessments and the development of a standard operating procedure for urgent and out-of-hours imaging requests.

Collaborative working

The Clinical Commissioning Group would like to thank University Hospital Southampton NHS Foundation Trust for supporting system quality improvement by:

- Continuing to be an active, respected and valued member of the Hampshire and Isle of Wight Sharing and Learning Network
- Contributing to the Hampshire and Isle of Wight Shared Learning newsletter
- Participating in the referral to treatment harm review process
- Being key partners in the Hampshire and Isle of Wight Infection Prevention leads forum.

Awards

The Clinical Commissioning Group extends their congratulations to the Trust for a number of national awards and achievements, including winning recognition for 'best crisis comms' at the 2022 PR Corporate, City and Public Affairs awards and winning the Cancer Initiative of the Year at the Health Service Journal Value awards for the Safefit initiative.

2022/23 Priorities

The CCG are pleased to review the 2022/23 priorities and support the ambition of the eight identified priorities, which include:

- Increasing mental healthcare and support for staff
- Developing a culture of kindness and compassion to drive patient safety
- Undertaking further work to recognise and respond to the deteriorating patient
- Ensuring patients are involved, supported and appropriately communicated with on discharge.

During 2022/23, the Clinical Commissioning Group are keen to work with the provider in relation to optimising patient discharges from hospital to improve the patient experience.

The challenges experienced by the Trust during 2021/22 in relation to information technology systems which have had the potential to negatively impact patient care and safety have been recognised. The Clinical Commissioning Group thanks the provider for its prompt escalations, transparent discussions and the hard work undertaken by divisional and information technology teams to review and rectify the issues. The CCG would like to offer support with any future technology developments across the Integrated Care System and impresses the need for robust provider and system wide governance and testing processes.

The Clinical Commissioning Group looks forward to seeing ongoing progress in the achievement of the constitutional standards, including those for cancer.

Overall, the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group are pleased to endorse the Quality Account for 2021/22 and look forward to continuing to work closely with University Hospital Southampton NHS Foundation Trust during 2022/23 in further improving the quality of care delivered to our population.

Yours sincerely



Julie Dawes

Chief Nursing Officer

Hampshire Southampton & Isle of Wight CCG

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 year under review has been another extraordinary year in every way. It is not surprising therefore that this year's account has a strong focus on the ongoing response to Covid-19. Service users of UHS FT have reason to be particularly grateful for the work of UHS and the University.

As always, when Healthwatch Southampton had occasion to contact UHS for comment or query, the trust responded promptly and efficiently with a full, honest, and open response. As far as we can judge, this quality account has been written with a similar open and honest format and is complete and accurate with no serious omissions. The Chief Executive's statement and welcome puts the work of the trust in perspective and is a valuable introduction to the quality account.

The overall layout is appreciated starting with clear statements on progress against the 2021/22 priorities. We think this is important as it not only provides a clear assessment of progress but importantly it sets the background for the future priority requirements.

The priority of introducing midwifery continuity of care was clearly well planned and executed. The report on this priority is clear and detailed; the comments and from patients is particularly valuable. We note the comment re the Ockenden report and the trusts decision to assess its position.

We are pleased that the priority to support the wellbeing and recovery of staff was achieved. The use of diagrams is interesting and helps. The new staff wellbeing building is important and should be a great help.

The third priority is obviously of great interest to patients waiting for elective treatment. With the ongoing problems of the pandemic and high numbers of covid-19 patients requiring treatment, it is understandable that this objective was only partially met. It is, however, pleasing that cancer services have been maintained. The increased use of virtual clinics can be valuable for many people. The efforts to increase the volume of diagnostic activity is welcomed. Validation of waiting lists using text and mails where appropriate is also welcomed and provides reassurance to patients, we hope the trust will adopt a rolling programme.

It is good to read that the objective to reduce healthcare associated infections has been achieved and that further work is planned to further reduce these infections.

As indicated in the quality account, HWS was consulted and commented on the proposed quality priorities for 2022/23 and are pleased with them. It is right that quality improvement should be the priority 1, to support the strategy of always improving. The idea of training 500 staff in QI techniques is good. It should help to get the selected quality priorities better understood to all staff. Kindness and compassion cannot be overemphasised and certainly is important for patient safety; we hope this will apply to all staff and all levels and not just those involved in direct care. We are pleased that mental health care is to be prioritised alongside physical needs. Responding to a patient that is deteriorating is obviously important and it is good that the PEWS system will be introduced into the children's hospital. We are pleased that families are to be involved and their satisfaction evaluated as part of the process of learning from deaths. Increasing shared decision making is an important improvement which will be welcomed by many patients, but it must be recognised that some patients will not wish to participate and consider that 'Dr know best'. Health inequalities are apparent, and covid-19 exposed this still further. Working with the local community is the right way to expose and tackle this problem. HWS has received a number of adverse comments about hospital discharge, and we are pleased that our report suggesting improved communication and better collaboration with social services is referenced. We understand the need to discharge patients as soon as they are clinically fit, but it is essential patients and relatives are informed and that they are properly supported.

The trust has a good reputation for honesty and openness, and it is good that the freedom to speak up campaign is helping staff and others to come forward.

Section 3 of the report is interesting reading. We are aware that the Trust has worked hard to improve patient experience and to minimise the obvious difficulties caused by Covid-19. The work of the patient support hub and the efforts of the charity have made a great impact. We are particularly pleased that the Trust values the PLACE inspections and while PLACE has been suspended has introduced PLACE-LITE. The information recorded should be very helpful in design and planning refurbishment etc. Naturally, we hope that PLACE can be re-introduced this year and look forward to playing a major role once again but agree that it would be helpful to expand the patient mix.

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, particularly during the COVID-19 pandemic.

While the COVID-19 pandemic has limited our ability to visit the hospitals and meet with staff and patients face to face, 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 in particular has focused on patient survey results, support provided to patients with learning disabilities and dementia and through the patient support hub, complaints, claims and incidents and staff wellbeing. We have also engaged with members through a number of virtual events throughout the year and are looking forward to being able to meet more patients, members and the public in our hospitals and at events in our communities over the coming year.

Governors were also consulted in the development of the quality priorities in 2021/22 and 2022/23 and supported these as key areas on which to focus in improving the quality of care provided to patients. The use of feedback from patient surveys and complaints in the development of these, as well as consultation with stakeholders, has helped to shape a set of priorities that should make a real difference for both patients and staff. 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.

Governors have really been impressed with the dedication of the staff, and the strength and support given by the executive and the board, in what has been and continues to be a very trying period in the health system.

Bob Purkiss MBE
Lead Governor

Response to the Quality Report from the Health Overview and Scrutiny Panel

The Southampton Health Overview and Scrutiny Panel (HOSP) welcomes the opportunity to comment on the University Hospital Southampton NHS Foundation Trust Quality Account for 2021/22.

The Panel understand that 2021/22 has been a year of unprecedented challenge for UHS, reflecting the ongoing response to the COVID-19 pandemic, workforce pressures and growing demand for health services. As stated in last year's response the Panel appreciate how UHS staff, students and volunteers have risen to these challenges to meet the health requirements of our population in the most testing of circumstances.

When considering the Trust's progress in meeting the agreed priorities for 2021/22 the Panel recognises that performance must be seen within the context of the combined pressures identified above. In particular, the Panel welcome the developments relating to staff wellbeing. These developments were timely given the challenges around staff shortages experienced by the Trust.

The HOSP is supportive of the quality priorities for 2022/23, however, it is questionable, given the significant growth in waiting lists for diagnosis and treatment, whether the Trust has opted to adopt too many priorities and would benefit from focusing on reducing the number of people waiting for treatment that has risen significantly over the previous two years.

Whilst expressing concerns about the number of priorities, it is encouraging to see a priority that seeks to work with the local community to expose and address health inequalities. The impact of Covid-19 has exacerbated existing disparities across Southampton and as UHS plays a significant role in the health system in Southampton and South-West Hampshire it is vital that the Trust works with partners across the system to help reduce health inequalities.

The Southampton HOSP looks forward to working closely with UHS over the coming year to explore how the Trust will be working as part of the developing 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 Elliot Prior

Chair of the Health Overview and Scrutiny Panel 2021-2022 Southampton City Council

ANNUAL ACCOUNTS



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Statement from the chief financial officer

Looking back at 2021/22, we are undoubtedly reflecting another year of unprecedented challenge for all healthcare organisations and for our staff. During the year, we have experienced the challenge responding to peaks of COVID-19, both with patients requiring treatment and with significantly increased levels of staff sickness. We have also experienced the challenge of restoration of services to pre-COVID levels and beyond.

It is within this context that we reflect on the financial performance of the Trust. The financial year included significant turbulence and uncertainty, with the year split into two half-year planning periods. During this time the financial architecture of the NHS continued to evolve to reflect broadly block contracts, with additional non-recurrent funding to support COVID-19 pressures and recovery of our elective programme. We also experienced turbulence within our cost base, with the Trust exposed to energy price pressures, as well as an increasing cost of temporary staffing in response to staff sickness and workload pressures.

