



University Hospital
Southampton
NHS Foundation Trust



ANNUAL REPORT AND ACCOUNTS 2023/24

Incorporating the quality account

University Hospital Southampton
NHS Foundation Trust

Annual Report and Accounts 2023/24

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

Contents

Welcome from our chair and chief executive	6
Overview and performance	8
Performance report	9
Overview	10
Accountability report	37
Directors' report	38
Remuneration report	62
Staff report	75
Annual governance statement	95
Quality account	111
Statement on quality from the chief executive	112
Priorities for improvement and statements of assurance from the board	115
Other information	180
Annual accounts	207
Statement from the chief financial officer	208
Auditor's report	210
Foreword to the accounts	217
Statement of Comprehensive Income	218
Statement of Financial Position	219
Statement of Changes in Taxpayers' Equity	220
Statement of Cash Flows	221
Notes to the accounts	222

Welcome from the Chair and Chief Executive Officer

This has been another busy and undoubtedly challenging year across the NHS and UK health and social care system, and much of what has impacted the national picture has been reflected in the operational focuses and patient and people priorities for University Hospital Southampton NHS Foundation Trust ('UHS' or the 'Trust') over the last year.

Meeting and continuing to overcome the challenges we have faced has required an organisation-wide team effort, and looking back at the successes we feel incredibly proud of the achievements of our 13,000 staff. Particular highlights include:

- In the top ten in the country (7th) against government targets for elective recovery performance with 118% of activity compared with 2019.
- Top-quartile performance against most performance metrics compared to similar sized teaching hospitals, including Emergency Department access, long-waiting patients on Referral to Treatment pathways, Diagnostics and Cancer performance.
- Significant investment in new capacity through building new wards and theatres and refurbishing existing areas of the hospital.
- Delivery of our highest ever Cost Improvement Programme saving.

These achievements place us among the best performing trusts in England in several areas and are even more remarkable against a backdrop of continued periods of industrial action and increasing demand for our services, with many people coming to us with higher levels of acuity than ever before.

The Trust's performance in terms of elective recovery places it as one of the best-performing trusts in England and demonstrates the impact of the Trust's decision to invest in additional capacity in prior years by building new wards and theatres.

The Trust's Emergency Department performance in respect of its four-hour waiting target at the end of March 2024 has attracted additional capital funding as part of an incentive scheme. Some of this funding will be used to increase the department's same-day emergency care capacity during 2024/25.

From a financial perspective, balancing the complexities of today's challenges alongside the need to protect and ensure the long-term stability and quality of our service provision, has required the Board to take a number of considered and crucial efficiency improvement actions this year. Whilst challenging, the Trust has seen significant progress in delivering on both its forecasted finance position for 2023/24 and productivity targets.

Achieving long-term financial stability is key to us continuing to invest in much needed upgrades and improvements to the parts of our estate that are ageing, and to developing new state-of-the-art facilities and infrastructure that increases our capabilities and capacity into the future. In the last year parts of the hospital have been transformed, with the opening of new wards, theatres and a skybridge to link the estate. Construction of a sterile services and aseptic facility has begun at Adanac Park and the expansion of our neonatal department, where we treat and care for some of our most vulnerable babies and their families, is underway. The development of a new aseptic facility at Adanac Park will have capacity to serve other hospitals within the region and is a significant opportunity for improved system-wide working.



We have also worked with our people to design spaces where they can rest, relax and recharge - including a new wellbeing hub and rooftop garden on the Princess Anne Hospital site. In addition, 40 staff rooms across the site have been refurbished thanks to funding from Southampton Hospitals Charity.

During the year, the Trust worked to establish the Southampton Hospitals Charity as a separate charitable company to improve its ability to both raise and spend funds. This process completed on 1 April 2024. Work was carried out to refurbish a children's ward during the year in partnership with the charity.

Our people are our greatest asset, and we are pleased to see improvements from the annual staff survey in several areas - such as how people can work more flexibly, access to learning and development and improved satisfaction in support from line managers. We recognise the pressures and demands that come with working in this environment and will continue to ensure everyone working here feels heard, encouraged and supported when raising concerns.

At UHS, every opportunity is taken to recognise and celebrate the incredible things our people do here every day, including the return of our in-person annual awards ceremony, monthly staff recognition events and the first ever 'We Are UHS Week'. These occasions are an important reminder that, even when faced with challenges, there is so much to be proud of and celebrate across the whole Trust.



Working together, both within the Trust and across organisational boundaries, remains one of our core values. The partnership between

UHS and the University of Southampton is as strong as it has ever been, with more than 250,000 individuals having now taken part in research studies in Southampton. As the lead partner member for Acute Hospital Services on the Hampshire and Isle of Wight Integrated Care Board, we are proactively working with other trusts and healthcare providers in the region to improve the health of the community we serve. In addition, the Trust has continued to work in partnership with other providers across the system to build a shared elective orthopaedic hub in Winchester.

It is anticipated that the health and social care system will continue to be a challenging environment in 2024/25. We recognise that many of the big challenges we face can only be solved in partnership with wider local partners, and we are committed to actively playing our part in delivering system-wide solutions. Equally, we will continue to focus on improving whatever is within our internal control, and to work collaboratively with our people to ensure our patients' experience, safety and outcomes remain central to our decision-making and the actions of everyone at UHS.

Jenni Douglas-Todd
Chair
19 July 2024

David French
Chief Executive Officer
19 July 2024

PERFORMANCE REPORT



Performance report

Introduction from the Chief Executive Officer

As with 2022/23, this was another challenging year with continued increasing demand for the Trust's resources and the need to balance this with the need to deliver quality patient care and at the same time maintain a sustainable financial position.

Demand for non-elective care continued to increase with an average of 375 attendances per day to our main Emergency Department. In addition, the number of patients on the 18-week Referral to Treatment pathway rose to 58,000.

Patients having no clinical criteria to reside in hospital, but unable to be discharged due to the lack of funded care in a more suitable location, posed and continues to pose a significant challenge for the Trust. The number of patients within this category was as high as 270 at times and was consistently higher throughout the year when compared to 2022/23.

Despite this the Trust continued to perform well when compared to other comparable organisations, achieving some of the best Emergency Department and elective recovery fund performance in England.

The Trust's financial position continued to be difficult, which required some difficult decisions in respect of spending controls and controls on recruitment. The Trust focused in particular on controlling spending on temporary and agency staff, but in view of the overall workforce numbers compared to the 2023/24 plan, further controls were implemented in respect of substantive recruitment.

Due to the additional controls and the Trust's best delivery to date on its Cost Improvement Programme (£63.4m), the Trust achieved an end of year deficit of £4.5m, compared to the deficit of £26m anticipated in its 2023/24 plan.

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 £1.3 billion in 2023/24. 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 nearly four million people in central southern England and the Channel Islands. The Trust is also a designated major trauma centre, one of only two places in the south of England to offer adults and children full major trauma care provision.

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

Every year the Trust:

treats around
155,000
inpatients and day patients, including about 70,000 emergency admissions

sees over
750,000
people at outpatient appointments

deals with around
150,000
cases in our emergency department

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

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

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

Trust services are supported by clinical income, of which 54% is paid for by NHS England and 43% by integrated care boards, predominantly the Hampshire and Isle of Wight Integrated Care Board (ICB). These are provided under a standard NHS contract, which incorporates ongoing monitoring of the Trust and the quality of the services provided.

Our structure

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

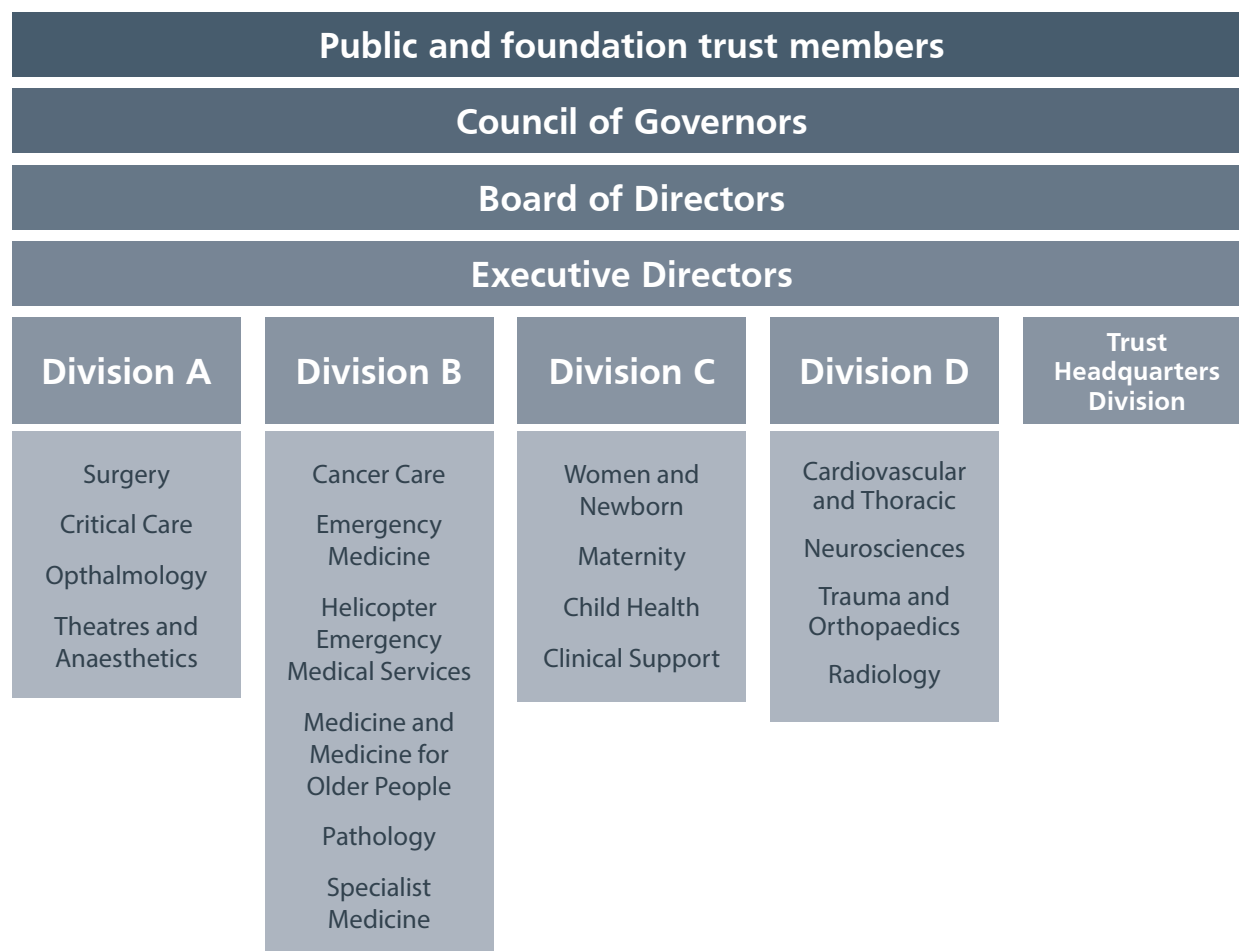
Since 1 July 2022, the Trust has been part of the Hampshire and Isle of Wight Integrated Care System when this was established through the Health and Social Care Act 2022. Each ICS has two statutory elements: an integrated care partnership (ICP) and an integrated care board.

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

The ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.

The Trust has been a university teaching hospital since 1971.

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



Our values

The Trust's values describe how things are done 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.

These 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 its staff had experienced during the COVID-19 pandemic and what had been learnt from this. The vision for UHS is to become an organisation of **world class people delivering world class care**.

The Trust's strategy is organised around five themes and for each of these it describes a number of ambitions UHS aims 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.

OVERVIEW AND PERFORMANCE

Theme	Ambitions
Foundations for the future Making our enabling infrastructure (finance, digital, estate) fit for the future to support a leading university teaching hospital in the 21st century and recognising our responsibility as a major employer in the community of Southampton and our role in broader environmental sustainability.	<ul style="list-style-type: none"> • We will deliver best value to the taxpayer 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 2023/24 these objectives included:

Outstanding patient outcomes, experience and safety	<ul style="list-style-type: none"> • Increasing the number of reported Shared Decision-Making conversations. • Increasing the number of specialities reporting outcomes that matter to patients. • Rolling out the Patient Safety Incident Reporting Framework across the Trust. • Working with patients as partners to improve patient satisfaction. • Treating patients according to need but aiming for no patient to wait, other than through patient choice, more than 65 weeks for treatment.
Pioneering research and innovation	<ul style="list-style-type: none"> • Delivering national metrics for site set-up time to target for clinical research studies. • Improving the Trust's position against peers. • Delivering year three of the Trust's research and innovation investment plan. • Developing the five-year research and development strategy implementation plan and delivery of the first year. • Strengthening and broadening the partnership between the Trust and the University of Southampton.
World class people	<ul style="list-style-type: none"> • Supporting delivery of the Trust's workforce plan for 2023/24. • Reducing turnover and sickness absence rates. • Increasing overall participation in the NHS staff survey and maintaining overall staff engagement score. • Increasing the proportion of appraisals completed. • Delivering the first year objectives of the Inclusion and Belonging strategy.
Integrated networks and collaboration	<ul style="list-style-type: none"> • Working in partnership with acute trusts to agree and implement the acute services strategy. • Producing and embedding an internal framework for network development. • Working with the local delivery system on vertical integration to reduce the number of patients without criteria to reside. • Working with system partners to open a surgical elective hub. • For the Trust to be seen as an 'anchor institution' in the local area.
Foundations for the future	<ul style="list-style-type: none"> • Delivering the Trust's financial plan for 2023/24. • Engaging the organisation in the challenge to manage demand so that capacity and demand are in equilibrium. • Delivery of the Always Improving strategy priorities. • Delivering the Trust's capital programme in full. • Entering into a new energy performance contract and delivering the first year of the Public Sector Decarbonisation Scheme.