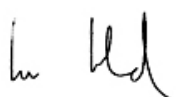
Despite these pressures, the Trust was able to respond and delivered a surplus of £0.048 million from a revenue position of over £1.2 billion, once items deemed as “below the line” by NHS England and NHS Improvement, such as impairments to the valuation of our fixed assets, were removed.

We have also continued our reinvestment of surplus cash into infrastructure for the Trust, with capital investment of over £65 million. This follows a previous year of record investment of £80 million in 2020/21. The investment has included finishing and opening four new theatres, expanding our emergency department majors space and new ophthalmology capacity. As well as this additional capacity, investment has continued with our estate backlog maintenance programme, targeted at the areas at highest risk of failure, as well as continued investment in equipment and digital innovations.

Looking ahead the focus returns to recovering activity to pre-COVID levels and beyond, 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.

From a financial perspective, we are heading into a period of significant financial challenge across the NHS. Whilst additional funding for excess inflationary pressures has been announced, the Trust is facing cost growth beyond the additional funding, with gas price volatility in particular impacting UHS. The funding settlement also reflects that the NHS received funding non-recurrently in 2020/21 in relation to COVID-19, and the Trust will need to focus on removing these additional costs. The Trust will therefore need to deliver a large savings programme to maintain financial balance and its ability to reinvest cash into improving infrastructure and capacity.

We do however look 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 2022, which comprise the Consolidated Statement of Comprehensive Income, the Consolidated Statement of Financial Position, the Consolidated Statement of Changes in Taxpayer' 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 2021 to 2022.

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 2022 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 2021 to 2022; 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 2021 to 2022 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 2020) 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.

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.

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.

The responsibilities of the Accounting Officer with respect to going concern are described in the 'Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements' section of this report.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, other than the financial statements and our auditor's report thereon. 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.

In connection with our audit of the financial statements, 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 or a material misstatement of the other information. 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 2021/22 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, based on the work undertaken in the course of the audit:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, 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 and Those Charged with Governance for the financial statements

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 2021/22, 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.

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he Audit and Risk Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the group's and Trust's financial reporting process.

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.

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. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

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 2021 to 2022).
- 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 and fraudulent expenditure recognition. We determined that the principal risks were in relation to:
 - the recognition of variable income;
 - journal entries that altered the group and Trust's financial performance for the year;
 - potential management bias in determining accounting estimates, especially in relation to:
 - the calculation of the valuation of the Group and Trust's land and buildings; and
 - accruals of expenditure at the end of the financial year.
- Our audit procedures involved:
 - Testing of income and year end receivables to invoices and cash payment or other supporting evidence
 - 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 liabilities recorded in the ledger, to gain assurance that these existed and were accurate at the reporting date;
 - assessing the extent of compliance with the relevant
- 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's 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's 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.

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 2022.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, they will be reported by exception in a further auditor's report. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2022.

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

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 undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. 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 document 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 consider whether there is evidence to suggest that there are significant weaknesses in arrangements

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for University Hospital Southampton NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

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.

Iain Murray

Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

21 June 2022

Independent auditor's report to the Council of Governors of University Hospital Southampton NHS Trust

In our auditor's report issued on 21 June 2022, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2022, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had:

- Completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2022 issued on 21 June 2022 we reported that, 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 2022 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- 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 2021 to 2022; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

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 2022.

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

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

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 December 2021. 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 – Audit certificate

We certify that we have completed the audit of University Hospital Southampton NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Chapter 5 of Part 2 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.

Iain Murray

Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

12 September 2022

Foreword to the Accounts

These accounts for the period to 31 March 2022 have been prepared by University Hospital Southampton NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006, and are presented to Parliament pursuant to Schedule 7, paragraph 25(4)(a) of the National Health Service Act 2006.



David French
Chief Executive Officer
21 June 2022

ANNUAL ACCOUNTS

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2022

	NOTE	Group		Trust	
		Year ended 31 March 2022 £000	Year ended 31 March 2021 £000	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000
Operating income from patient care activities	2.1	992,750	859,200	992,750	859,200
Other operating income	2.1	209,193	181,017	189,111	178,400
Operating income from continuing operations		1,201,943	1,040,217	1,181,861	1,037,600
Operating expenses of continuing operations	3	(1,174,217)	(1,050,443)	(1,170,712)	(1,047,248)
OPERATING SURPLUS		27,726	(10,226)	11,149	(9,648)
FINANCE COSTS					
Finance income	7	197	149	1,923	725
Finance expenses	8	(2,413)	(2,104)	(2,376)	(2,533)
Public Dividend Capital dividend payable		(7,480)	(5,918)	(7,480)	(5,918)
NET FINANCE COSTS		(9,696)	(7,873)	(7,933)	(7,726)
Share of (losses)/profits of joint ventures/associates accounted for using the equity method		48	(52)	48	(51)
Other (losses)/gains		(793)	236	(1,075)	0
Corporation Tax expense		(654)	0	0	0
SURPLUS/(DEFICIT) FOR THE YEAR		16,631	(17,915)	2,189	(17,425)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	10	(7,478)	0	(7,478)	0
Revaluations	10	17,767	3,762	17,767	3,762
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		26,920	(14,153)	12,478	(13,663)

Note on NHS Improvement Performance reconciliation – additional to Statement of Comprehensive Income

A reconciliation of the reported position according to to NHS Improvement regulations to the (deficit)/surplus for the year is as follows:

	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000
Surplus/(deficit) for the year	16,631	(17,915)
Add/Less: net impact of consumables donated from other Department of Health and Social Care (DHSC) bodies	839	(839)
Add: Disposal/return of DHSC-donated equipment	1,505	0
Add: Net "below the line" items - impairments, capital grants, gains on disposal, charity position	(18,927)	18,775
Surplus for the year according to NHS England and NHS Improvement regulations	48	21

In 2020/21 all NHS organisations were asked to deliver an overall breakeven position as part of a revised funding framework during the COVID-19 pandemic. Certain items were deemed by NHS England and NHS Improvement to be excluded as "below the line" items. These included impairments, certain grants and charitable donations.

In 2021/22 all NHS organisations were asked to deliver an overall breakeven position in the second half of the year with a revised funding framework in the first half of the year reflecting the continuation of the COVID-19 pandemic. Certain items were deemed by NHS England and NHS Improvement to be excluded as "below the line" items. These included impairments, certain grants and charitable donations.

The notes on pages 225 to 262 form part of these accounts.

ANNUAL ACCOUNTS

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AT 31 MARCH 2022

	Group		Trust		
	31 March 2022	31 March 2021	31 March 2022	31 March 2021	
	NOTE	£000	£000	£000	£000
Non-current assets					
Intangible assets	11	25,215	18,874	25,215	18,874
Property, plant and equipment	12.1	440,574	396,497	439,245	394,488
Investment property	13.1	286	180	0	0
Investments in joint ventures and associates	13.3	112	64	112	64
Other investments	13.2	3,352	3,176	19,841	15,041
Trade and other receivables	15	5,987	3,972	48,202	36,778
Total non-current assets		475,526	422,763	532,615	465,245
Current assets					
Inventories	14	17,007	14,744	15,170	13,925
Trade and other receivables	15	53,117	67,366	52,377	63,739
Cash and cash equivalents	17	166,703	134,065	147,882	127,783
Total current assets		236,827	216,175	215,429	205,447
Current liabilities					
Trade and other payables	18	(169,126)	(143,182)	(168,065)	(135,894)
Borrowings	19	(10,918)	(11,801)	(12,111)	(12,542)
Provisions	22.1	(3,000)	(7,992)	(3,000)	(7,992)
Other liabilities	21	(32,360)	(22,056)	(32,360)	(21,994)
Total current liabilities		(215,404)	(185,031)	(215,536)	(178,422)
Total assets less current liabilities		496,949	453,907	532,508	492,270
Non-current liabilities					
Trade and other payables	18	(539)	(555)	(50,050)	(41,762)
Borrowings	19	(40,431)	(44,874)	(48,217)	(49,326)
Provisions	22.1	(9,650)	(4,128)	(9,650)	(4,128)
Other liabilities	21	(12,812)	(13,632)	(12,812)	(13,632)
Total non-current liabilities		(63,432)	(63,189)	(120,729)	(108,848)
Total assets employed		433,517	390,718	411,779	383,422
Financed by					
Taxpayers' equity					
Public Dividend Capital		261,921	246,041	261,920	246,040
Revaluation reserve		34,097	23,976	34,095	23,974
Income and expenditure reserve		115,562	113,960	115,764	113,408
Charitable fund reserves		21,937	6,741	0	0
Total taxpayers' equity		433,517	390,718	411,779	383,422

The financial statements on pages 221 to 262 were approved by the Board on 21 June 2022 and signed on its behalf by:



David French
Chief Executive
 21 June 2022

ANNUAL ACCOUNTS

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2022

Group	NHS Charitable Funds Reserves	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and Others' Equity at 1 April 2021	6,741	246,041	23,976	113,960	390,718
Surplus/(deficit) 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
Taxpayers' and Others' Equity at 31 March 2022	21,937	261,921	34,097	115,562	433,517
Taxpayers' and Others' Equity at 1 April 2020	6,674	220,708	20,214	131,942	379,538
Surplus/(deficit) for the year	67	0	0	(17,982)	(17,915)
Revaluations - property, plant and equipment	0	0	3,762	0	3,762
Public Dividend Capital received	0	25,333	0	0	25,333
Taxpayers' and Others' Equity at 31 March 2021	6,741	246,041	23,976	113,960	390,718

Trust	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total
	£000	£000	£000	£000
Movements for the financial year ended 31 March 2022				
Taxpayers' and Others' Equity at 1 April 2021	246,040	23,974	113,408	383,422
Surplus/(deficit) 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
Taxpayers' and Others' Equity at 31 March 2022	261,920	34,095	115,764	411,779
Movements for the financial year ended 31 March 2021				
Taxpayers' and Others' Equity at 1 April 2020	220,708	20,214	130,834	371,756
Surplus/(deficit) for the year	0	0	(17,425)	(17,425)
Revaluations - property, plant and equipment	0	3,762	0	3,762
Public Dividend Capital received	25,332	0	0	25,332
Other reserve movements	0	(2)	(1)	(3)
Taxpayers' and Others' Equity at 31 March 2021	246,040	23,974	113,408	383,422

The notes on pages 225 to 262 form part of these accounts.

ANNUAL ACCOUNTS

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2022

	NOTE	Group		Trust	
		Year ended 31 March 2022	Year ended 31 March 2021	Year ended 31 March 2022	Year ended 31 March 2021
		£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus/(deficit)		27,726	(10,226)	11,149	(9,648)
Operating surplus/(deficit)		27,726	(10,226)	11,149	(9,648)
Depreciation and amortisation	11/12.1	28,694	26,362	28,655	27,168
Impairments	10	546	21,875	546	21,875
Non-cash donations/grants credited to income		(5,740)	(4,264)	(5,740)	(4,264)
(Increase) in Trade and Other Receivables	15	10,672	10,417	(1,626)	5,944
(Increase) in Inventories	14	(2,263)	483	(1,245)	462
Increase in Trade and Other Payables	18	27,731	35,517	33,670	17,099
Increase in Other Liabilities	21	9,484	7,310	9,546	9,722
Increase in Provisions	22.1	492	5,925	492	5,925
Corporation Tax (paid)		(654)	0	0	0
Movements in charitable fund working capital		(1,134)	1,296	0	0
NHS charitable funds: other movements in operating cash flows		(166)	0	0	0
Other movements in operating cash flows		(1)	0	(1)	0
Net cash generated from operations		95,387	94,695	75,446	74,283
Interest received	7	77	27	1,923	725
Purchase of financial assets		0	0	(4,800)	(1,000)
Purchase of intangible assets	11	(8,668)	(4,235)	(8,668)	(4,235)
Purchase of Property, Plant and Equipment	12.1	(50,164)	(61,256)	(39,232)	(44,767)
Sales of Property, Plant and Equipment	9	605	0	605	0
Receipt of cash donations to purchase capital assets		0	43	0	4,264
NHS charitable funds - net cash flows from investing activities		0	122	0	0
Net cash (used in) investing activities		(58,150)	(65,299)	(50,172)	(45,013)
Public Dividend Capital received		15,880	25,333	15,880	25,332
Loans repaid to the Department of Health and Social Care (DHSC)	19	(2,585)	(3,089)	(2,585)	(3,089)
Other loans repaid	19	(102)	(432)	(101)	(433)
Capital element of finance lease rental payments		(9,061)	(8,274)	(8,885)	(7,924)
Capital element of Private Finance Initiative obligations		(430)	(401)	(1,219)	(2,411)
Interest on DHSC loans	8	(208)	(261)	(208)	(261)
Interest on other loans	8	(6)	(19)	(6)	(19)
Interest element of finance leases	8	(2,134)	(1,856)	(2,093)	(1,832)
Interest element of Private Finance Initiative obligations	8	(35)	(43)	(40)	(496)
Public Dividend Capital dividend paid		(5,918)	(7,608)	(5,918)	(7,608)
Cash flows from (used in) other financing activities		0	0	0	(1)
Net cash (used in) financing activities		(4,599)	3,350	(5,175)	1,258
Increase in cash and cash equivalents		32,638	32,746	20,099	30,528
Cash and Cash equivalents at 1 April 2021		134,065	101,319	127,783	97,255
Cash and Cash equivalents at 31 March 2022		166,703	134,065	147,882	127,783

The notes on pages 225 to 262 form part of these accounts.

Notes to the Accounts

1 Accounting Policies

NHS England and NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of NHS foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAMI 2021-22, issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FRM) 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 DHSC GAMI permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS foundation 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

The Trust's annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

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 Hospital 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

Southampton Hospital Charity (SHC) is a registered charity. University Hospital Southampton NHS Foundation Trust (the Trust) is the sole trustee of SHC. The Trust has determined that SHC is a subsidiary of the Trust because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with SHC and has the ability to affect those returns and other benefits through its power over SHC. However, 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 2022 was £13.501 million (restricted) and £1.754 million (unrestricted). The most significant transaction that the Charity funded in-year was £3.717 million for projects utilising funds provided by a major donor to the Trust.

SHC's 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 SHC'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.

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 2022 was £19.2 million and its gross assets at 31 March 2022 totalled £2.308 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. Its turnover for the period ended 31 March 2022 was £1.407 million and its gross assets at 31 March 2022 totalled £55.188 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 Hospital 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 due to open 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 2021; Wessex NHS Procurement Limited made a surplus of £97,000 for the year ended 31 March 2022.

1.5 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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 20120/21 and 2021/22 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

The main source of income for the Trust is contracts with commissioners for healthcare services. In 2021/22, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed by the Hampshire and Isle of Wight Integrated Care System (ICS). The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

For 2021/22 and 2020/21

(1) As set out in paragraph 121 of IFRS15, the Trust does not disclose information regarding performance obligations of a contract that has an original expected duration of one year or less. (2) The Group Accounting Manual (GAM) does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard, where the right to consideration corresponds directly with value of the performance completed to date. (3) The GAM has mandated the exercise of the practical expedient offered in C7A of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

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.

1.6 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 £1.768 million of the sum available within its account for the financial year 2021/22.

1.7 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

NHS Pension Schemes

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.

1.8 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.

1.8.1 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.

1.8.2 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. UHS Pharmacy Limited incurred £53,000 corporation tax due to a revised amount related to prior years. UHS Estates Limited incurred an estimated sum of £354,000 corporation tax for 2020/21 and a revision of earlier years' calculations. These increased sums reflected the reclassification of equipment supplied by UHS Estates Limited as part of its service as finance leases.

1.9 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.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. 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 desktop valuation has been completed for the current year.

The freehold property known as the University Hospital Southampton estate was valued at 31 March 2022 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 (FRoM). 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

The range of asset lives for intangible assets is as follows:

	Min Life Years	Max Life Years
Software	5	10

The ranges of asset lives for property, plant and equipment are as follows:

	Min Life Years	Max Life Years
Buildings excluding dwellings	4	80
Dwellings	46	52
Plant & Machinery	3	20
Transport Equipment	5	7
Information Technology	5	10
Furniture & Fittings	7	15

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 12.1.

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. 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 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

1.10 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.

1.11 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.

1.12 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.

1.13 Leases

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.

Trust as lessee

Finance leases

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

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment. The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities in the Statement of Financial Position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

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

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

Imaging Infrastructure Support Service (IISS)

During 2012/13 the Trust entered an agreement for the provision of a comprehensive replacement and maintenance service contract for all major radiology imaging equipment. The contract term is 13 years with a fixed unitary payment covering asset replacement and ongoing maintenance. The asset replacements are treated as finance leases and accounted for as above. Where the element of the unitary payment relating to asset replacement is made in advance of the actual asset acquisition that payment is treated as a prepayment. The element of the unitary charge relating to maintenance is charged to the Statement of Comprehensive Income.

Leases of land and buildings

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

The Trust as lessor

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 so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line 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 on a straight-line basis over the lease term.

1.14 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.

1.15 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 acquired separately are recognised initially at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations 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.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.16 Inventories

Inventories are valued at the lower of cost and net realisable value, using the weighted average cost method.

In 2020/21, 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.

1.17 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.

1.18 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2022:

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		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	-0.02%
Medium-term	After 5 years up to 10 years	0.70%	-0.18%
Long-term	Exceeding 10 years	0.95%	-1.99%

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 2022, although it should be noted that at present the Trust has no specific provisions that apply these rates:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of -1.30% in real terms (prior year: -0.95%).

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 as and when they became due.

1.19 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, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

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 liability has been discharged – that is, the liability has been paid or has expired.