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

OVERVIEW AND PERFORMANCE

At the end of 2023/24, the Trust had met the objectives set as follows:

Corporate Ambition	Number of Objectives	Achieved in full	Partially achieved	Not achieved
Outstanding patient outcomes, safety and experience	5	4	1	0
Pioneering research and innovation	5	3	2	0
World class people	5	2	2	1
Integrated networks and collaboration	5	3	1	1
Foundations for the future	5	2	3	0
Totals	25	14	9	2

Particular areas to highlight where the Trust has achieved strong delivery during the year include:

- Delivery of quality priorities in Shared Decision-Making and the roll out of the Patient Safety Incident Response Framework.
- Achieving the Trust's 65-week waiter glide path.
- Successful delivery of a number of research and development priorities, including work with the University of Southampton.
- Maintaining sickness absence and turnover well below the targets set at the beginning of the year, and successfully delivering the first year of the Trust's Inclusion and Belonging strategy.
- Delivery of the Trust's full available capital budget and completion of the first year of the Trust's decarbonisation scheme.

Principal risks to our strategy and objectives

The Board has identified and manages the principal risks to the delivery of its strategy and objectives through its board assurance framework. The principal risks to the delivery of its strategy and objectives identified by the Trust during 2023/24 were that:

- There would be a lack of capacity to appropriately respond to emergency demand, manage the increasing waiting lists for elective demand, and provide timely diagnostics, that results in avoidable harm to patients.
- Due to the current challenges, the Trust fails to provide patients and their families or carers with a high-quality experience of care and positive patient outcomes.
- The Trust would not effectively plan for and implement infection prevention and control measures that reduce the number of hospital-acquired infections and limit the number of nosocomial outbreaks of infection.
- The Trust does not take full advantage of its position as a leading university teaching hospital with a growing, reputable and innovative research and development portfolio, attracting the best staff and efficiently delivering the best possible treatments and care for its patients.
- The Trust is unable to meet current and planned service requirements due to unavailability of qualified staff to fulfil key roles.
- The Trust fails to develop a diverse, compassionate and inclusive workforce, providing a more positive experience for all staff.
- The Trust fails to create a sustainable and innovative education and development response to meet the current and future workforce needs identified in the Trust's longer-term workforce plan.
- The Trust does not implement effective models to deliver integrated and networked care, resulting in sub-optimal patient experience and outcomes, increased numbers of admissions and increases in patients' length of stay.
- The Trust is unable to deliver a financial breakeven position, resulting in: inability to move out of the NHS England Recovery Support Programme; NHS England imposing additional controls/undertakings; and a reducing cash balance, impacting the Trust's ability to invest in line with its capital plan, estates and digital strategies and in transformation initiatives.
- The Trust does not adequately maintain, improve and develop its estate to deliver its clinical services and increase capacity.
- The Trust fails to introduce and implement new technology and expand the use of existing technology to transform its delivery of care through the funding and delivery of the digital strategy.
- The Trust fails to prioritise green initiatives to deliver a trajectory that will reduce its direct and indirect carbon footprint by 80% by 2028-2032 (compared with a 1990 baseline) and reach net zero direct carbon emissions by 2040 and net zero indirect carbon emissions by 2045.

During 2023/24, the Trust saw continued increased demand for its services, particularly in the Emergency Department. In addition, the number of patients having no clinical criteria to reside in hospital, but unable to be discharged due to a lack of appropriate care packages was higher than anticipated and spiked during winter, which significantly impacted patient flow through the hospital and required the Trust to engage additional temporary staff. The number of patients in this category peaked at 270 during the winter. There were particular challenges in respect of those patients with a primary mental health care need who would be better cared for in a more suitable alternative setting.

Performance overview

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

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

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

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

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

<p>Capacity</p>	<p>The Trust continued to experience high demand for its services, especially in the Emergency Department, with average demand during the year being around 375 patients presenting per day in the main adult and children’s emergency department.</p> <p>In addition, the Trust experienced a significant impact on flow within the hospital due to a high number of patients having no clinical criteria to reside in hospital but unable to be discharged. This number was as high as 270 at times during winter: an increase of around 50 patients when compared to the prior year.</p> <p>The Trust also saw an increase in the number of referrals with the number of patients on a waiting list under the 18-week Referral to Treatment pathway rising from approximately 55,000 to 58,000 by the end of the year.</p> <p>In common with other trusts, the ongoing industrial action also impacted the Trust’s ability to provide urgent care and deliver on its elective recovery programme.</p> <p>Despite the challenges, the Trust’s Emergency Department performance was one of the highest in England in March 2024, which resulted in additional capital funding being awarded. In addition, the Trust’s elective recovery performance was one of the best in England at 118% compared to 2019.</p>
<p>Quality and compliance</p>	<p>The Trust continued to monitor the quality of care delivered throughout 2023/24 through a number of established quality assurance programmes. Clinical leaders monitored key quality, safety and patient experience indicators such as falls, pressure ulcers and venous thromboembolisms.</p> <p>Quality peer reviews were carried out, most significantly through Matron-led Quality Walkabouts every week in and out of hours focusing on the five key CQC questions – safe, effective, responsive, caring, and well-led. The Trust’s Clinical Accreditation Scheme builds on this intelligence, with clinical areas completing self-assessments of performance and review teams completing onsite visits. Patient representatives were included in these review teams. Learning was shared at the Clinical Leaders’ Group and via quarterly reports.</p> <p>The Trust was an active partner in a South-East accreditation network, offering advice and a steer to providers who are just setting up or looking to develop their own scheme, and extended that advice and support to other providers in England.</p>

OVERVIEW AND PERFORMANCE

	<p>On 15 May 2023, the CQC inspected the maternity and midwifery service at Princess Anne Hospital as part of their national maternity inspection programme. The inspection report was published 11 August 2023, and the Trust retained its overall rating of 'good'.</p> <p>This year UHS introduced its Fundamentals of Care (FOC) initiative. Whilst this is not a new concept, there were concerns that missed fundamental care had been amplified during the COVID- 19 pandemic. This initiative aims to empower and educate staff at all levels to ensure fundamental care is at the heart of what the Trust does.</p> <p>The Trust completed its transition to the Patient Safety Incident Response Framework (PSIRF) and collaborated with the ICB to develop a PSIRF plan and policy to underpin the change.</p> <p>The Trust implemented the requirements in respect of 'Martha's Rule' where patients, relatives and carers have a legal right to a rapid review by a critical care outreach team during an acute deterioration episode in and out of hours.</p> <p>The Trust continued its focus on infection prevention and control, responding rapidly to rises in infection over the winter, and successfully flexing initiatives and innovations to achieve successful management in a responsive manner.</p> <p>The Trust progressed its Always Improving strategy and successfully supported the identification and implementation of further quality improvement projects. This included improvements across theatres, inpatient flow and outpatient programmes. During the year, average length of stay was reduced by 1.64%, day theatre cancellations were reduced by 200, and 42,350 patients were placed onto Patient Initiated Follow Up (PIFU) pathways.</p> <p>Further information can be found in the Quality Account.</p>
<p>Partnerships</p>	<p>The Trust works within the Hampshire and Isle of Wight Integrated Care System, and is an active member of a number of partner groups including the Acute Provider Collaborative Board and the Health and Wellbeing Board. The Trust develops and agrees its annual financial plans with the Integrated Care Board.</p> <p>The Trust is a member of a number of specific partnership groups for particular services, including the Central and South Genomics Medicine Service, the Children's Hospital Alliance and the Southern Counties Pathology Network.</p> <p>The Trust works actively as a partner with other provider organisations around clinical networks, particularly with acute Trusts within the Integrated Care System and others closely located geographically.</p> <p>The Trust also links closely with the University of Southampton on a number of topics including research, commercial development and education and has a developed meeting structure to oversee this.</p>

OVERVIEW AND PERFORMANCE

<p>Workforce</p>	<p>The Trust's key areas of focus during 2023/24 were in respect of increasing the substantive workforce whilst also reducing reliance on bank and agency usage, and reducing staff turnover and sickness.</p> <p>Although the Trust was successful in recruiting to substantive posts, the expected reduction in reliance on bank and agency staff did not materialise, which meant that the Trust was 331 whole-time equivalents above its plan for 2023/24.</p> <p>The Trust was successful in reducing staff turnover from 13.5% in 2022/23 to 11.4%, achieving the local target of <13.6%.</p> <p>The Trust also achieved a reduction in staff sickness absence from 4.1% in 2022/23 to 3.8% in 2023/24.</p> <p>The periods of industrial action throughout 2023/24 posed significant challenges for the Trust, including in terms of the need to engage additional temporary staff to ensure patient safety.</p>
<p>Estate</p>	<p>In 2023/24 the Trust continued to invest and develop its estates, including spending £8m on infrastructure to reduce its highest backlog maintenance risks, opening two new theatres and refurbishing a children's ward. The Trust also delivered the first year of its decarbonisation programme, spending £12m of external grant funding. These were part of an investment of over £75m of capital in 2023/24, including equipment and digital projects.</p> <p>Even with this investment, the Trust's backlog maintenance estimate has grown to £156m, with £60m categorised as Critical Infrastructure Risk.</p> <p>The Trust also completed the Banksy-funded wellbeing initiatives for the staff. This charitable donation permitted the Trust to not only refurbish 40 staffrooms, but also to introduce a new roof garden for staff at the Princess Anne Hospital site, and build a new wellbeing building, complete with café and gym.</p>
<p>Innovation and technology</p>	<p>The Trust continued to promote research and development during 2023/24, including through partnerships with the University of Southampton and Wessex Health Partners.</p> <p>In December 2023, the Trust achieved the milestone of 250,000 people taking part in National Institute for Health and Care Research (NIHR) studies at UHS.</p> <p>UHS was formally announced as the awarded host for the new Regional Research Delivery Network (RRDN South Central) in the Autumn of 2023. Work is underway creating the new organisational structure before the network transitions in October 2024. The RRDN South Central will serve Buckinghamshire, Oxfordshire, West Berkshire, Hampshire and the Isle of Wight.</p> <p>As part of the Trust's ongoing commitment to innovation, the UHS International Development Centre was set up to help fund and manage UHS and other NHS innovations. This collaboration with the private sector will not only help to deliver better care to NHS patients but also has the potential to return a new revenue stream back into the Trust.</p>

OVERVIEW AND PERFORMANCE

Sustainable financial model	<p>The Trust did not achieve a breakeven position in 2023/24, with a reported deficit of £4.5m following receipt of £24.6m of additional cash support from NHS England.</p> <p>This was due to a number of factors, including continuation of the Trust's previous underlying financial deficit, further demand for services above block contract levels and additional funding not covering the cost pressures faced by the Trust such as the NHS pay award. Further pressure was experienced as a result of the number of patients no longer meeting the criteria to reside and increased volume of patients presenting to the Trust with a primary mental health need.</p> <p>As a result of the financial pressures faced, all organisations within Hampshire and Isle of Wight ICS were placed in the NHS England Recovery Support Programme. The Trust is therefore focused on collective financial recovery actions to improve the finances and achieve a sustainable financial model.</p>
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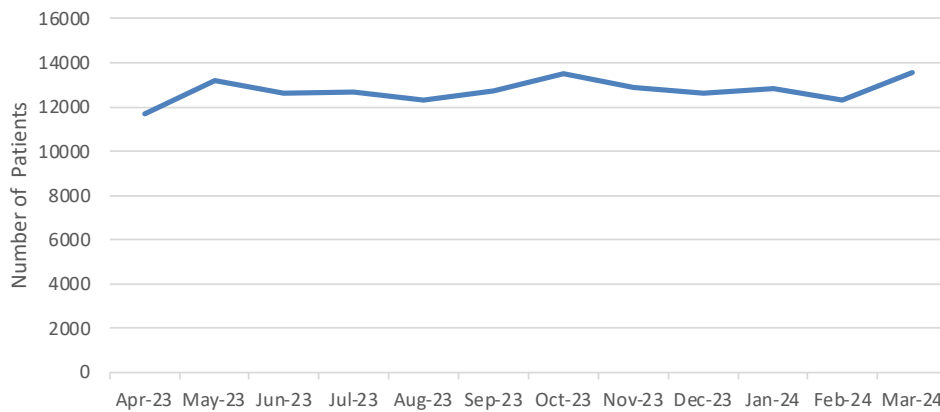
Performance analysis

Emergency access through the Emergency Department

As with the previous year, The Trust continued to experience high demand from patients presenting to receive care in the Emergency Department throughout the year above that seen prior to the COVID-19 pandemic. The number of patients presenting to the Emergency Department (including eye casualty) peaked at 13,559 in March 2024, and averaged 12,700 patients per month throughout the year.

As with other NHS trusts, the industrial action carried out by doctors and nurses which commenced during the latter part of 2022 and continued throughout 2023/24 placed further pressure on the Trust's ability to deliver services. Furthermore, a lack of funded capacity within the Hampshire and Isle of Wight Integrated Care System for patients in need of care either at home or in another setting resulted in reduced flow from the Emergency Department to the relevant ward(s), which placed further strain on the Trust's performance.