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>.

1.20 Carbon Reduction Commitment (CRC) scheme

The CRC scheme is a mandatory cap and trade scheme for non-transport CO₂ 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 CO₂ 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.

The carrying amount of the liability at the financial year end will therefore reflect the CO₂ emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

1.21 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.

1.22 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.

1.23 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.

1.24 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.

1.25 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.26 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 12 Property, Plant and Equipment.

Classification of leases

New leases are considered against the criteria in IAS 17 to determine whether substantially all the risks and rewards of ownership have been transferred to the Trust.

Whether a lease is a finance lease or an operating lease depends on the substance of the transaction rather than the form of the contract. Examples of situations that individually or in combination would normally lead to a lease being classified as a finance lease are:

- (a) the lease transfers ownership of the asset to the lessee by the end of the lease term;
- (b) the lessee has the option to purchase the asset at a price that is expected to be sufficiently lower than the fair value at the date the option becomes exercisable and for it to be reasonably certain, at the inception of the lease, that the option will be exercised;
- (c) the lease term is for the major part of the economic life of the asset even if title is not transferred;
- (d) at the inception of the lease the present value of the minimum lease payments amounts to at least substantially all of the fair value of the asset;
- (e) the leased assets are of such a specialised nature that only the lessee can use them without major modifications.

There is scope for interpretation of how to apply these tests which can result in significant variation in the values for property, plant and equipment and borrowings in an organisation's accounts.

The Trust takes a prudent view of tests (b), (c) and (d) in particular, and as a result treats the majority of leases as finance leases. More detail can be found at note 26.

1.27 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.

Whilst the pandemic and measures taken to tackle COVID-19 continue to affect economies and real estate markets globally, at the valuation date property markets are mostly functioning again. The March 2022 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 2022 of the Trust's Property Plant & Equipment valued by professional valuers and reflected in these financial statements is £345.715 million.

A reduction in the estimated values would result in reductions to the Revaluation Reserve and/or a 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 £27.2 million and a reduction in the Revaluation Reserve of £7.4 million. Depreciation of the assets in 2022/23 would be £1.0 million lower.

An increase in estimated valuations would result in an increase to the Revaluation Reserve of approximately £8.2 million and reversals of previous negative revaluations to the Statement of Comprehensive Income of approximately £17.9 million. Depreciation of the assets in 2022/23 would be £1.1 million higher.

1.28 Accounting Standards that have been issued but not adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the Statement of Financial Position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the Statement of Financial Position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease. On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted

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for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short-term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust reviews records locally with its lessors to ensure the most accurate value of right of use assets is included for the 2021/22 accounts.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	58,570
Additional lease obligations recognised for existing operating leases	(56,354)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	2,216
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(3,041)
Additional finance costs on lease liabilities	(603)
Lease rentals no longer charged to operating expenditure	3,518
Other impact on income/expenditure	-
Estimated impact on surplus/deficit in 2022/23	(126)
Estimated increase in capital additions for new leases commencing in 2022/23 as per current plan	35,000

This is an early estimate based upon the take-on of a new multistorey car park and the introduction of new managed service contracts in the pathology directorate.

From 1 April 2022, the principles of IFRS 16 will also be applied to the Trust's PFI/service concession liabilities where future payments are linked to Consumer Prices Index (CPI). The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Under existing accounting practices amounts relating to changes in the price index are expensed as incurred. This is expected to increase the PFI liability on the statement of financial position upon transition to IFRS 16. The effect of this has not yet been quantified.

In completing this work, the Trust expects to ask its valuer to undertake a valuation of right of use building assets. As a result, the valuation of right of use assets at 31 March 2022 may be subject to significant change.

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2.1 Operating Income by activity

	Group		Trust	
	Year ended 31 March 2022	Year ended 31 March 2021	Year ended 31 March 2022	Year ended 31 March 2021
	Total	Total	Total	Total
	£000	£000	£000	£000
Income from patient care activities				
Block contract / system envelope income	779,906	705,282	779,906	705,282
High cost drugs income from commissioners	106,954	116,361	106,954	116,361
Other NHS clinical income	39,973	198	39,973	198
Private patient income	6,299	2,739	6,299	2,739
Additional pension contribution central funding	25,010	23,022	25,010	23,022
Elective recovery fund	17,226	0	17,226	0
Other clinical income	17,382	11,598	17,382	11,598
Total income from patient care activities	992,750	859,200	992,750	859,200
Other operating income				
Research and development	36,394	25,934	36,394	25,934
Education and training	41,551	38,984	41,551	38,984
Donated equipment from DHSC for COVID response (non-cash)	0	3,201	0	3,201
Donated equipment from NHSE for COVID response (non-cash)	0	1,020	0	1,020
Cash donations for the purchase of capital assets - received from other bodies	5,740	43	5,740	43
Charitable and other contributions to expenditure - received from other bodies	0	118	0	118
Non-patient care services to other bodies	15,868	16,120	17,212	15,215
Contributions to expenditure - receipt of equipment donated from DHSC for COVID response below capitalisation threshold	0	422	0	422
Reimbursement and top up funding	51,899	45,002	51,899	45,003
Contributions to expenditure - consumables (inventory) donated	2,561	8,648	2,561	8,648
NHS Charitable Funds: Incoming Resources excluding investment income	21,385	3,092	0	0
Car parking	1,840	1,119	1,840	1,119
Staff accommodation rentals	10	21	10	21
Crèche services	1,821	1,484	1,821	1,484
Clinical excellence awards*	3,820	1,519	3,820	1,519
Other	26,304	34,290	26,263	35,669
Total other operating income	209,193	181,017	189,111	178,400
TOTAL OPERATING INCOME	1,201,943	1,040,217	1,181,861	1,037,600

Of total operating income, £943.884 million was for commissioner requested services (2020/21: £821.643 million) and £258.099 million was for non-commissioner requested services (2020/21: £215.977 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 £48.9 million (2020/21: £37.4 million).

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2.2 Analysis of income from activities by source

	Group		Trust	
	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000
NHS Foundation Trusts	157	174	157	174
NHS Trusts	18	24	18	24
NHS England	486,732	438,837	486,732	438,837
Clinical Commissioning Groups	482,162	405,828	482,162	405,828
Local Authorities	0	1	0	1
Non NHS: Private patients	6,299	2,739	6,299	2,739
NHS injury cost recovery scheme	665	791	665	791
NHS injury scheme (was Road Traffic Act scheme)	2,338	975	2,338	975
Devolved administrations and Channel Islands	14,379	9,831	14,379	9,831
Total income from patient care activities	992,750	859,200	992,750	859,200

2.3 Overseas Visitors

	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000
Income recognised this year	665	791	665	791
Cash payments received in-year (relating to invoices raised in current and previous years)	193	464	193	464
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	171	265	171	265
Amounts written off in-year (relating to invoices raised in current and previous years)	27	558	27	558

2.4 Fees and charges - aggregate of all schemes that, individually, have a cost exceeding £1m (Group and Trust)

	Year ended 31 March 2022 £000	Year ended 31 March 2021 £000
Income	1,840	1,217
Full cost	(2,355)	(1,956)

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3 Operating expenditure

	Group		Trust	
	Year ended 31 March 2022 £000	Year ended 31 March 2021 (Restated) £000	Year ended 31 March 2022 £000	Year ended 31 March 2021 (Restated) £000
Purchase of healthcare from NHS and DHSC bodies	8,509	13,973	14,606	13,973
Purchase of healthcare from non-NHS and non-DHSC bodies	20,007	11,162	20,007	11,162
Staff and executive directors costs	639,303	583,515	638,313	582,804
Non-executive directors	168	147	156	136
Supplies and services – clinical (excluding drugs costs)	124,703	101,794	124,544	101,794
Supplies and services - general	28,738	21,622	28,158	21,265
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	3,400	7,809	3,400	7,809
Supplies and services - general: notional cost of equipment donated from DHSC for COVID response below capitalisation threshold	0	422	0	422
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	166,813	134,936	168,779	136,439
Inventories written down (net including drugs)	0	0	0	0
Consultancy	1,586	977	1,475	977
Establishment	8,217	8,209	7,988	8,053
Premises - business rates collected by local authorities	3,882	3,426	3,869	3,431
Premises - other	51,126	36,684	49,180	36,533
Transport (business travel only)	0	0	0	0
Transport - other (including patient travel)	2,202	1,757	2,202	1,757
Depreciation	25,196	23,082	25,157	23,886
Amortisation	3,498	3,280	3,498	3,282
Impairments net of (reversals)	546	21,875	546	21,875
Movement in credit loss allowance: contract receivables/assets	1,997	6,458	1,997	6,458
Change in provisions discount rate	221	183	221	182
Audit services - statutory audit	120	109	105	99
Other auditor remuneration (payable to external auditor only)	0	0	0	0
Charitable fund audit	12	12	0	0
Internal audit - non-staff	153	110	153	110
Clinical negligence - amounts payable to NHS Resolution (premium)	27,288	22,048	27,288	22,048
Legal fees	342	646	342	646
Insurance	896	702	835	702
Research and development - staff	15,518	13,457	15,518	13,457
Research and development - non-staff	22,960	14,970	22,960	14,970
Education and training - non-staff	3,088	2,798	3,088	2,798
Operating lease expenditure (net)	2,874	2,418	2,736	2,419
Redundancy costs - non-staff	147	64	147	64
Charges to operating expenditure for on-Statement of Financial Position (SoFP) IFRIC 12 schemes on IFRS basis	1,181	1,177	1,181	1,177
Car parking and security	1,120	765	1,120	765
Other losses and special payments - non-staff	25	4	25	4
Other services (e.g. external payroll)	575	497	579	497
Other NHS charitable fund resources expended	6,579	3,371	0	0
Other	1,227	5,984	539	5,254
TOTAL	1,174,217	1,050,443	1,170,712	1,047,248

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

	Group			
	Year ended 31 March 2022		Year ended 31 March 2021	
	Cases by number and value			
	No	£000	No	£000
Included within note 3 are:				
LOSSES:				
Bad debts and claims abandoned				
a. private patients	46	9	37	5
b. overseas visitors	161	585	87	558
c. other	10	9	49	7
Damage to buildings, property etc., and from stores losses	2	130	0	0
Total Losses	219	733	173	570
SPECIAL PAYMENTS:				
Ex gratia payments				
loss of personal effects	23	21	26	16
other employment payments	3	49	0	0
Overtime corrective payments (nationally funded)	0	0	1	647
Overtime corrective payments (additional amounts locally agreed and funded)	1	66	0	0
Total Special Payments	27	136	27	663
Total Losses and Special Payments	246	869	200	1,233

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4.1 Employee Expenses

	Group		Trust	
	Year ended 31 March 2022	Year ended 31 March 2021	Year ended 31 March 2022	Year ended 31 March 2021
	Total £000	Total £000	Total £000	Total £000
Salaries and wages	483,239	444,691	482,685	444,220
Social security costs	49,360	45,253	49,359	45,253
Apprenticeship levy	2,344	1,989	2,343	1,989
Pension cost - employers contributions to NHS Pensions	57,190	52,837	57,190	52,837
Pension cost - other contributions	80	68	80	68
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	25,010	23,022	25,010	23,022
Temporary staff - external bank	40,810	35,348	40,721	35,120
Temporary staff - agency/contract staff	14,713	10,140	14,368	10,128
Recoveries from Other bodies in respect of staff costs netted off expenditure	(15,469)	(13,856)	(15,469)	(13,856)
Total Net Staff Costs	657,277	599,492	656,287	598,781
Costs capitalised as part of assets Analysed into Operating Expenditure	2,456	2,520	2,456	2,520
Employee Expenses - Staff	639,303	583,515	638,313	582,804
Research and Development	15,518	13,457	15,518	13,457
Total Employee benefits excluding capitalised costs	654,821	596,972	653,831	596,261

The difference between net staff costs and total employee benefits relates to capitalised staff costs. Total remuneration paid to executive directors for the year ended 31 March 2022 (in their capacity as directors) totalled £1,124,000 (2020/21: £1,304,000). No other remuneration was paid to directors in their capacity as directors. There were no advances or guarantees entered into on behalf of directors by the Trust. Employer contributions to the NHS Pension Scheme for executive directors for the year ended 31 March 2022 totalled £114,000 (2020/21: £129,000). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was 6 (2020/21: 7).

4.2 Average number of employees (WTE basis)

	Group		Trust	
	Year ended 31 March 2022	Year ended 31 March 2021	Year ended 31 March 2022	Year ended 31 March 2021
	Total Number	Total Number	Total Number	Total Number
Medical and dental	1,732	1,786	1,732	1,786
Ambulance staff	20	13	20	13
Administration and estates	2,598	2,431	2,598	2,431
Healthcare assistants and other support staff	1,753	1,909	1,753	1,909
Nursing, midwifery and health visiting staff	3,532	3,593	3,532	3,593
Scientific, therapeutic and technical staff	1,353	1,242	1,353	1,242
Healthcare science staff	223	226	223	226
Total	11,211	11,200	11,211	11,200
Number of Employees (WTE) engaged on capital projects	61	70	61	70

4.3 Early retirements due to ill health

From April 2021 to March 2022 there were four (April 2020 to March 2021: seven) early retirements from the organisation agreed on grounds of ill health. The estimated additional pension liabilities of these ill health retirements is £214,000 (Apr 2020- Mar 2021: £364,000). 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 were no compulsory departures in the year ended 31 March 2022.

There were three exit packages in total; two related to contractual payments in lieu of notice (£98,000) and one related to voluntary redundancy and contractual payments in lieu of notice (£48,000) (2020/21 £154,000: Two in total; one payment in lieu of notice and one voluntary redundancy).

There were no other departures in the year ended 31 March 2022.

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. 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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HM Treasury published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required.

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The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>

The government introduced automatic enrolment of staff into a workplace pension in April 2013 (although staff can continue to opt out again after enrolment). In general the Trust's staff are enrolled into the NHS Pension Scheme. However, there is a small group of staff who cannot be enrolled into the NHS scheme; for example, where they have already started drawing their NHS pension. These staff are auto-enrolled into the National Earnings Savings Trust (NEST) scheme managed by the NEST Corporation which is a non-departmental public body accountable to the Department for Work and Pensions. NEST is a defined contribution pension scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. The employer contribution rate for NEST adopted by the Trust currently stands at 1.2% of annual earnings between £5,824 and £43,000 (this is the minimum rate stipulated). This rose to 4% in April 2019. At 31 March 2022 the Trust had 172 members in NEST (31 March 2021: 151) and had made total contributions for 2021/22 of £79,000 (2020/21: £68,000).

6.1 Operating leases

	Group and Trust	
	Year ended 31 March 2022	Year ended 31 March 2021
	£000	£000
Minimum lease payments	2,874	2,418
TOTAL	2,874	2,418

6.2 Arrangements containing an operating lease

	Group and Trust			Year ended 31 March 2021		£000 Total
	Year ended 31 March 2022	Year ended 31 March 2021	Year ended 31 March 2021	Year ended 31 March 2021	Year ended 31 March 2021	
	£000	£000	£000	£000	£000	
Group and Trust	Buildings	Plant & Machinery	Total	Buildings	Plant & Machinery	
Future minimum lease payments due						
- not later than one year	2,629	170	2,799	2,161	283	2,444
- later than one year and not later than five years	10,082	76	10,158	8,643	226	8,869
- later than five years.	46,986	0	46,986	27,908	0	27,908
Total	59,697	246	59,943	38,712	509	39,221

7 Finance revenue

	Group		Trust	
	Year ended 31 March 2022	Year ended 31 March 2021	Year ended 31 March 2022	Year ended 31 March 2021
	£000	£000	£000	£000
Interest on bank accounts	77	27	77	22
Interest on other investments / financial assets	0	0	1,846	703
NHS charitable fund investment income	120	122	0	0
Total	197	149	1,923	725

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8 Finance expenses

8 Finance expenses	Group		Trust	
	Year ended 31 March 2022	Year ended 31 March 2021	Year ended 31 March 2022	Year ended 31 March 2021
	£000	£000	£000	£000
Capital loans	201	254	201	254
Interest on other loans	6	19	6	19
Interest on finance lease obligations	2,133	1,856	2,096	2,285
Private Finance Initiative finance costs	35	43	35	43
Total interest expense	2,375	2,172	2,338	2,601
Unwinding of discount on provisions	38	(68)	38	(68)
Total Finance expenses	2,413	2,104	2,376	2,533

9 Other gains and losses

	Group and Trust	
	Year ended 31 March 2022	Year ended 31 March 2021
	£000	£000
Gains on disposal of property, plant and equipment	430	0
Loss recognised on return of donated COVID assets to DHSC	(1,505)	0
Total gains/(losses) on disposal of assets	(1,075)	0
Fair value gains/(losses) on charitable fund investments and investment properties	282	236
Total other gains/(losses)	(793)	236

10 Impairments

	Year ended 31 March 2022	Year ended 31 March 2021
	Net impairment	Net impairment
	£000	£000
Impairments charged to operating expenses	546	0
Impairments charged to the revaluation reserve	7,478	21,875
Total Impairments	8,024	21,875

The net impairment charged to operating expenses consisted of £3.261m of impairments and £2.715m of reversals of previous impairments. A revaluation of £17.767m was credited to the Revaluation Reserve as well as £7.478m of impairments. These movements can be seen in the Statement of Changes in Equity. In 2020/21 £3.762 million was debited to the Revaluation Reserve.