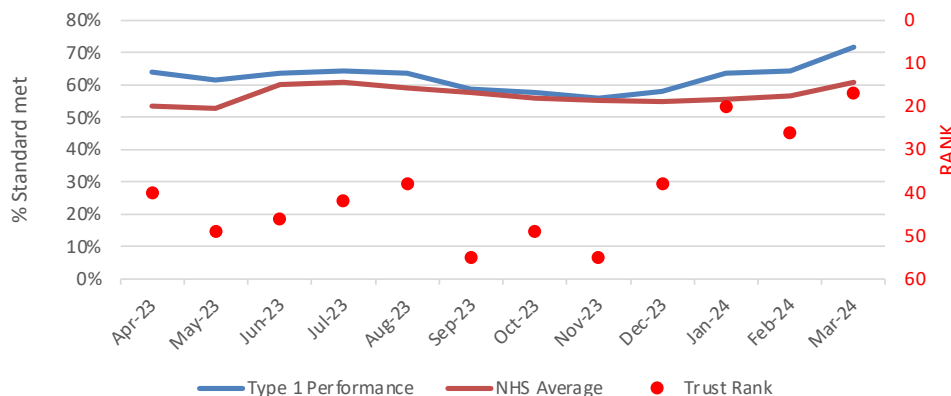
Number of cases presented to the Emergency Department



The high demand for the service continued to impact the timeliness of care and the Trust failed to meet the national target of 95% of main emergency department/type 1 attendances seen within four hours. However, in March 2024, the Trust achieved 72% against this standard, compared with the NHS average of 61%. This placed the Trust as being the 17th best-performing trust in England.

In addition, the Trust was awarded additional capital funding for its Emergency Department performance in March 2024.

Emergency access 4 hour standard UHS vs NHSE average type 1 performance



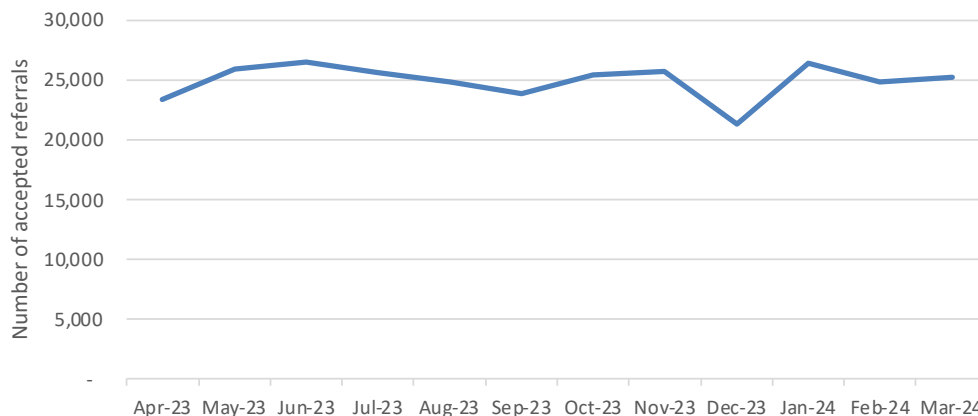
Ambulance handovers are an area of focus for NHS England, with a target of all handovers having to take place within 15 minutes and none waiting more than 30 minutes. During the year, the Trust saw a general increase in the number of ambulances waiting more than 30 minutes, particularly during the winter months. However, from February 2024 onward, the number of ambulances waiting reduced month-on-month. It should be noted, however, that the number of ambulances waiting does not necessarily reflect the actual number of vehicles held, as during times of extreme pressure, multiple patients will be looked after at the hospital by onsite ambulance crew. This enables the ambulances to return to answering emergency calls. However, these patients will be recorded in the figures for handover delays.

Elective Waiting Times

Demand

The Trust experienced an increase in the number of referrals for elective treatment, a continuation of the trend since the end of the COVID-19 pandemic. In April 2023, the Trust accepted 23,351 patients. By the end of March 2024, this number had increased to 25,292.

UHS accepted referrals



Activity

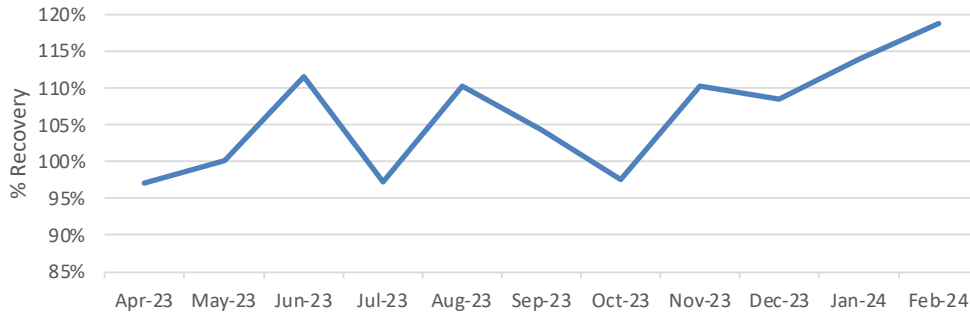
The Trust delivered an increase in the number of hospital appointments, diagnostic tests and elective admissions during the year, exceeding levels in previous years.

The Trust was one of the top performing trusts in terms of its elective recovery programme, achieving an 18% increase in its elective activity during the year when compared to 2019. However, performance in this area and in terms of outpatient appointments was affected by the industrial action by nurses, junior doctors and other members of staff due to the need to cancel non-urgent procedures and appointments in favour of maintaining safe staffing levels in areas such as the emergency department.

At times illnesses such as influenza and norovirus placed significant pressure on the Trust's capacity due to the need to implement appropriate infection prevention control measures. Furthermore, difficulties in discharging patients fit to be discharged, but in need of a care package, placed additional strain on the Trust's capacity.

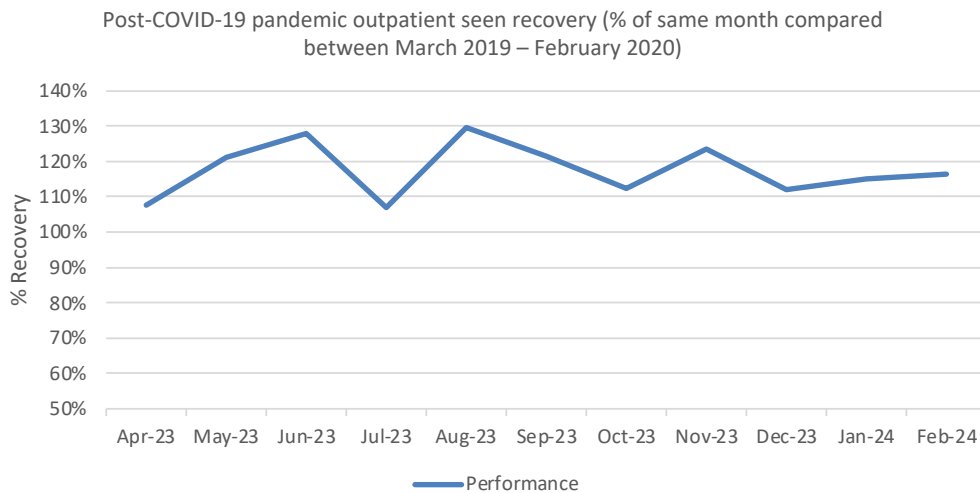
Elective admissions (including day cases)

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



Outpatient attendances

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

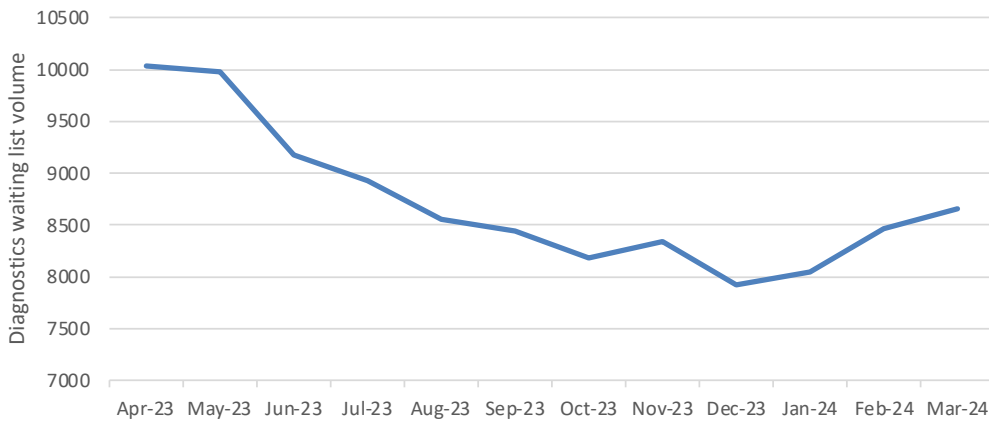


Diagnostics

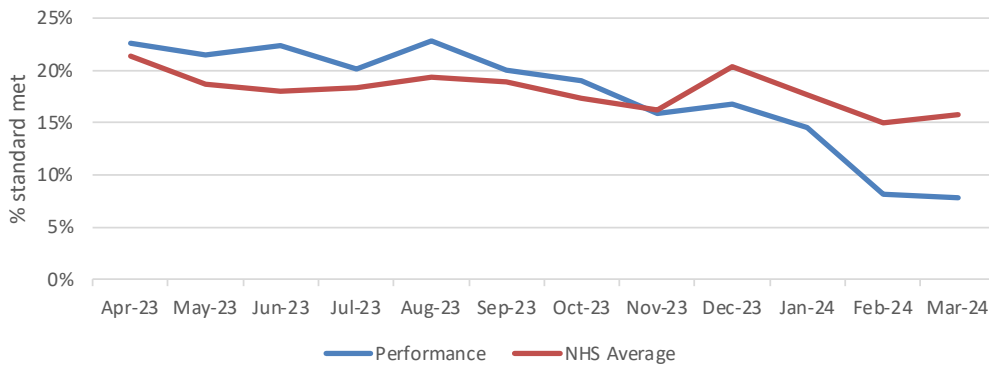
The Trust measures performance on a total of 15 frequently used diagnostic tests.

Whilst in April 2023, 28% of patients were waiting more than six weeks for a diagnostic test to be performed, by March 2024, this figure had reduced to 8%, a significant improvement in terms of the Trust's performance.

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



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



Referral To Treatment

The Trust continued to see an increase in the number of patients being referred for treatment during 2023/24 with just over 58,000 patients on a Referral To Treatment waiting list at the end of the year.

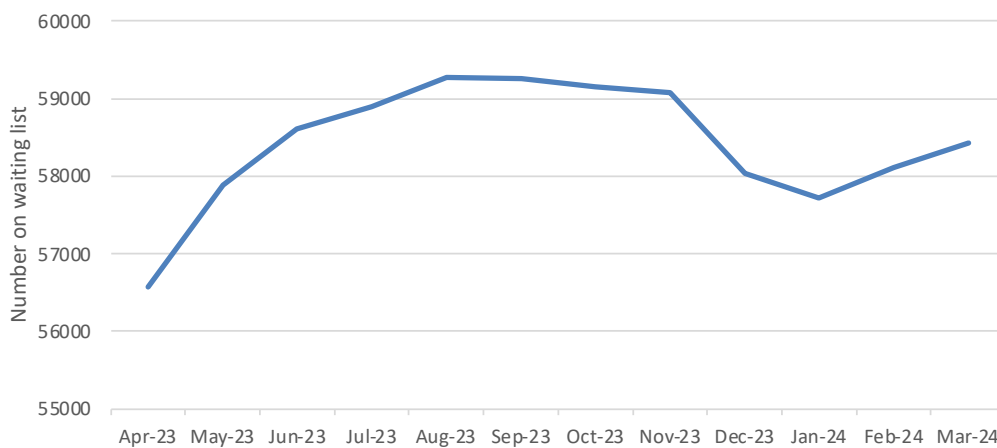
Due to this significant demand, the Trust only achieved 62% of patients being treated within 18 weeks of referral in March 2024. However, this remained above the NHS average of 56%.

Long-waiting patients continued to be an area of particular focus for the Trust during the year with no reported two-year waits since November 2022.

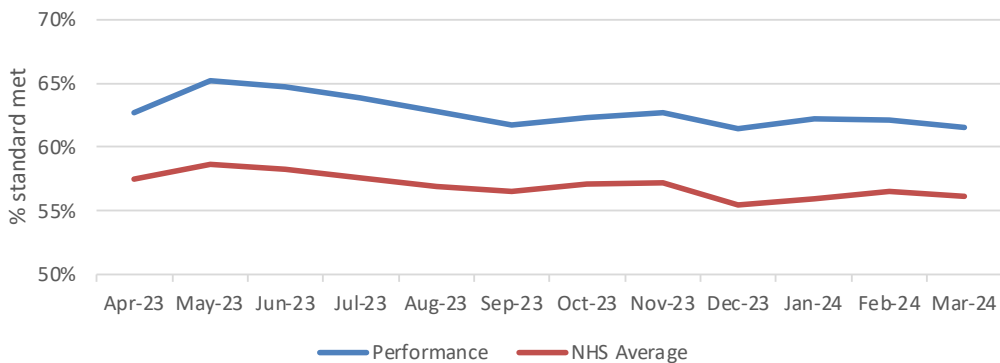
In terms of the number of patients waiting over 78 weeks for treatment, the Trust saw a slight increase when compared to March 2023 (14 patients), with 19 patients missing the 78-week target at the end of 2023/24. However, all but one of these patients related to a national shortage of transplant tissue to carry out corneal transplants over which the Trust had no control.