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11 Intangible assets

Group and Trust	Movements for year ended 31 March 2022		Movements for year ended 31 March 2021	
	Software licences (purchased) £000	Total £000	Software licences (purchased) £000	Total £000
Valuation/Gross Cost at 1 April	37,156	37,156	32,921	32,921
Additions - purchased/internally generated	8,668	8,668	4,235	4,235
Additions - grants/donations	1,171	1,171	0	0
Valuation/Gross cost	46,995	46,995	37,156	37,156
Amortisation at 1 April	18,282	18,282	15,002	15,002
Provided during the year	3,498	3,498	3,280	3,280
Amortisation at 31 March	21,780	21,780	18,282	18,282
Net Book Value at 31 March	25,215	25,215	18,874	18,874

12.1 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
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Group									
Valuation/Gross cost at 1 April 2021	35,350	260,895	1,800	24,211	151,578	792	16,004	22	490,652
Additions - purchased	0	22,142	0	5,732	15,855	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	(7,478)	0	0	0	0	0	0	(7,478)
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)
Valuation/Gross cost at 31 March 2022	38,720	305,129	1,929	5,959	170,765	792	17,422	36	540,752
Accumulated depreciation at 1 April 2021	0	0	0	0	85,185	721	8,228	21	94,155
Provided during the year	0	9,689	37	0	12,914	23	2,532	1	25,196
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0
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	(7,877)
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)
Accumulated depreciation at 31 March 2022	0	0	0	0	93,121	744	6,291	22	100,178
Net Book Value at 31 March 2022	38,720	305,129	1,929	5,959	77,644	48	11,131	14	440,574

12.2 Property, plant and equipment for year ended 31 March 2021 - Group

	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
Group									
Valuation/Gross cost at 1 April 2020	28,111	251,051	1,826	19,016	126,787	792	10,297	22	437,902
Additions - purchased	4,230	25,133	11	21,009	8,108	0	4,458	0	62,949
Additions - leased	0	0	0	0	13,171	0	0	0	13,171
Additions - equipment donated from DHSC for COVID response (non-cash)	0	0	0	0	3,201	0	0	0	3,201
Additions - equipment donated from NHSE for COVID response (non-cash)	0	0	0	0	0	0	1,020	0	1,020
Additions - grants/donations of cash to purchase assets	0	0	0	0	24	0	19	0	43
Impairments charged to operating expenses	0	(21,875)	0	0	0	0	0	0	(21,875)
Revaluations credited to the revaluation reserve	3,009	753	0	0	0	0	0	0	3,762
Revaluations	0	(9,484)	(37)	0	0	0	0	0	(9,521)
Reclassifications	0	15,317	0	(15,814)	287	0	210	0	0
Valuation/Gross cost at 31 March 2021	35,350	260,895	1,800	24,211	151,578	792	16,004	22	490,652
Accumulated depreciation at 1 April 2020	0	84	0	0	73,270	673	6,547	20	80,594
Provided during the year	0	9,390	37	0	11,925	46	1,681	1	23,082
Depreciation written out on revaluation	0	(9,484)	(37)	0	0	0	0	0	(9,521)
Reclassifications	0	10	0	0	(10)	0	0	0	0
Accumulated depreciation at 31 March 2021	0	0	0	0	85,185	721	8,228	21	94,155
Net Book Value at 31 March 2021	35,350	260,895	1,800	24,211	66,393	71	7,776	1	396,497

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12.3 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
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April 2021	35,351	260,822	1,800	21,272	152,564	496	15,764	16	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	3,756	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	(7,478)	0	0	0	0	0	0	(7,478)
Reversal of impairments credited to operating expenses	0	866	0	0	0	0	0	0	866
Other revaluations	3,370	6,415	129	0	0	0	0	0	9,914
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)
Valuation/Gross cost at 31 March 2022	38,721	305,078	1,929	3,020	172,398	496	17,179	30	538,851
Accumulated depreciation at 1 April 2021	0	0	0	0	85,155	425	8,001	16	93,597
Provided during the year	0	9,664	37	0	12,914	23	2,518	1	26,157
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)
Accumulated depreciation at 31 March 2022	0	0	0	0	93,091	448	6,050	17	99,606
Net Book Value at 31 March 2022	38,721	305,078	1,929	3,020	79,307	48	11,129	13	439,245

12.4 Property, plant and equipment for year ended 31 March 2021 - 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
Trust									
Valuation/Gross cost at 1 April 2020	28,111	250,869	1,965	16,077	121,400	496	10,057	16	428,991
Additions - purchased	4,230	25,133	11	21,010	7,627	0	4,458	0	62,469
Additions - leased	0	0	0	0	20,024	0	0	0	20,024
Additions - equipment donated from DHSC for COVID response (non-cash)	0	0	0	0	3,201	0	0	0	3,201
Additions - equipment donated from NHSE for COVID response (non-cash)	0	0	0	0	0	0	1,020	0	1,020
Additions - grants/donations of cash to purchase assets	0	0	0	0	24	0	19	0	43
Impairments charged to operating expenses	0	(21,875)	0	0	0	0	0	0	(21,875)
Revaluations credited to the revaluation reserve	3,010	750	0	0	0	0	0	0	3,760
Revaluations	0	(9,372)	(176)	0	0	0	0	0	(9,548)
Reclassifications	0	15,317	0	(15,815)	288	0	210	0	0
Valuation/Gross cost at 31 March 2021	35,351	260,822	1,800	21,272	152,564	496	15,764	16	488,085
Accumulated depreciation at 1 April 2020	0	0	139	0	72,390	377	6,337	16	79,259
Provided during the year	0	9,362	37	0	12,775	48	1,664	0	23,886
Depreciation written out on revaluation	0	(9,372)	(176)	0	0	0	0	0	(9,548)
Reclassifications	0	10	0	0	(10)	0	0	0	0
Accumulated depreciation at 31 March 2021	0	0	0	0	85,155	425	8,001	16	93,597
Net Book Value at 31 March 2021	35,351	260,822	1,800	21,272	67,409	71	7,763	0	394,488

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12.5 Property, plant and equipment financing - net book values

	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
Owned	38,720	264,139	1,929	5,959	45,137	7	9,985	14	365,890
Finance Lease	0	8,032	0	0	28,985	0	0	0	37,017
On-balance sheet PFI contracts	0	3,971	0	0	0	0	0	0	3,971
Donated	0	28,987	0	0	806	41	1,146	0	30,980
Owned - equipment donated from DHSC and NHSE for COVID response	0	0	0	0	2,716	0	0	0	2,716
Net Book Value Total at 31 March 2022	38,720	305,129	1,929	5,959	77,644	48	11,131	14	440,574
Owned	35,350	224,602	1,800	24,211	31,572	9	6,517	1	324,062
Finance Lease	0	7,451	0	0	29,826	0	0	0	37,077
On-balance sheet PFI contracts	0	3,754	0	0	0	0	0	0	3,754
Donated	0	25,088	0	0	974	62	1,259	0	27,383
Owned - equipment donated from DHSC and NHSE for COVID response	0	0	0	0	4,221	0	0	0	4,221
Net Book Value Total at 31 March 2021	35,350	260,895	1,800	24,211	66,393	71	7,776	1	396,497
Trust									
Owned	38,721	264,088	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	9,988	0	0	0	13,969
Donated	0	28,987	0	0	806	41	1,146	0	30,980
Owned - equipment donated from DHSC and NHSE for COVID response	0	0	0	0	2,716	0	0	0	2,716
Net Book Value Total at 31 March 2022	38,721	305,078	1,929	3,020	79,307	48	11,129	13	439,245
Owned	35,351	224,533	1,800	24,213	31,095	8	6,502	0	323,502
Finance Lease	0	7,451	0	0	21,519	0	0	0	28,970
On-balance sheet PFI contracts	0	3,754	0	0	6,658	0	0	0	10,412
Donated	0	25,088	0	0	974	62	1,259	0	27,383
Owned - equipment donated from DHSC and NHSE for COVID response	0	0	0	0	4,221	0	0	0	4,221
Net Book Value Total at 31 March 2021	35,351	260,826	1,800	24,213	64,467	70	7,761	0	394,488

13.1 Investment property

NHS Charitable funds: Investment property Group

Movements for year ended 31 March 2022

Movements for year ended 31 March 2021

	£000	£000
Carrying value at 1 April	180	123
Additions	106	57
Carrying value at 31 March	286	180

The Trust has no investment property.

13.2 Other Investments/financial assets (non-current)

	Group		Trust	
	Movements for year ended 31 March 2022	Movements for year ended 31 March 2021	Movements for year ended 31 March 2022	Movements for year ended 31 March 2021
	£000	£000	£000	£000
Carrying value at 1 April	3,176	2,997	15,041	14,041
Additions	0	0	4,800	1,000
Fair value gains (taken to income and expenditure)	176	179	0	0
Carrying value at 31 March	3,352	3,176	19,841	15,041

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13.3 Investments in joint ventures and associates

	Group and Trust	
	Movements for	Movements for
	year ended 31	year ended 31
	March 2022	March 2021
	£000	£000
Carrying value at 1 April	64	116
Additions	0	0
Share of profit/(loss)	48	(52)
Carrying value at 31 March	112	64

14 Inventories

	Group		Trust	
	Total	Total	Total	Total
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Drugs	6,012	3,491	4,175	2,672
Consumables	10,995	10,414	10,995	10,414
Consumables donated from DHSC group bodies	0	839	0	839
Total	17,007	14,744	15,170	13,925

15 Trade and other receivables

	Group		Trust	
	Total	Total	Total	Total
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Contract receivables (IFRS 15): invoiced	39,703	35,304	39,604	35,998
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	10,753	18,697	9,834	15,696
Allowance for impaired contract receivables/assets	(9,627)	(8,784)	(9,627)	(8,784)
Clinician pension tax provision reimbursement funding from NHSE	96	0	96	0
Prepayments (revenue) (non-PFI)	7,568	15,192	7,623	14,904
PDC dividend receivable	1,020	2,582	1,020	2,582
VAT receivable	3,604	4,375	3,043	3,343
Loans receivable	0	0	784	0
NHS charitable funds: trade and other receivables	0	0	0	0
Total Current	53,117	67,366	52,377	63,739
Non-Current				
Contract receivables (IFRS 15): invoiced	4,886	4,889	4,886	4,889
Allowance for impaired contract receivables / assets	(1,521)	(1,506)	(1,521)	(1,506)
Clinician pension tax provision reimbursement funding from NHSE	2,622	589	2,622	589
Loans receivable	0	0	42,215	32,806
Total Non-Current	5,987	3,972	48,202	36,778
Total Trade and other Receivables	59,104	71,338	100,579	100,517

16 Allowances for credit losses (doubtful debts)

	Group		Trust	
	Movements for	Movements for	Movements for	Movements for
	year ended 31	ended 31 March	year ended 31	year ended 31
	March 2022	2021	March 2022	March 2021
	£000	£000	£000	£000
Allowance for credit losses at 1 April	10,290	10,344	10,344	10,344
New allowances arising	4,425	10,309	10,309	10,309
Change in the calculation of existing allowances	131	0	0	0
Reversals of allowances (where receivable is collected in-year)	(2,559)	(3,851)	(3,851)	(3,851)
Utilisation of allowances (where receivable is written off)	(1,139)	(6,512)	(6,512)	(6,512)
Total allowance for credit losses at 31 March	11,148	10,290	10,290	10,290

17 Cash and cash equivalents

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
At 1 April	134,065	101,319	128,958	97,255
Net change in year	32,638	32,746	18,924	30,528
Total cash balance at 31 March	166,703	134,065	147,882	127,783
Cash at commercial banks and in hand	19,032	6,310	211	28
Cash with the Government Banking Service	147,671	127,755	147,671	127,755
Cash and cash equivalents as in Statement of Financial Position	166,703	134,065	147,882	127,783

Of this balance £18.601 million relates to Southampton Hospital Charity (2020/21: £5.107 million)

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18 Trade and other payables

	Group		Trust	
	Total	Total	Total	Total
	31 March 2022	March 2021	31 March 2022	March 2021
	£000	£000	£000	£000
Trade payables	73,090	55,658	72,896	57,456
Capital payables (including capital accruals)	6,126	6,171	4,674	6,171
Accruals (Revenue costs only)	27,402	20,697	28,307	13,340
Annual leave accrual	14,936	10,642	14,936	10,644
Social security costs	6,776	6,229	6,775	6,229
VAT payables	0	0	0	0
Other taxes payable	6,690	5,657	6,698	5,657
Other payables	33,804	36,406	33,779	36,397
NHS Charitable funds: Trade and other payables	302	1,722	0	0
Total Current	169,126	143,182	168,065	135,894
Non-current				
Capital payables (including capital accruals)	134	472	49,645	41,357
Other payables	405	83	405	405
Total Non-Current	539	555	50,050	41,762
Total Trade and other payables	169,665	143,737	218,115	177,656

19 Borrowings

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Capital Loans from Department of Health and Social Care	1,571	2,630	1,571	2,630
Other loans (non-DHSC)	211	154	211	154
Obligations under finance leases	8,682	8,587	8,602	8,582
Obligations under Private Finance Initiative contracts	454	430	1,727	1,176
Total Current	10,918	11,801	12,111	12,542
Non-current				
Capital Loans from Department of Health and Social Care	6,835	8,368	6,835	8,368
Other loans (non-DHSC)	0	159	0	159
Obligations under finance leases	33,596	35,891	32,377	35,096
Obligations under Private Finance Initiative contracts	0	456	9,005	5,703
Total Non-Current	40,431	44,874	48,217	49,326
Total Borrowings	51,349	56,675	60,328	61,868

The Foundation Trust has the following loans with the Department of Health detailed below:

Original Advance Date	Original Loan	Balance		Interest Rate
		outstanding at 31 March 2022	outstanding at 31 March 2021	
	£000	£000	£000	%
September 2010	8,000	1,859	2,393	2.74%
October 2011	10,000	0	500	1.57%
September 2012	5,000	0	552	0.76%
June 2013	15,000	6,509	7,508	1.91%
Total balance outstanding		8,368	10,953	
Repaid in year		2,585		

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20.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2021/22	Loans from				Total £000
	DHSC £000	Other loans £000	Finance leases £000	PFI schemes £000	
Carrying value at 1 April - 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)	(6)	(2,133)	(37)	(2,384)
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
Carrying value at 31 March	8,406	211	42,278	454	51,349

Group - 2020/21	Loans from				Total £000
	DHSC £000	Other loans £000	Finance leases £000	PFI schemes £000	
Carrying value at 1 April - brought forward	14,094	746	39,580	1,287	55,707
Financing cash flows - principal	(3,089)	(432)	(8,274)	(401)	(12,196)
Financing cash flows - interest (for liabilities measured at amortised cost)	(262)	(20)	(1,856)	(43)	(2,181)
Additions	0	0	13,172	0	13,172
Interest charge arising in year (application of effective interest rate)	255	19	1,856	43	2,173
Carrying value at 31 March	10,998	313	44,478	886	56,675

20.2 Reconciliation of liabilities arising from financing activities (Trust)

Trust - 2021/22	Loans from DHSC			PFI and service concession schemes		Total £000
	£000	Other loans £000	Finance leases £000	£000	£000	
Carrying value at 1 April - brought forward	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	
Carrying value at 31 March	8,406	211	40,979	10,732	60,328	

Trust - 2020/21	Loans from DHSC			PFI and service concession schemes		Total £000
	£000	Other loans £000	Finance leases £000	£000	£000	
Carrying value at 1 April - brought forward	14,094	746	39,580	1,287	55,707	
Financing cash flows - principal	(3,089)	(432)	(7,932)	(2,411)	(13,864)	
Financing cash flows - interest (for liabilities measured at amortised cost)	(262)	(20)	(1,823)	(496)	(2,601)	
Additions	0	0	11,724	8,301	20,025	
Interest charge arising in year (application of effective interest rate)	255	19	274	2,053	2,601	
Carrying value at 31 March	10,998	313	41,823	8,734	61,868	
Correction between embedded UEL leases and finance leases	10,998	313	43,678	6,879	61,868	

21 Other liabilities

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Deferred income	24,603	22,056	24,603	21,994
Deferred grants	7,757	0	7,757	0
Total Current	32,360	22,056	32,360	21,994
Deferred income	12,812	13,632	12,812	13,632
Total Non-current	12,812	13,632	12,812	13,632
Total Other liabilities	45,172	35,688	45,172	35,626

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22.1 Provisions for liabilities and charges

Group and Trust	Current		Non-current	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£'000	£'000	£'000	£'000
Pensions - Early departure costs	61	61	499	532
Pensions - Injury benefits	175	175	4,455	3,007
Other legal claims	526	463	0	0
Restructuring	2,022	0	0	0
Redundancy	120	0	0	0
Clinicians' pension reimbursement	96	0	2,622	589
Other	0	7,293	2,074	0
Total	3,000	7,992	9,650	4,128

The movement in provisions on the cash flow differs from this movement by £38,000, 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

22.2 Movements in Provisions for liabilities and charges	Pensions- Early departure costs	Other legal claims	Clinician pension tax reimbursement	Pensions - Injury benefits	Restructuring	Redundancy	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Group and Trust								
At 1 April 2021	593	463	589	3,182	0	0	7,293	12,120
Change in the discount rate	9	0	0	212	0	0	0	221
Arising during the year	22	198	2,129	1,416	2,022	120	1,600	7,507
Utilised during the year - cash	(57)	(54)	0	(180)	0	0	(106)	(397)
Reversed unused	(15)	(81)	0	(30)	0	0	(6,713)	(6,839)
Unwinding of discount	8	0	0	30	0	0	0	38
At 31 March 2022	560	526	2,718	4,630	2,022	120	2,074	12,650
- not later than one Year	61	526	96	175	2,022	120	0	3,000
- later than one year and not later than five years	244	0	118	700	0	0	2,074	3,136
- later than five years	255	0	2,504	3,755	0	0	0	6,514
Total	560	526	2,718	4,630	2,022	120	2,074	12,650

22.3 Clinical Negligence liabilities

Group and Trust	31 March 2022	31 March 2021
	£'000	£'000
Amount included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust	605,436	407,825

23 Contingent liabilities

Group and Trust	31 March 2022	31 March 2021
	£'000	£'000
Gross value of contingent liabilities	71	62
Net value of contingent liabilities	71	62

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
- Clinical Commissioning Groups and NHS England
- Special Health Authorities
- Non-Departmental Public Bodies
- Other Department of Health and Social Care bodies

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 Group.