During the year, the Trust made good progress in reducing the number of patients waiting more than 65 weeks for treatment, seeing this number reduce from 506 in March 2023 to 198 by the end of March 2024.

UHS referral to treatment waiting list



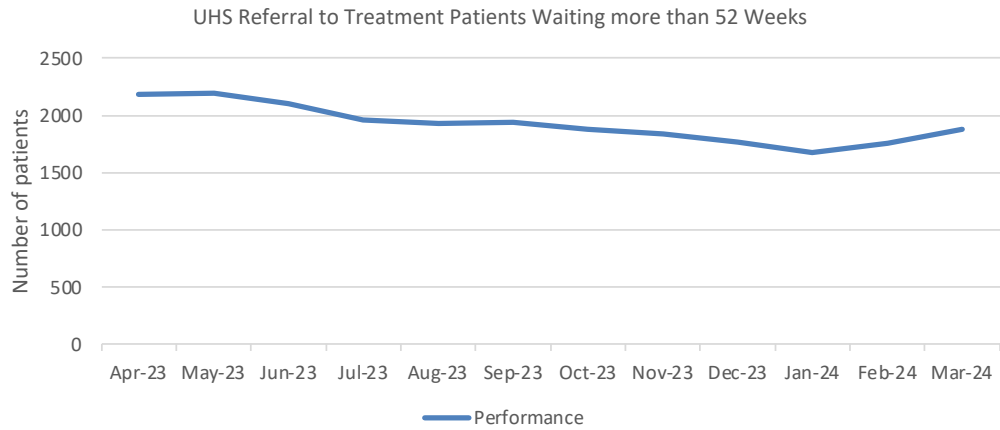
Percentage of patients waiting up to 18 weeks between referral and treatment



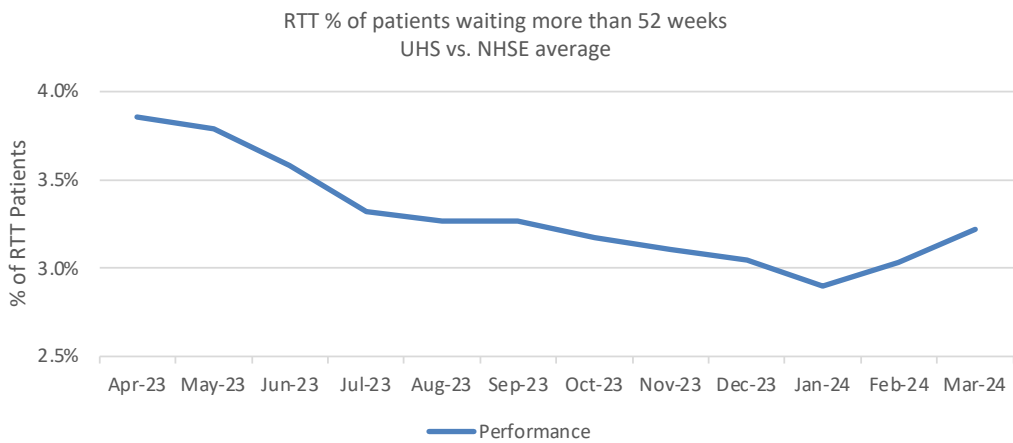
OVERVIEW AND PERFORMANCE

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

UHS referral to treatment patients waiting more than 52 weeks



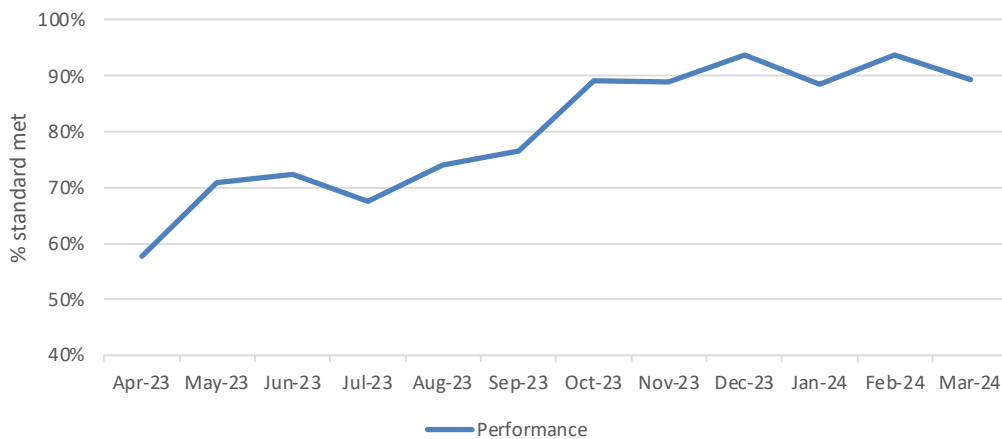
RTT% of patients waiting more than 52 weeks UHS vs NHSE average



Cancer Waiting Times

The Trust is one of 12 regional cancer centres in the UK offering treatment for rare and complex cancers as well as cancer in children and brain cancer. The Trust has historically been in the upper quartile, relative to teaching hospital peers. The Trust’s performance in terms of the number of patients seen within two weeks following a referral by a General Practitioner for suspected cancer improved steadily during the year, rising from 58% in April 2023 to 89% in March 2024 against the national target of 95%.

Cancer Waiting Times - 2 Week Wait Performance

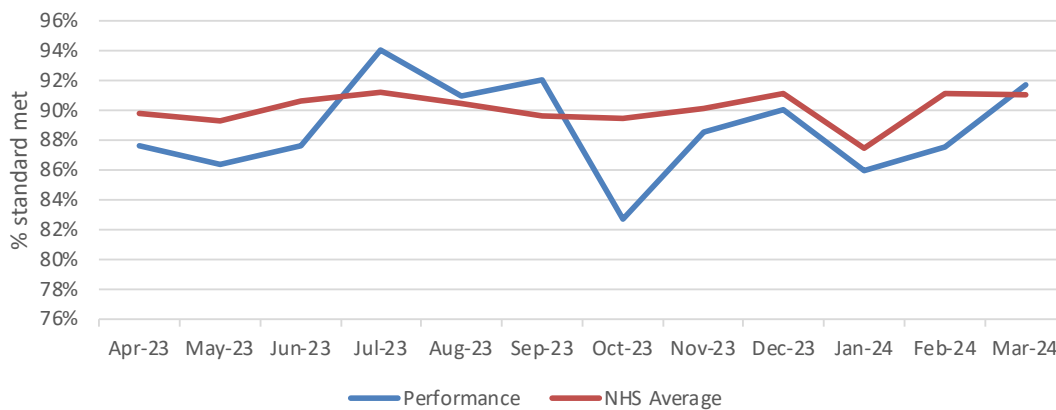


The national target was for 96% of patients to commence treatment within 31 days of diagnosis. In March 2024, the Trust achieved 92% and performed in the range of 86%-94% throughout the year.

The Trust has continued to make progress against the target for treatment of cancer within 62 days of an urgent GP referral, improving performance from 64% in April 2023 to 76% in March 2024 (NHS average: 69%).

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

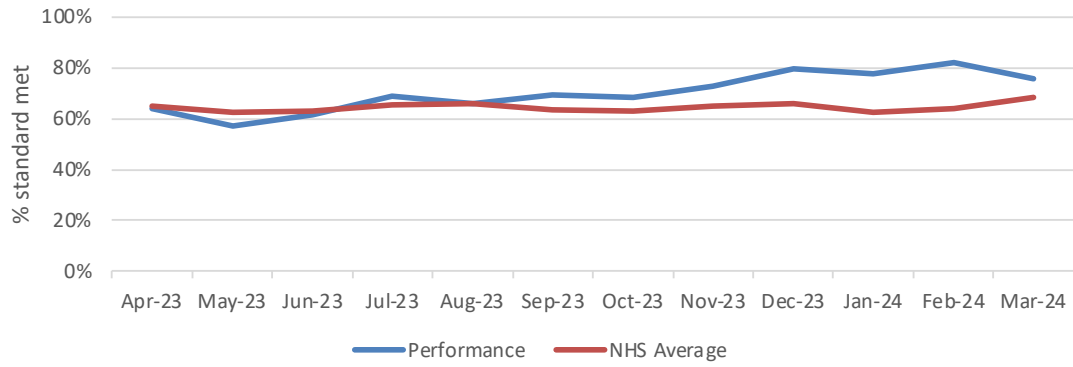
Cancer waiting times 31 day RTT performance UHS vs. NHSE average



OVERVIEW AND PERFORMANCE

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

Cancer Waiting Times 62 Day RTT Performance UHS vs NHSE Average



Quality priorities

Priorities for improvement 2023/24

Last year the Trust continued its ambition to deliver the highest quality care shaped by a range of national, regional, local, and Trust-wide factors. During the year the Trust continued to experience unprecedented demand on its services, with flow, capacity, infection prevention and safety all presenting challenges. However, the Trust was confident in its ability to keep a focus on its quality priorities, and its teams worked hard to achieve their goals even in these difficult circumstances.

Priorities are aligned 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 provided?

Out of the six priorities set, the Trust achieved five and partially achieved one.

Overview of success

Quality Priority One

Improving care for people with learning disabilities and autistic (LDA) people across the Trust. Supporting staff delivering this care.

Outcome against goals: achieved

Key achievements:

- LDA working group reestablished.
- Development of an improvement plan using the NHS Learning Disability Improvement standards.
- The LDA team has moved to the virtual enhanced care group in Division B where operational and governance support, leadership, and peer support/learning opportunities has been strengthened.
- Sensory Boxes have been introduced for all clinical areas, funded by the Hampshire and Isle of Wight (HIOW) Integrated care board (ICB). These boxes include noise cancelling headphones, fidget toys, communication books and visual cards to support patients and wards.
- Recruited additional Learning Disability Champions.
- Established links with the parent carer forum (PCF) for the local area and are now attending regular events. A representative from the PCF sits on the LDA working group. The LDA team are working with the Trust lead for patient experience to develop this aspect of the LDA workplan over the next year.

Quality Priority Two

Supporting patients, service users and staff to overcome their tobacco dependence via a smoking cessation programme.

Outcome against goals: achieved

Key achievements:

- Package of support available to patients who may be smokers and who need to be supported not to smoke during their treatment.
- Fully trained team of tobacco advisors working in the hospital and an advisor working in the outpatient setting supporting the patients once they have returned home.
- Devised the IT changes the Trust would like to implement to improve its service and referral process.
- Recruited 30 smoke-free champions.
- Successfully supported 1,131 patients with a self-confirmed quit rate of 45.6% at 28 days.
- Supported 109 outpatients who have successfully achieved a 60% quit rate.
- On track to achieve the goal to go smoke-free by April 2024 including the removal of smoking shelters.

Quality Priority Three

Ensure carers are fully supported, involved, and valued across all our services by developing the carers support service across the Trust in partnership with Southampton Hospitals.

Outcome against goals: **partially achieved**

Key achievements:

- Carers now have a more comprehensive package of concessions and vouchers to help support their cared-for person (e.g. free parking available onsite for blue badge owners is now available).
- Listening events were held to put patients at the centre of transforming the way we deliver care is delivered, enabling their voices to improve the quality of care and outcomes for all.
- Developed joint working with local partners (e.g. Children's Society and No Limits to support young carers).

Not yet achieved:

- The 'pathway to support, has not yet been developed. Work is ongoing to develop a new strategy.
- A charity-funded carers' support worker has not yet been appointed.
- The carers' training package has not yet been relaunched.

Quality Priority Four

Put patients at the centre of transforming the way care is delivered, enabling their voices to improve the quality of care and outcomes for all.

Outcome against goals: **achieved**

Key achievements:

- Work has continued to work across corporate and divisional services to embed patients and carers into quality and service improvement, creating new patient groups (e.g. Mesh Support Group).
- Successfully developed our engagement with various local communities, working to ensure that a range of care experiences are considered (e.g. there is now a Gypsy, Roma, and Irish Traveller community health liaison officer to ensure that these communities are engaged with and brought into work to improve the inclusivity of our services).
- Attending multiple public engagement opportunities (Young Carers' Festival, Mela, University Freshers' Fayres, Carers' Listening Lunch, Hoglands Park Play Day, visits to local temples and 'Love Where You Live').
- Youth and Young Adult Ambassador involvement has increased, including attendance to meetings of the Council of Governors, and supporting hospital projects.
- A Celebration of Carers Week and Volunteers Week were run.
- The Trust has analysed its reported outcome measures to identify health inequalities in its services. This information has been used to set a new quality priority for 2024/25.
- An SMS friends and family test text survey has been introduced to improve the response rate on patient feedback from the Emergency Department. In the first three months following the survey launch, responses increased from 24 to 424.

Quality Priority Five

To develop the Trust's clinical effectiveness process, connecting to the Trust's Always Improving approach to measuring, understanding, and using outcomes to improve patient care.

Outcome against goals: **achieved**

Key achievements:

- The Trust has developed its clinical effectiveness process across the Trust with involvement of informatics, governance and management teams, clinical effectiveness leads as well as reporting committees.
- Patient representation onhas been included in the clinical assurance meeting for effectiveness and outcomes (CAMEO) to ensure conversations focus on what matters to patients.
- The CAMEO template has been changed to focus discussions on areas the specialty is proud of (strong or improving outcomes), areas for improvement (poorly benchmarked or worsening outcomes) and planned actions.
- The Trust encourages the use of run and/or statistical process control charts along with benchmarking where available.
- Details of NICE and quality standards and national and regional reviews are included to cover breadth of clinical effectiveness.
- How the clinical effectiveness team works has been reorganised, aligning each of them to each division giving a named link which helps to deepen understanding and improve links with governance and improvement activities locally.
- Working with informatics to establish a core set of clinical outcome measures which are meaningful to patients, which can be reported centrally (starting with surgical specialities).
- Starting to develop an education strategy and platform to support staff with a number of tools used in clinical effectiveness as well as clarity on where and how to record and evidence audit and service improvement.
- A revised strategy has been drafted.

Quality Priority Six

Developing a culture where all clinical staff have a basic knowledge of diabetes.

Outcome against goals: **achieved**

Key achievements:

- Launch of the 'Start with the Diabasics' Initiative, designed to help give diabetes visibility across UHS.
- Delivered an extensive education programme to clinical staff across the professions and bands, including the introduction of some e-learning and a Diabasics introductory video has been shown at all trust staff inductions since July 2023.
- Supported the development of 45 diabetes link nurses, resulting in all ward areas now having a named diabetes link nurse.
- Improved triage for referrals.
- Established processes for 'lessons learned'.
- Developed IT solutions to improvingimprove alerts and guidance.
- A 'Ketone Wednesdays' initiative has been created in response to overuse of blood ketone testing (estimated waste cost of £100,000 per year).
- The Trust's lead diabetes specialist nurse and the Diabasics Initiative were both shortlisted for National Quality in the Care Diabetes Awards (October 2023).
- The Diabasics Initiative was mentioned as a case study on the Diabetes UK charity website as an example of good practice that could be reproduced elsewhere.

More information can be found about how the Trust delivered and measured its quality priorities, including feedback from patients and staff and improvement aims and quality priorities for 2024/25, in the Trust's Quality Account for 2023/24.

Financial performance

The Trust delivered a deficit of £4.5m from a revenue position of over £1.3bn, following receipt of £24.6m one-off cash support from NHS England.

UHS started the year with an underlying deficit as a result of a number of cost pressures, notably demand for services being above block contract levels and the cost of national pay awards being above funded levels. The Trust has also continued to face a number of pressures, including high numbers of patients who no longer meet the criteria to reside in the hospital, and high demand for patients with a primary mental health need.

In 2023/24, the Trust delivered a record savings level of £63.4m (5%) across a range of programmes. Trust operating income rose by £107m from the previous financial year, most notably funding the NHS pay award, as well as additional elective recovery funding. Trust operating expenses rose by £89m, incorporating funded inflationary costs as well as costs relating to the cost pressures outlined above.

The Trust has also continued its reinvestment of surplus cash into infrastructure for the Trust, with capital investment of over £75m, including investment in new wards, theatres, decarbonisation, digital infrastructure, neonatal expansion and backlog maintenance.

Trust cash and cash equivalents finished the year at £79m, a reduction of £24m from the previous year due to the operating loss and capital investment outlined above. Whilst liquidity remained strong in 2023/24 supported by NHS England cash support, the underlying financial deficit means it is likely to decline further in 2024/25. The Trust is continuing to monitor its cash position closely and is considering whether additional cash support may be required in 2024/25.

Sustainability

The Trust recognises that everyone has a part to play in responding to the climate crisis. In March 2022, the Trust agreed its own green plan in response to the challenge of the NHS becoming the world's first health service to reach carbon net zero. Now in its third year, the plan identifies the Trust's key areas of focus and its ambitions and has seen progress across all areas of the plan.

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

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

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

In 2022/23, the Trust was successful in bidding for £29.4m of funding through the Public Sector De-Carbonisation Fund, which will be used to fund green initiatives as part of the Trust's capital programme.

During the year the Trust successfully bid for £823k in National Energy Efficiency Funding which has been used to upgrade the lighting at Princess Anne Hospital.

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 its 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 served. Although the Modern Slavery Act 2015 does not apply to the Trust, its green plan sets out an ambition to stop modern slavery.

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

Events since the end of the financial year

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

Overseas operations

The Trust does not have any overseas operations.

Equality in service delivery

NHS trusts have an essential role in tackling health inequalities, both as part of the services they provide, but also through work with the wider system. By working with those in integrated care systems, local authorities and third sector organisations, the Trust can have a significant impact on the health of the local population. The national focus on health inequalities is growing. This comes with new legal duties around reporting information and expectations to report on improvement programmes.

In September 2023, a health inequalities steering group was initiated, under the leadership of the Chief Medical Officer, with representation from clinical, operational, transformation, patient experience, research, organisational development and culture, informatics, public health and the Integrated Care Board. The group focused on scoping future priorities aligned to national guidelines, contractual obligations and priorities, regional priorities, feedback from clinical teams and patients, understanding where action is already being taken, and what the data is showing. Overall, the group wanted to identify where UHS can have the greatest impact as an acute care provider for the community.

The plan resulting from this steering group was received positively by the Board, who support the efforts to drive improvements against the impact of health inequalities.

Action is being taken to reduce the impact of health inequalities in specialties across the organisation. These are within the nationally prioritised 'Core20plus5' and 'Core20plus5 CYP' specialties, and many others. A number of these were detailed in last year's annual report. A few examples of the many improvement projects Trust-wide have been highlighted below:

Targeted Lung Health Checks (TLHC)

The oncology team at UHS noticed a smaller proportion of patients coming through the TLHC programme from ethnic minority backgrounds, this was confirmed by a review of attendance data.

In response the service has taken two key actions; they have initiated a community engagement campaign; contacted charities, faith groups and community groups, and attended community settings, including religious institutions, to give talks or drop leaflets explaining the service.

They have also started a research study, alongside the Wessex Cancer Alliance, which aims to identify current challenges with accessing the service for those from ethnic minority backgrounds.

This approach aims to increase awareness of and update the existing service and then, longer term, to allow deeper analysis of how the service can be improved to enable people to access screening.

The service is also looking at how screening can be delivered differently to support access, for example working alongside charity partners to provide screening in the community for those experiencing homelessness.

Maternity

One of the five clinical areas of focus indicated by Core20plus5 is Continuity of Carer in Maternity, particularly for people from Black, Asian and minority ethnic communities.

The NEST midwifery service is designed to provide continuity of carer in maternity to those who meet risk factors, including those from inclusion health groups. A criterion has been developed to support those from non-global majority backgrounds to be triaged for access to this service. Continuity is also established within the consultant team based on postcode for antenatal and postnatal care. There are also aligned consultants associated with risk factors such as alcohol dependency.

In addition, a public health registrar on placement at UHS carried out an audit of pregnancy related walk-ins to the Emergency Department. This data has been analysed to identify indications of inequality of access to Maternity services, leading to some women using the main Emergency Department.

Research

The Care Quality Commission's 2021 Strategy encourages clinical service participation in research to look at local care provision's impact on outcomes and health inequalities.

The research department at UHS has been actively working to broaden participation in research and has employed a community engagement officer to drive this work. Initial scoping for this work has included identifying communities are underserved by research, identifying partners and stakeholders, and opportunities for joined up work and learning from best practice elsewhere. This is being delivered alongside the ICB.

Patient Support Hub

The Patient Support Hub, a volunteer-led initiative, aims to support the reduction in health disparities by providing practical support to UHS patients. Support can include, but is not limited to: the issuing of personalised Sunflower lanyards to help identify and assist patients with hidden disabilities or other needs, supporting homeless and vulnerable patients upon discharge by supplying food parcels and clothing upon request and providing access to a Home and Well Citizens' Advice service for financial advice.

Additionally, volunteer responders play a crucial role in retrieving and returning medical equipment, such as heart monitors, from patients in the community who are unable to transport these items back to UHS. Finally, the Patient Support Hub aids patients on waiting lists who risk digital exclusion by helping them to communicate their preferences regarding the continuation, postponement, or cancellation of their medical procedures.

A liaison officer engages with members of the Gypsy Roma and Traveller community and their families receiving support at UHS. The provision of support beyond clinical care supports addressing wider needs and aids in discharge facilitation, promoting healthy lifestyles, and managing long-term health conditions. Through advocacy, the officer supports the bridged communication between clinical staff and community members during challenging situations by promoting sensitivity and understanding to cultural practices and needs.

The Trust's Accessible service works towards the aims of the Accessible Information Standard in promoting and supporting additional communication support needs. According to the 2021 census data for Southampton, approximately 15% of the population do not use English as their first, main or preferred language, whilst an additional 2% do not speak English 'well' or 'at all'. Across the country, there are 340,000 people registered blind, and more than 12 million people who are registered deaf, have hearing loss or have tinnitus. In the last financial year, the Trust provided more than 7,000 interpreters in appointments, including for spoken and non-spoken languages. This included more than 5,500 over-the-phone on-demand interpreters, more than 500 remote interpreters (either video or pre-booked telephone appointments) and over 1,000 face-to-face appointments.

The structure and programme on health inequalities for 2024/25 will ensure that the efforts being made across the organisation are well supported. It will also enable UHS to build this focus into its key strategic documents as an organisation, and to develop training and access to data so that all services can review opportunities to reduce the impact of health inequalities, access support on how to make improvements and measure the impact of their changes.

OVERVIEW AND PERFORMANCE

There will also be project resource allocated to ensuring that the Trust focuses improvements where national and local guidance state there is the greatest need. The Trust has also been successful in appointing a Health inequalities liaison officer, who will be able to aid clinical teams in supporting our patients and their families.

In winter 2023, NHS England released the ‘Statement on Information on Health Inequalities’. This reflected new duties for the organisation for reporting data on health inequalities within trusts’ accounts. The Trust has been working on reviewing data that is accessible within its systems, both for these mandated reporting lines, and to allow inequalities within nationally prioritised services to be understood. The full list of mandated metrics for reporting can be found below. Where data is accessible, it is included. Where it is not, there is an update on the progress of data collection.

Domain	Indicator	Variables to be published		Data
		Deprivation	Ethnicity	
Elective recovery	Elective activity vs pre-pandemic levels for under 18s and over 18s	✓	✓	* -
Urgent and emergency care	Emergency admissions for under 18s	✓	✓	* -
Mental health	Rates of total Mental Health Act detentions	✓	✓	* -
	Rates of restrictive interventions	✓	✓	* -
	NHS Talking Therapies (formerly IAPT) recovery ¹	✓	-	N/A
	Children and young people’s mental health access ¹	✓	✓	N/A
Smoking cessation	Proportion of adult acute inpatient settings offering smoking cessation services ²	-	-	100%
	Proportion of maternity inpatient settings offering smoking cessation services ²	-	-	100%
Oral health	Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under (number of admissions not number of teeth extracted)	✓	✓	* -

Notes:

* Denotes in progress.

¹The Trust does not provide this service.

²The Trust-wide tobacco dependency team offers support to all clinical areas.

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

19 July 2024

ACCOUNTABILITY REPORT



Accountability report

Directors' report

The Board

At 31 March 2024, the Board was made up of a non-executive Chair, four independent non-executive directors and six executive directors.

Prior to 28 February 2024, there was also a further individual on the Board, who served as an interim non-executive director from 1 August 2023 to 28 February 2024, having previously served as an associate non-executive director.

During 2023/24, the Trust undertook a successful recruitment process for two independent non-executive directors, based on the outputs of a skills/experience assessment of the existing Board. This competitive process was agreed with the Governors' Nomination Committee and Council of Governors, and included stakeholder sessions, and a panel interview at which the members of the Governors' Nomination Committee were in the majority. Following approval by the Council of Governors and completion of the required Fit and Proper Person Tests, Alison Tattersall was appointed as an independent non-executive director on 1 June 2024. The Trust intends to appoint the other successful candidate during 2024/25, but has had to delay their appointment due to an existing potential conflict of interest, which will be resolved prior to appointment.

Jenni Douglas-Todd was appointed as chair on 6 July 2022. Details of Jenni's experience can be found within this Accountability Report. In accordance with paragraph B.2.5 of the Code of Governance for NHS Provider Trusts, Jenni was considered to be independent on appointment.

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

Paragraph B.2.7 of the Code of Governance for NHS Provider Trusts provides that at least half the board of directors, excluding the chair, should comprise non-executive directors determined by the board to be independent. However, from 1 August 2023, the number of non-executive directors on the Board reduced from seven (six non-executive directors and one associate non-executive director) to six (the associate non-executive director having been appointed as an interim non-executive director) with the resignation of Jane Bailey, until 28 February 2024 when the interim non-executive director resigned. Accordingly, between 29 February and 31 March 2024, there were only five non-executive directors on the Board. The Trust undertook a recruitment process (described above) for two non-executive directors, one of whom has been appointed, and the other will be appointed later during 2024/25. This will increase the number of non-executive directors to seven (out of thirteen Board members).

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

ACCOUNTABILITY REPORT

The Board has given careful consideration to the range of skills and experience it requires to run the Trust. Together, the members of the Board bring a wide range of skills and experience to the Trust, such that the Board achieves balance and completeness at the highest level. As part of the recruitment of the two additional non-executive directors referred to above, the Chair considered the current skills and experience of the Board and used this to identify areas where the Board would benefit from stronger skills or experience.

The non-executive directors have been determined to be independent in both character and judgement in accordance with paragraph B.2.6 of the Code of Governance for NHS Provider Trusts.

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

In accordance with paragraph B.2.11 of the Code of Governance for NHS Provider Trusts, one of the non-executive directors, Jane Harwood, was appointed as senior independent director on 1 January 2023.

In addition, Keith Evans has served as deputy chair since 20 October 2022.