The Group comprises the Trust, UHS Pharmacy Ltd, UHS Estates Ltd and Southampton Hospital Charity. The Trust has £300k (£1,790k at 31 March 2021) receivables with Southampton Hospital Charity. It has share capital of £841,000 (£841,000 at 31 March 2021), receivables of £261,000 (£184,000 at 31 March 2021) and payables of £4,000 (£70,000 at 31 March 2021) with UHS Pharmacy Ltd, and share capital of £19,000k (£14,200k at 31 March 2021), and receivables of £43,210k (£34,731k at 31 March 2021) and payables of £48,886k (£41,683k at 31 March 2021) and borrowings of £10,278k (£6,641k at 31 March 2021) with UHS Estates Ltd. Transactions with related parties are on a normal commercial basis and are outlined below at 31 March 2020, and receivables of £34.731m (£28.343m at 31 March 2020) and payables of £41.683m (£19.780m at 31 March 2020) and borrowings of £6.641m (£0 at 31 March 2020) with UHS Estates Ltd. Transactions with related parties are on a normal commercial basis and are outlined below.

	Year ended 31 March 2022		Year ended 31 March 2021	
	Income £000	Expenditure £000	Income £000	Expenditure £000
Transactions with UHS Estates Ltd	1,333	7,393	724	3,350
Transactions with UHS Pharmacy Ltd	520	23,488	219	1,429
Transactions with Southampton Hospital Charity	0	0	2,477	0

The most significant transaction that the Charity funded in-year was £3.717 million for various projects funded by a single major donor to the Trust.

24.2 Related Parties - 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 £0k (2020/21: £0k) and was charged £0k (2020/21: £0k) from its joint venture for services rendered. The second is jointly controlled by the Trust and Hampshire Hospitals NHS Foundation Trust. The Trust received £570k (2020/21: £200k) and was charged £2,714k (2020/21: £2,611k) for services rendered.

25 Capital Commitments

Group and Trust
Property, Plant and Equipment
Imaging Infrastructure Support Service
Total

Group and Trust	
Total	Total
31 March 2022	31 March 2021
£000	£000
5,808	4,717
22,014	20,423
27,822	25,140

26 Finance Lease obligations

Group and Trust

Gross buildings lease liabilities
of which liabilities are due:
- not later than one year
- later than one year and not later than five years
- later than five years
Finance charges allocated to future periods
Net buildings lease liabilities
- not later than one year
- later than one year and not later than five years
- later than five years

Gross other lease liabilities
of which liabilities are due:
- not later than one year
- later than one year and not later than five years
- later than five years
Finance charges allocated to future periods
Net other lease liabilities
- not later than one year
- later than one year and not later than five years
- later than five years

	Group		Trust	
	Total	Total	Total	Total
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£000	£000	£000	£000
Gross buildings lease liabilities	17,057	18,653	17,057	18,653
of which liabilities are due:				
- not later than one year	2,608	2,404	2,608	2,404
- later than one year and not later than five years	5,561	7,070	5,561	7,070
- later than five years	8,888	9,179	8,888	9,179
Finance charges allocated to future periods	(4,357)	(4,170)	(4,357)	(4,170)
Net buildings lease liabilities	12,700	14,483	12,700	14,483
- not later than one year	1,955	1,929	1,955	1,929
- later than one year and not later than five years	3,985	5,631	3,985	5,631
- later than five years	6,760	6,923	6,760	6,923
Gross other lease liabilities	39,611	42,966	38,061	48,491
of which liabilities are due:				
- not later than one year	9,276	9,041	9,158	9,838
- later than one year and not later than five years	24,573	25,465	24,102	28,742
- later than five years	5,762	8,460	4,801	9,911
Finance charges allocated to future periods	(10,033)	(12,971)	(9,786)	(13,303)
Net other lease liabilities	29,578	29,995	28,275	35,188
- not later than one year	6,727	6,658	6,643	7,400
- later than one year and not later than five years	18,120	18,137	17,762	21,222
- later than five years	4,731	5,200	3,870	6,566

27 On-Statement of Financial Position (SOPF), PFI, LIFT and other service concession arrangements

The Trust identifies the following as service concession arrangements:

- (1) 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 runs to 2023.
- (2) 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	Group		Trust	
	Total 31 March 2022 £000	Total 31 March 2021 £000	Total 31 March 2022 £000	Total 31 March 2021 £000
Gross service concession liabilities of which liabilities are due:				
- not later than one year	470	940	11,776	7,581
- later than one year and not later than five years	470	470	1,870	1,299
- greater than five years	0	470	5,601	3,896
Finance charges allocated to future periods	0	0	4,305	2,386
Net PFI obligation	(16)	(54)	(1,042)	(702)
- not later than one year	454	886	10,734	6,879
- later than one year and not later than five years	454	430	1,729	1,176
- greater than five years	0	456	5,091	3,550
	0	0	3,914	2,153
	454	886	10,734	6,879

27.2 Total on-Statement of Financial Position (SOPF), LIFT and other service concession arrangements

Total future obligations under these on-SoFP schemes are as follows:

Group	Group		Trust	
	Total 31 March 2022 £000	Total 31 March 2021 £000	Total 31 March 2022 £000	Total 31 March 2021 £000
Within one year	1,621	1,621	9,819	6,731
Second to fifth years (inclusive)	0	1,621	32,791	22,062
More than Five years	0	0	189,410	172,665
	1,621	3,242	232,020	201,458

Two new facilities operated by UHS Estates Ltd came into use in year, the GICU Vertical Extension and the Ophthalmology Outpatient unit.

27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator.

Group	Group		Trust	
	Total 31 March 2022 £000	Total 31 March 2021 £000	Total 31 March 2022 £000	Total 31 March 2021 £000
Unitary payments payable to service concession operator:	1,621	1,621	8,287	6,007
Consisting of:				
- Interest charge	35	43	136	739
- Repayment of finance lease liability	405	401	1,419	480
- Service element: chargeable to Statement of Comprehensive Income (SOC1)	1,181	1,177	5,262	3,871
- Service element: repayment re capital	0	0	1,470	917

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28.1 Imaging Infrastructure Support Service commitments

	31 March 2022			31 March 2021		
	Service and maintenance £000	Finance lease interest and repayments £000	Total £000	Service and maintenance £000	Finance lease interest and repayments £000	Total £000
- not later than one year	4,006	6,399	10,405	4,888	4,538	9,426
- later than one year and not later than five years	10,341	16,485	26,826	17,107	15,884	32,991
Total	14,347	22,884	37,231	21,995	20,422	42,417

The figures for finance lease interest and payments are also reflected in Note 26

28.2 Other Financial Commitments

	Group		Trust	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
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:				
not later than one year	6,062	6,850	6,062	6,850
after one year and not later than five years payable thereafter	8,125	10,689	8,125	10,689
	161	281	161	281
TOTAL	14,348	17,820	14,348	17,820

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 2022 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.

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30.1 Carrying value and fair value of financial assets

	Group Total	Trust Total
	31 March 2022	31 March 2022
	£000	£000
Trade and other receivables (excluding non financial assets) - with NHS and DHSC bodies	15,898	15,898
Trade and other receivables (excluding non financial assets) - with other bodies	41,273	61,016
Other investments/financial assets	113	19,954
Cash and cash equivalents at bank and in hand	148,102	147,882
NHS Charitable fund financial assets	21,953	0
Total	227,339	244,750

All financial assets are held at amortised cost.

30.2 Carrying value and fair value of financial liabilities

	Group Total	Trust Total
	31 March 2022	31 March 2022
	£000	£000
DHSC loans	8,406	8,406
Other borrowings excluding finance lease and PFI liabilities	211	211
Obligations under finance leases	42,278	40,979
Obligations under PFI, LIFT and other service concession contracts	454	10,734
Trade and other payables (excluding non financial liabilities) - with NHS and DHSC bodies	20,993	20,993
Trade and other payables (excluding non financial liabilities) - with other bodies	119,968	168,714
IAS 37 provisions which are financial liabilities	2,075	2,075
NHS Charitable funds: financial liabilities	302	0
Total	194,687	252,112

30.3 Maturity of Financial liabilities

	Group 31 March 2022	Trust 31 March 2022
	£000	£000
In one year or less	157,065	157,280
In more than one year but not more than five years	36,838	48,569
In more than five years	15,690	61,944
Total	209,593	267,793

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 million, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