The current members of the Board are:

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

Non-executive directors

Dave Bennett Non-executive director

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

Dave joined the board of Cable & Wireless as Sales Director in 2008. He later established 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 where he chaired the trust's healthcare assurance committee. Dave is an associate non-executive on the Shropshire, Telford and Wrekin Integrated Care Board and is also a non-executive director of the Faculty of Medical Leadership and Management (FMLM) and a director of FMLM Applied Ltd. He is also the chair of the YMCA Fairthorne Group.

Trust roles:

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

Non-executive directors

Diana Eccles Non-executive director

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

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

The Faculty of Medicine is the second largest of the five faculties in the University of Southampton, she oversees the research, education and knowledge exchange and enterprise activities within the faculty, much of the activity is in close collaboration with University Hospital Southampton and she continues to work as a Consultant in the Wessex Regional Genetics Service. Her research interests continue to be patient focused and she co-leads a Cancer Research UK funded programme of research (CanVigCanVar) to improve the interpretation and clinical translation of genetic variants in cancer genes across the UK, linking with similar work in international consortia.

	She has published over 330 papers in peer reviewed journals and written 14 book chapters. She contributes regularly to national and international grant review and scientific advisory boards.
<p>Trust roles:</p> <ul style="list-style-type: none"> • Member of Remuneration and Appointment Committee • Member of Quality Committee • Member of Finance and Investment Committee • University liaison lead • Lead non-executive director – Freedom to Speak Up 	

Non-executive directors	
<p>Keith Evans Deputy chair and 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"> • Deputy Chair of the Board • Chair of Audit and Risk Committee • Member of Finance and Investment Committee • Member of People and Organisational Development Committee • Member of Remuneration and Appointment Committee • Lead non-executive director – Digital 	

ACCOUNTABILITY REPORT

Non-executive directors

Jane Harwood
Senior independent director and non-executive director

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

Her career has spanned over 30 years working in senior strategic, corporate and business planning roles, predominantly in the world of policing and local government.

Having left the Mayor's Office for Policing and Crime in 2012, Jane set up her own consultancy business and worked for a number of public and private sector organisations before returning to Surrey Police as part of the chief officer team responsible for HR, Finance and IT. As the collaboration programme across Surrey and Sussex police accelerated she took on the lead for People Services across the two forces and was an active member of the Police CIPD forum. She spent the last two years before retirement leading an IT and change programme across Surrey, Sussex and Thames Valley Police.

Jane is chair of the national charity StreetDoctors and recently stood down from 11 years, service as vice-chair of the national charity Missing People. She is also a trustee for the Wooden Spoon charity.

Trust roles:

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

Non-executive directors

Tim Peachey
Non-executive director

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

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

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

Trust roles:

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

Non-executive directors

Alison Tattersall
Non-executive director

Alison is a customer focused leader, with significant financial services experience, having headed up commercial marketing teams across both Barclays and Barclaycard. She was responsible for driving performance for businesses based in the UK, Europe, Asia and North America.

She is a non-executive director of the Stafford Building Society, a Midlands-based mutual, and also chairs their remuneration and engagement committee, focusing on building an effective culture across the whole society.

In addition to her financial services experience, Alison is a trustee of The People's Dispensary for Sick Animals (PDSA), a charity with 48 veterinary hospitals across the UK providing care for sick and injured pets, and support for their owners.

Alison brings strong marketing, not for profit, digital transformation and customer experience to UHS. Joining the Board in 2024, she is committed to delivering for patients, their families and the communities we serve.

Trust roles:

- Alison is an attendee at all committee meetings

Executive directors

David French
Chief executive officer

David joined the Trust in February 2016 as chief financial officer becoming chief executive in November 2020.

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 with Eli Lilly and Company in the UK and overseas.

He chairs the NHS area network boards for pathology and radiotherapy, and is also the Executive Chair of Wessex Cancer Alliance.

David is also a director of UHS Estates Limited, a subsidiary of the Trust and a director of Southampton Commercial Estates Development Partnership (CEDP) Project Company Limited, an estates development joint venture with Prime plc.

Gail Byrne
Chief nursing officer

Gail joined the Trust in 2010 as deputy director of nursing and head of patient safety. Prior to this, she worked at the Strategic Health Authority as head of patient safety, and director of clinical services at Portsmouth Hospital.

Gail is professionally responsible for nursing, midwives, allied health professionals, and healthcare scientists. Her portfolio responsibilities include patient safety, patient experience, health and safety, infection control, integrated governance and quality improvement which embodies the Trust's value of Always Improving.

Gail is passionate about care, kindness and the staff who work together to deliver this. She also strongly believes in investing in leadership development that has a direct impact on patient safety, patient experience, and patient outcomes.

ACCOUNTABILITY REPORT

Executive directors

Paul Grundy
Chief medical officer

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.

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 Getting It Right First Time reports. He introduced day-case neurosurgery for brain tumours to the UK and developed new biopsy techniques and popularised awake surgery.

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.

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).

Steve Harris
Chief people officer

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.

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).

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.

Prior to joining the Trust, Steve worked in HR for the Isle of Wight NHS Trust and in Hampshire Hospitals NHS Foundation Trust.

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 serving as deputy director of finance since July 2018.</p> <p>He read accounting and business studies at the University of Portsmouth before joining the NHS in 2007 on the national graduate management training scheme, where he qualified as a chartered management accountant in 2010.</p> <p>He has worked across a variety of roles within the NHS, including primary care trusts and clinical commissioning groups. Prior to joining the Trust in 2017, he worked for NHS England in the Wessex regional office, where he provided financial leadership and support to the Hampshire and Isle of Wight sustainability and transformation partnership.</p> <p>Ian is a director of Wessex NHS Procurement Limited, a joint venture between the Trust and Hampshire Hospitals NHS Foundation Trust.</p>
<p>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>

The role of the Board

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

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

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

attend meetings of committees of the Board, excluding meetings of the Remuneration and Appointment Committee and, before it was dissolved, the Charitable Funds Committee. The Board also works closely with the Council of Governors to ensure that the interests of patients and the local community are represented.

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

Board meetings

The Board typically meets every month (except August) and at other times as necessary. Every other month part of the meeting is open to the public. Meetings are currently held in person, with an option to attend virtually.

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

Name	Meetings attended
Jenni Douglas-Todd Chair	13 (13)
Jane Bailey Non-executive director (until 31 July 2023)	5 (5)
Dave Bennett Non-executive director	12 (13)
Gail Byrne Chief nursing officer	12 (13)
Diana Eccles Non-executive director	8 (13)
Keith Evans Non-executive director Deputy Chair	12 (13)
David French Chief executive officer	13 (13)
Paul Grundy Chief medical officer	12 (13)
Steve Harris Chief people officer	13 (13)
Jane Harwood Non-executive director Senior independent director	9 (13)
Ian Howard Chief financial officer	13 (13)

Name	Meetings attended
Femi Macaulay Associate non-executive director (until 31 July 2023) Interim non-executive director (until 28 February 2024)	11 (11)
Tim Peachey Non-executive director	11 (13)
Joe Teape Chief operating officer	11 (13)

Note: The Board held 11 formally scheduled and two short-notice/ad hoc meetings during 2023/24.

Board committees

The Board has five standing committees: Audit and Risk Committee, Finance and Investment Committee, People and Organisational Development Committee, Quality Committee and Remuneration and Appointment Committee. The members of each committee are also members of the Board. There is a majority of independent non-executive directors on each committee and an independent non-executive director acts as chair, with the exception of the Remuneration and Appointment Committee, which is chaired by the Trust Chair. A summary of the roles of each of these committees, together with details of their membership and attendance can be found below.

Prior to the transfer of the Southampton Hospitals Charity to an independent charitable company, the Board also had a Charitable Funds Committee, responsible for overseeing charitable activities. This committee was comprised of two independent non-executive directors (one of whom was chair) and two executive directors. It met six times during the year.

The terms of reference for all Board committees are available on the Trust's website.

Audit and Risk Committee

The Audit and Risk Committee is responsible for overseeing, monitoring and reviewing:

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

Member	Meetings attended
Keith Evans, Chair	6 (6)
Jane Bailey (until 31 July 2023)	2 (3)
Dave Bennett	6 (6)
Tim Peachey	6 (6)
Femi Macaulay (until 28 February 2024)	5 (5)

Please see the Audit and Risk Committee report on pages 50 to 52.

Finance and Investment Committee

The Finance and Investment Committee is responsible for:

- Overseeing, monitoring and reviewing the stewardship of the Trust's finances, investments and sustainability of the Trust, including planning, financial performance, capital expenditure and the delivery of the informatics and estates, facilities and capital development annual plans;
- Providing the Board with assurance regarding the Trust's financial position and capital and revenue investments.

Member	Meetings attended
Jane Bailey, Chair (until 31 July 2023)	4 (4)
Dave Bennett, Chair (from 1 August 2023)	9 (10)
Diana Eccles (from 1 August 2023)	5 (6)
Keith Evans	8 (10)
David French	10 (10)
Ian Howard	10 (10)
Joe Teape	9 (10)

Note: Tim Peachey attended one meeting as an alternate.

People and Organisational Development Committee

The People and Organisational Development Committee is responsible for:

- Overseeing, monitoring and reviewing the development and implementation of the people and organisational development strategies and operational plans for the Trust, including the three areas of culture, capacity and capability and skills;
- Providing assurance to the Board regarding the Trust's culture, capacity and capability and skills in support of provision of world-class care for all.

Member	Meetings attended
Jane Harwood, Chair	9 (9)
Keith Evans	7 (9)
Femi Macaulay (until 28 February 2024)	8 (8)
David French	4 (9)
Paul Grundy	2 (9)
Gail Byrne	7 (9)
Steve Harris	9 (9)

Quality Committee

The Quality Committee is responsible for:

- Overseeing, monitoring and reviewing the adequacy and effectiveness of all aspects of the clinical governance arrangements of the Trust, including the governance, risk management and internal control framework and systems supporting the delivery of safe, high quality, patient-centred care;
- Providing the Board with assurance regarding the adequacy and effectiveness of all aspects of clinical governance with a particular focus on quality, patient safety, patient experience and outcomes.

Member	Meetings attended
Tim Peachey, Chair	8 (8)
Dave Bennett	8 (8)
Jane Harwood	6 (8)
Diana Eccles (from 17 July 2023)	4 (6)
Gail Byrne	7 (8)
Paul Grundy	5 (8)
Joe Teape	6 (8)

Remuneration and Appointments Committee

The Remuneration and Appointments Committee is responsible for:

- Identifying and appointing candidates to fill all the executive director positions on the Board and for determining their remuneration and other conditions of service;
- Providing the Board with a means of independent and objective review of remuneration and executive director appointments in accordance with relevant laws, regulations and Trust policies.

Member	Meetings attended
Jenni Douglas-Todd, Chair	4 (4)
Jane Bailey (until 31 July 2023)	1 (1)
Dave Bennett	3 (4)
Diana Eccles	4 (4)
Keith Evans	4 (4)
Jane Harwood	4 (4)
Femi Macaulay (until 28 February 2024)	3 (3)
Tim Peachey	3 (4)

Please see the Remuneration Report on pages 62 to 74.

Board evaluation

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

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

The Chief Executive Officer undertook performance appraisals of the executive directors and the Chief Executive Officer's performance was appraised by the Chair.

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

During 2023/24 as part of its board development programme, the Board held an externally facilitated workshop, which was based on the outputs from observing a Board meeting and interviews with the directors and key stakeholders. This workshop resulted in a number of actions in terms of the Board's operations, how members work together and how to promote greater collaboration with other system partners.

Following the workshop referred to above, the Company Secretary carried out a review of the number and format of Board and committee meetings, Board papers, committee reports and related matters, based on the feedback from the executive and non-executive directors and analysis of practices elsewhere in NHS England. The proposed changes and improvements were reviewed and approved by the Board and will be implemented during 2024/25 and 2025/26.

Audit and Risk Committee

Constitution of the Committee and relationship with the Board

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

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

Composition and meetings

Until 31 July 2023, four independent non-executive directors and an associate non-executive director were members of the committee. From 1 August 2023 until 28 February 2024, the associate non-executive director was appointed as an interim non-executive director to replace Jane Bailey, who resigned on 31 July 2023. Throughout the year, the committee was chaired by Keith Evans. Details of the membership of the committee can be found on page 47.

The deputy chair acts as chair of the Audit and Risk Committee, departing from paragraph D.2.1 of the Code of Governance for NHS Provider Trusts. Given the current committee chair's experience and qualifications, it was considered appropriate that he should remain as committee chair. The Trust is of the view that the key concern is that the chair of the Audit and Risk Committee should be independent, and where the deputy chair is expected to act as chair of the Board, there is potential for the director's independence to become compromised over time. Hence, the Audit and Risk Committee terms of reference include the proviso that, should the deputy chair have to act as chair of the Board for an extended period of time, they will resign as chair of the committee in order to preserve the independence of the committee chair.

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.

Significant issues considered by the committee

Major topics considered by the committee during the year included:

- review of the sustainability of the Trust's financial position and consideration of the guidance from NHS England in respect of the going concern assessment;
- review of the annual report and accounts, including an assessment of whether it is fair, balanced and understandable;
- review of the Trust's treasury management policy and minimum cash holding limit;
- losses and special payments and in particular the controls to minimise the risk of over-payment of staff;
- the outputs and recommendations of investigations by the Trust's local counter-fraud team;
- the compliance by staff with the Trust's declarations of interests policy;
- review of the Trust's approach to risk management, including the board assurance framework, the risk management strategy and policy and operational risk management processes;
- information governance compliance, including the Trust's submission of the Data Security and Protection Toolkit and compliance with requirements in the UK General Data Protection Regulation, the Data Protection Act 2018 and Freedom of Information Act 2000;
- the application of accounting policies (such as income recognition, major and transactions, new areas of activity, finance leases and significant areas of estimation or judgement including valuation of land and buildings and receivables); and
- the tendering process for a new external audit firm and appointment of the same.

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

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

The report is consistent with the draft Annual Governance Statement, head of internal audit opinion and feedback received from the external auditor.

Internal audit

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

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

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

External auditor

The Audit and Risk Committee formally reviews the work of the external auditor each year and communicates this to the Council of Governors to ensure that it is aware of the Trust's view on the performance its external auditor. In addition, the Audit and Risk Committee reviews the auditor's work plan for each year in advance.

The current external auditor, Grant Thornton UK LLP, was first appointed by the Council of Governors for a term of three years from 1 April 2020. In 2023, it was agreed to extend the term by one year in order to be able to participate in a joint tendering exercise with other partners in the Integrated Care System for Hampshire and Isle of Wight during 2023/24. Following the culmination of this tendering process, undertaken jointly with Hampshire Hospitals NHS Foundation Trust, Grant Thornton UK LLP was appointed by the Council of Governors as the Trust's external auditor for a further three years.

The statutory audit fee for 2023/24 was £156,000, for Southampton Hospitals Charity it was £14,000, for UHS Pharmacy Limited it was £10,000 and for UHS Estates Limited it was £42,000. All amounts are excluding VAT. These sums are not material to any of these entities. Before considering taking on such work, the external auditor assessed whether or not there was any potential conflict of interest. Similarly, in its review of the external auditor, the committee assesses whether there is a potential conflict of interest in terms of non-audit work.

Well-led framework

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

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

The Board participates in a board development programme. Please refer to page 50 for details.

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

Leadership capacity and capability are 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.

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

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

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

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

Areas of outstanding practice across the Trust included:

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

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

Council of Governors

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

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

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

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

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

In 2023/24 the Council of Governors was composed as follows:

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

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

Changes and elections to the Council of Governors

During 2023/24 there were several changes to the Council of Governors:

Constituency	Change
Hampshire County Council	The appointed governor had stood down as a governor in March 2023 and a new governor was appointed in June 2023.
Health professional and health scientist staff	The governor for this staff group reached the end of their first term of office in September 2023 and was re-elected for a second term.
Medical practitioners and dental staff	The governor for this constituency reached the end of their first term of office in September 2023 and was elected for a second term.
New Forest, Eastleigh and Test Valley	Two governors reached the end of their first term of office in September 2023. One was re-elected for a second term and the other decided not to stand for re-election. A new governor was elected for their first term in October 2023.
Nursing and midwifery staff	This seat had been vacant since December 2022. The new governor for this staff group was elected for their first term of office in October 2023.
Rest of England and Wales	One of the governors for this constituency stood down in April 2023. Governors decided to fill the vacancy by inviting the next highest polling candidate for that seat at the most recent election to fill the seat until September 2024, which was the remainder of the term of office.
Southampton City Council	Following elections to Southampton City Council in May 2023, the appointed governor decided to stand down. A new governor was appointed in June 2023.
University of Southampton	The appointed governor reached the end of their first term of office in January 2024 and was reappointed for a second term.
Associate governors from the Trust's Youth Ambassadors and Young Adult Ambassadors Groups	In January 2023, the Council of Governors had agreed to appoint two associate governors, one each from the Trust's Youth Ambassadors Group (16-18 age group) and the Young Adult Ambassadors Group (18-25 age group) to join the Council of Governors as associate members. These were to be non-voting roles and would not affect the formal composition of the Council of Governors or require any change to the Trust's Constitution. The two associate governors were appointed in April 2023.

Governor elections commenced in June 2023 for one public constituency (two seats) and three staff groups; health professional and health scientist staff (one seat), medical practitioners and dental staff (one seat) and nursing and midwifery (one seat). Two newly elected governors took office from 1 October 2023 and three were re-elected.

The term of office for two elected public governors will end in September 2024, both are in their first term of office. There will be an additional vacancy as the governor for health professional and health scientist staff will be standing down in June 2024 due to leaving their employment at the Trust. Elections for three vacancies on the Council of Governors will take place in 2024.

Council of governors' meetings

The Council of Governors normally meets every quarter in public. However, between April 2023 and March 2024 there were four meetings, one of which was 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 2022	3 years	3 (4)
Shirley Anderson	Elected, New Forest, Eastleigh and Test Valley	October 2023	3 years	4 (4)
Katherine Barbour	Elected, Southampton City	October 2022	3 years	4 (4)
Patricia Crates	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	4 (4)
Dr Nigel Dickson (until 30 September 2023)	Elected, New Forest, Eastleigh and Test Valley	October 2020	3 years	2 (2)
Helen Eggleton	Appointed, Hampshire and Isle of Wight Integrated Care Board	July 2022	3 years	1 (4)
Professor Mandy Fader	Appointed, University of Southampton	February 2024	3 years	2 (4)
Sandra Gidley	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	3 (4)
Lesley Gilder	Elected, Southampton City	October 2022	3 years	3 (4)
Sathish Harinarayanan	Elected, medical practitioners and dental staff	October 2023	3 years	4 (4)
Linda Hebdige	Elected, Southampton City	October 2022	3 years	3 (4)
Councillor Edward Heron	Appointed, Hampshire County Council	June 2023	2 years	1 (3)
Jenny Lawrie	Elected, Southampton City	October 2022	3 years	4 (4)
Kelly Lloyd	Elected, health professional and health scientist staff	October 2023	3 years	3 (4)
Brian Lovell	Elected, Rest of England and Wales	April 2023	1 year	3 (3)
Esther O'Sullivan	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	3 (4)
Catherine Rushworth	Elected, Isle of Wight	October 2022	3 years	4 (4)
Jake Smokcum	Elected, nursing and midwifery staff	October 2023	2 years	2 (2)

ACCOUNTABILITY REPORT

Governor	Constituency	Elected/ Appointed	Term of office	Meeting Attendance
Liz Taylor	Elected, non-clinical and support staff	October 2022	3 years	2 (4)
Councillor Victoria Ugwoeme	Appointed, Southampton City Council	June 2023	1 year	2 (3)
Quintin van Wyk	Elected, Rest of England and Wales	October 2021	3 years	1 (4)
Professor Emma Wadsworth	Appointed, Solent University	January 2023	3 years	3 (4)
Mike Williams	Elected, New Forest, Eastleigh and Test Valley	October 2023	3 years	2 (2)

In 2023/24 the Council of Governors considered a number of matters including:

- Membership engagement.
- Performance of the Trust.
- Vacancies on the Council of Governors.
- Quality priorities for 2024/25
- Annual report and accounts including the quality account for 2023/24 and the external auditor's report.
- Performance of the external auditor.
- Audit and Risk Committee terms of reference.
- Approval of the re-appointment of one non-executive director.
- The selection process for two new non-executive directors and, subsequently, in April 2024, approval of the appointment of the two successful candidates.
- Approval of the appraisal process for the Chair and non-executive directors and review of the outcomes of appraisal.
- Council of Governors' terms of reference and terms of reference for the Governors' Nomination Committee and the working groups.
- Annual business programme for 2024/25.

Membership and public engagement

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

Virtual events have continued, with the aim of supporting members in looking after their own and other people's health as well as getting involved in research and other participation projects. Events in the last year have focused on topics such as prevention of and living well with type 2 diabetes and dementia research.

Over the summer of 2023 the Trust took part in 12 community events in the area, including two Pride festivals, Eastleigh Mela, Southampton City Council's 'Love Where You Live' events and the University of Southampton and Solent University freshers' fairs. As well as promoting membership and listening to the views of the public, governors and teams from across the Trust used its stall as an opportunity to engage with the public on a number of initiatives, including recruitment, getting involved in research, the patient support hub, volunteering and its youth and young adult ambassador groups. The stall also provided information on where people should go if they need to access healthcare depending on their condition, with a focus on promoting the Healthier Together app for parents to get the right advice if their child is ill.

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 23,000 followers on Facebook, 28,000 on LinkedIn, 19,000 on X (formerly known as Twitter), 4,500 on Instagram and 9,000 on YouTube. In addition, Southampton Children's Hospital accounts have 8,500 followers on Facebook, 4,000 on Twitter and 1,500 on Instagram. These channels have helped convey key messages when services have been under significant pressure, including reminders to only use the emergency department for life or limb threatening conditions while suggesting alternative services.

Over the last year progress has been made in attracting young people, parents and people from a diverse range of ethnic backgrounds to sign up as members, which ensures the membership is representative of the communities that the Trust serves.

Public constituency members	
At year start (1 April 2023)	8,088
New members	337
Members leaving	324
At year end (31 March 2024)	8,101

Membership analysis

As at 31 March 2024 there were 8,101 members in the following public constituencies and in the following demographic groups:

Constituency	Number of members
Southampton City	2,842
New Forest, Eastleigh and Test Valley	3,108
Rest of England and Wales	1,464
Isle of Wight	659
Out of Trust area	28

Ethnicity	Number of members
White	7,038
Mixed	66
Asian/Asian Black	355
Black/Black British	127
Other	64

Age range	Number of members
16	3
17 to 21	146
22+	7,696

Gender	Number of members
Male	3,139
Female	4,802
Transgender	6
Non-binary	1
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, 451 members with no stated ethnicity and 152 members whose gender is unspecified or who prefer not to say.

As at 31 March 2024 there were 14,508 members in the following classes of the staff constituency. Information on staff demographics can be found in the Staff Report.

Constituency	Number of members
Medical practitioners and dental staff	2,483
Nursing and midwifery staff	4,541
Health professional and health scientist staff	4,275
Non-clinical and support staff	3,209

Engagement with the Board

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

Governor contact details

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

Better Payment Practice Code

In accordance with the Better Payment Practice Code, the Trust aims to pay all valid and undisputed invoices by the later of their due date or 30 days following receipt of the invoice. The Trust's performance against this target during 2023/24 is set out below.

	Number of invoices	Value of invoices
Non-NHS invoices		
Invoices due for payment during the year	162,192	629,007
Invoices paid within target	157,359	605,539
Proportion of invoices paid within target	97.0%	96.3%
NHS invoices		
Invoices due for payment during the year	5,301	66,263
Invoices paid within target	4,912	55,929
Proportion of invoices paid within target	92.7%	84.4%
Total		
Invoices due for payment during the year	167,493	695,270
Invoices paid within target	162,271	661,468
Proportion of invoices paid within target	96.9%	95.1%

The Trust's performance against the target of payment of invoices has held stable this year, settling in with the new scanning system and continued process improvements to ensure compliance. There was a specific push towards the last quarter the year to relaunch the Trust's 'No Purchase Order, No Pay' policy which should ensure continuity in hitting Trust targets.

The Trust makes every effort to expedite all payments to smaller suppliers.

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

Non-NHS income

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

Board's responsibility for the Annual Report and Accounts

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

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

The accounts must provide a true and fair view and comply with International Financial Reporting Standards and the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24. In preparing the annual report and accounts, the directors are required to:

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

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

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

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

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

Remuneration report

Annual statement on remuneration from the chair

The most significant decision by the Remuneration and Appointments Committee during the year was in respect of the implementation of the 2023/24 pay award for Very Senior Managers (VSM) in line with NHS England guidance.

The committee discussed the guidance from NHS England in respect of the uplift in VSM salaries in November 2023, and it was agreed that the committee would apply the NHS England guidance.

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

Senior managers' remuneration policy

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

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

Senior managers' service contracts

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

Policy on payments for loss of office

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

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

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

Although employment contracts do not contain claw-back provisions as required by paragraph E.2.4 of the Code of Governance for NHS Provider Trusts, the terms of any relevant settlement agreement would include such provisions. Termination of executive directors' appointments would be managed in accordance with Trust and NHS England employment policies.

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

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

Employment conditions elsewhere in the Trust

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

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

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

Equality, diversity and inclusion

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

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

The Trust does not currently have a published plan to increase the representation of individuals from a diverse ethnic background on the Board or in senior management positions as required by C.1.1 of the Code of Governance for NHS Provider Trusts.

Annual report on remuneration

Remuneration and Appointment committee

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

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

The chief people officer attends all meetings to provide advice to the committee. In addition, the Chief Executive Officer advises the committee on the performance of executive directors other than the Chief Executive Officer. The Company Secretary attends meetings to provide advice on governance requirements and to record the proceedings of the committee.

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

Details of the number of meetings of the committee during the year, together with membership and attendance can be found on page 49.

Governors' Nomination Committee

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

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

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

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

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

The Governors' Nomination Committee met on four occasions between 1 April 2023 and 31 March 2024, 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.

ACCOUNTABILITY REPORT

Member	Meetings attended
Jenni Douglas-Todd	4 (4)
Kelly Lloyd	2 (4)
Shirley Anderson	4 (4)
Helen Eggleton	4 (4)
Patricia Crates ¹	4 (4)

¹ Appointed from 2 March 2023. Patricia Crates' first meeting of the Governors' Nomination Committee was during 2023/24.

During 2023/24 the Governors' Nomination Committee made recommendations to the Council of Governors relating to:

- the appointment of Jane Harwood as a non-executive director for a further term of three years;
- the appointment of Femi Macaulay as an interim non-executive director for an initial period of six months;
- the selection process for the appointment of two new non-executive directors and in respect of the appointment of the successful candidates; and
- the appraisal process for the Chair and non-executive directors, including the outcome of appraisals.

More information about the appointment process for the two new non-executive directors can be found on page 38.

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.

Name	Role	Date of initial appointment	Term of office end date
Non-executive directors			
Jenni Douglas-Todd	Chair	6 July 2022	5 July 2025
Dave Bennett	Non-executive director	15 July 2019	14 July 2025
Keith Evans	Deputy chair Non-executive director	20 October 2022 1 February 2020	31 January 2026 31 January 2026
Diana Eccles	Non-executive director	1 January 2023	31 December 2026
Jane Harwood	Senior independent director Non-executive director	1 January 2023 1 October 2020	30 September 2026 30 September 2026
Tim Peachey	Non-executive director	1 October 2019	30 September 2025

ACCOUNTABILITY REPORT

Name	Role	Date of initial appointment	Term of office end date
Executive directors			
David French ¹	Chief Executive Officer	27 April 2021	Not applicable
Ian Howard ²	Chief Financial Officer	14 March 2022	Not applicable
Gail Byrne	Chief Nursing Officer	1 October 2015	Not applicable
Paul Grundy ³	Chief Medical Officer	17 May 2021	Not applicable
Steve Harris	Chief People Officer	1 September 2020	Not applicable
Joe Teape	Chief Operating Officer	2 December 2019	Not applicable

¹ David French was appointed as Chief Financial Officer on 3 February 2016. David French was appointed as interim Chief Executive Officer on 2 November 2020 and then as substantive Chief Executive Officer on 27 April 2021.

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

³ Paul Grundy was appointed as interim Chief Medical Officer on 1 February 2021 and then as substantive Chief Medical Officer on 17 May 2021.

Senior managers' remuneration (subject to audit)

2023/24						
Name and title	Salary and fees	Taxable benefits	Annual performance-related bonus	Long-term performance-related bonus	All pension-related benefits ^{1 2}	Total
	£000, bands of £5k	£, to the nearest £100	£000, bands of £5k	£000, bands of £5k	£000, bands of £2.5k	£000, bands of £5k
Jenni Douglas-Todd Chair	60-65	0	0	0	0	60-65
Jane Bailey ³ Non-executive director	5-10	0	0	0	0	5-10
Dave Bennett Non-executive director	15-20	0	0	0	0	15-20
Gail Byrne Chief Nursing Officer	180-185	0	0	0	0-2.5	180-185
Cyrus Cooper ⁴ Non-executive director	0-5	0	0	0	0	0-5
Diana Eccles 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	260-265	0	0	0	0-2.5	260-265
Paul Grundy Chief Medical Officer	245-250	0	0	0	0-2.5	245-250
Steve Harris ⁵ Chief People Officer	150-155	0	0	0	0	150-155
Jane Harwood Non-executive director	15-20	0	0	0	0	15-20
Ian Howard Chief Financial Officer	170-175	0	0	0	117.5-120	285-290
Femi Macaulay ⁶ Associate non-executive director	10-15	0	0	0	0	10-15
Tim Peachey Non-executive director	15-20	0	0	0	0	15-20
Joe Teape Chief Operating Officer	195-200	0	0	0	45-47.5	245-250

Notes:

¹ Non-executive directors do not receive pensionable remuneration.

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

ACCOUNTABILITY REPORT

³ Jane Bailey resigned as a non-executive director on 31 July 2023.

⁴ Cyrus Cooper served as a non-executive director until 31 December 2022 and as an associate non-executive director between 1 January 2023 and 31 March 2023.

⁵ Steve Harris chose not to be covered by the pension arrangements during the reporting year.

⁶ Femi Macaulay served as an associate non-executive director until 31 July 2023 and subsequently as an interim non-executive director from 1 August 2023. Femi Macaulay resigned on 28 February 2024.

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

Notes

- ¹ Non-executive directors do not receive pensionable remuneration.
- ² 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.
- ³ Jenni Douglas-Todd was appointed as Chair on 6 July 2022.
- ⁴ Jane Bailey served as interim Chair between 1 April and 5 July 2022.
- ⁵ Cyrus Cooper served as a non-executive director until 31 December 2022 and as an associate non-executive director between 1 January 2023 and 31 March 2023.
- ⁶ Diana Eccles was appointed on 1 January 2023.
- ⁷ Joe Teape chose not to be covered by the pension arrangements during the reporting year.

Senior managers' pension entitlements (subject to audit)

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 1 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer value at 31 March 2024	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	0-2.5	80-85	225-230	50	29	108	0
David French Chief Executive Officer	0-2.5	0-2.5	60-65	0-5	798	156	1,069	0
Paul Grundy Chief Medical Officer	0-2.5	32.5-35	60-65	165-170	1,178	129	1,447	0
Ian Howard Chief Financial Officer	5-7.5	0-2.5	35-40	0-5	255	172	474	0
Joe Teape Chief Operating Officer	2.5-5	0-2.5	65-70	190-195	1,385	55	1,607	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.
- Steve Harris chose not to be covered by the pension arrangements from 1 October 2022.
- Gail Byrne left the pension arrangements when she reached the pension age in the 1995 section on 29 January 2022 and re-joined the 2015 section on 1 December 2022.
- Where the real increase in CETV results in a negative figure, zero is reported.
- CETV figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2024. HM Treasury published updated guidance on 27 April 2023; this guidance was used in the calculation of 2023/24 CETV figures.

Payments for loss of office (subject to audit)

There have been no payments made to senior managers for loss of office during 2023/24.

Payments to past senior managers (subject to audit)

There have been no payments during 2023/24 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 2023/24 was £260-265,000 (2022/23: £250-255,000). This is a change between years of 4.7% (2022/23: 3%).

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 2023/24 was from £22,383 to £280-285,000 (2022/23: £20,700 to £250-255,000). 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 10.8% (2022/23: 5.1%). Three employees received remuneration in excess of the highest-paid director in 2023/24 (2022/23: One).

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.

2023/24	25th percentile	Median	75th percentile
Salary component of pay	£	£	£
Total pay and benefits excluding pension benefits	£28,660	£39,280	£50,980
Pay and benefits excluding pension: pay ratio for highest paid director	9.2:1	6.7:1	5.2:1

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

Directors' and governors' expenses

Directors	2023/24	2022/23
No of directors who held office	15	14
Number of directors who received expenses	2	2
Aggregate amount of expenses paid	£390	£3,708
Governors	2023/24	2022/23
No of governors who held office	26	27
Number of governors who received expenses	3	2
Aggregate amount of expenses paid	£306	£597

The expenses incurred by directors in 2023/24 related to course fees.

The expenses incurred by governors in 2023/24 related to reimbursement for travel expenses.



David French
Chief Executive Officer
 19 July 2024

Staff report

Staff numbers (subject to audit)

Average number of staff employed during 2023/24 (whole-time equivalent (WTE) basis)

Staff Group	Permanently employed staff	Other staff	Total
Medical and dental staff	1,903	56	1,959
Ambulance staff	22	0	22
Administration and estates staff	2,628	121	2,749
Healthcare assistants and other support staff	1,813	273	2,086
Nursing, midwifery and health visiting staff	3,836	472	4,308
Scientific, therapeutic and technical staff	1,477	48	1,525
Healthcare science staff	302	12	314
Social care staff	2	0	2
Grand total	11,984	983	12,967

Staff turnover

Staff turnover during 2023/24 (12 month rolling basis)



Annual staff turnover was 11.4% as of 31 March 2024. There was a decrease in the overall number of staff leaving the Trust in 2023/24. The staff groups with the greatest turnover were administrative and clerical staff, estates and ancillary, and additional clinical services. From April 2023 to March 2024, the three main reasons for given by those leaving were voluntary resignation, retirement and dismissal.

Nursing (clinical wards) vacancies 2023/24



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

Staff costs (subject to audit)

	Permanently employed staff £0	Other staff £0	Total £0
Salaries and wages	574,610	0	574,610
Social security costs	64,199	0	64,199
Apprenticeship levy	2,955	0	2,955
Pension cost – employer contributions to NHS pension scheme	67,355	0	67,355
Pension cost – employer contributions paid by NHS England on behalf of the Trust	29,337	0	29,337
Pension cost – other	0	0	-
Other post-employment benefits	0	0	-
Other employment benefits	0	0	-
Termination benefits	0	0	-
Temporary staff – external bank	0	47,839	47,839
Temporary staff – agency/contract staff	0	10,984	10,984
Total gross staff costs	738,456	58,823	797,279
Recoveries from DHSC group bodies in respect of staff cost netted off expenditure	16,517	0	16,517
Recoveries from other bodies in respect of staff cost netted off expenditure	0	0	-
Total staff costs	721,939	58,823	780,762
Total staff and executive director costs (excluding capitalised costs)	716,586	58,823	775,409

Inclusion and belonging

The Trust's Inclusion and Belonging Strategy 2023-26 was launched in 2023. The strategy is critical to the delivery of the "Belong" element of the People Strategy, and the Trust's ambitions to be an inclusive employer. It sets out clear actions that will be taken to make UHS a place where every person feels they belong and feels safe to carry out their work free from violence, bullying, harassment and abuse, and it sets the direction to ensure the Trust's workforce is representative of the communities it serves.

The five themes of the Inclusion and Belonging strategy are:

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

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

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

WRES and WDES measure experiences of people from black, Asian and ethnic minorities and people with disability and long-term illness, it also tells the Trust whether there is disparity of experience between groups. There are no similar metrics available to measure experience from those with other characteristics protected under the Equality Act 2010.

The 2023 WRES and WDES results were reported in October 2023 for the preceding 12 months. The timing of WRES and WDES is different to the timing of the annual staff survey (results received in January/February) and the Trust's duty to report its annual workforce demographic (31 March). Therefore, workforce numbers, demographic and experience reporting can differ over this timeline.

The WRES results in 2023 have been mixed, with improvements, some declines and some remaining the same from the 2022 results. Whilst representation from people from black, Asian and ethnic minorities across the workforce has improved, any improvement in terms of people feeling there are equal career opportunities at UHS has yet to be seen, and the experiences of bullying, harassment and abuse at work are more prevalent than for colleagues from white backgrounds. A summary of the results is shown below:

- An improvement in the percentage of staff in the workforce at UHS from black, Asian and ethnic backgrounds at 26.3%, an increase of 2.8% from the 2022 results. Success in the Trust's international recruitment programmes has contributed to this increase. UHS was awarded the NHS Pastoral Care Quality Award in 2023 for achievements in the quality of support for internationally educated staff.
- Recruitment data suggests that there is equal likelihood that people from white backgrounds will be appointed from shortlisting as people from black and minority ethnic backgrounds. This is a positive indicator and as inclusive recruitment processes continue to improve, the Trust will aim to sustain this. This indicator has remained the same since 2022.
- People from black, Asian or ethnic minority backgrounds are less likely to be entered into a formal disciplinary process. Unchanged from 2022.
- People from black, Asian or ethnic minority backgrounds are less likely to access non-mandatory training and professional development opportunities. This has remained a declining indicator over the last few years and will be an area of focus for 2024/25.
- People from black, Asian or ethnic minority backgrounds continue to experience higher levels of harassment, bullying or abuse from patients, relatives, or members of the public than white colleagues. Small improvements continue to be made year-on-year since 2021, and the disparity gap has slightly reduced compared to 2022.
- People from black, Asian and ethnic minority backgrounds continue to experience higher levels of harassment, bullying or abuse from staff compared to people from white backgrounds. This indicator had improved between 2021 and 2022 but has declined again in 2023.
- People from black, Asian and ethnic minorities are less confident than white counterparts that there is fair career progression at UHS. After an improvement in 2022, this has declined in 2023. The Trust's Positive Action development programmes launched in 2023 as a direct response to this indicator, and whilst there may not be a change in 2024 results, an improvement in future years is expected once this embeds across the organisation.
- Representation of people from black and ethnic minority backgrounds on the Trust Board has remained the same from 2022.

The 2023 WDES results show that the experiences of people with disabilities and long-term illness at UHS has largely remained the same since 2022. Two indicators have improved, seven have remained the same.

A summary of the 2023 WDES headlines is shown below:

- 11.6% of the total workforce have disclosed they have a disability. This has decreased 4% since 2020 when the declaration rate was at its highest due to the health risk assessment during the COVID-19 pandemic. Due to leavers since that time and new starters not declaring, there has been a year-on-year decrease. This is an area of priority in 2024/25.
- The likelihood of people with disabilities being appointed from shortlisting has improved again in 2023. This indicator has continued to improve year-on-year since 2020.
- People with disabilities are no more likely than non-disabled staff to be entered into a formal capability process. This is unchanged since 2022.
- There has been a 3% improvement from 2022 in people with disabilities or long-term illness saying that UHS has made adequate adjustments for them to carry out their work.
- The experiences of staff with disabilities experiencing bullying, harassment or abuse from the public, colleagues or their managers has remained the same from 2022.
- People without disabilities or long-term illness experiencing bullying, harassment or abuse from other colleagues and reporting it in the preceding 12 months, has remained unchanged since 2022.
- People with disabilities are more inclined to believe the Trust provides equal opportunities for career progression than those without disabilities. This has remained unchanged since 2022.
- People with disabilities or long-term illness are more likely to feel pressure from their manager to come to work, despite not feeling well enough, than colleagues without disability or long-term illness. This has remained the same since 2022.
- People with disabilities or long-term illness are less satisfied than colleagues without disability or long-term illness in terms of feeling valued at work. This indicator has remained unchanged since 2022.
- There are no Trust Board members who have declared they have a long-term illness or disability. This indicator has not changed since the implementation of WDES.

In 2023/24, the Trust has achieved the following actions as set out in year one of the UHS People Strategy:

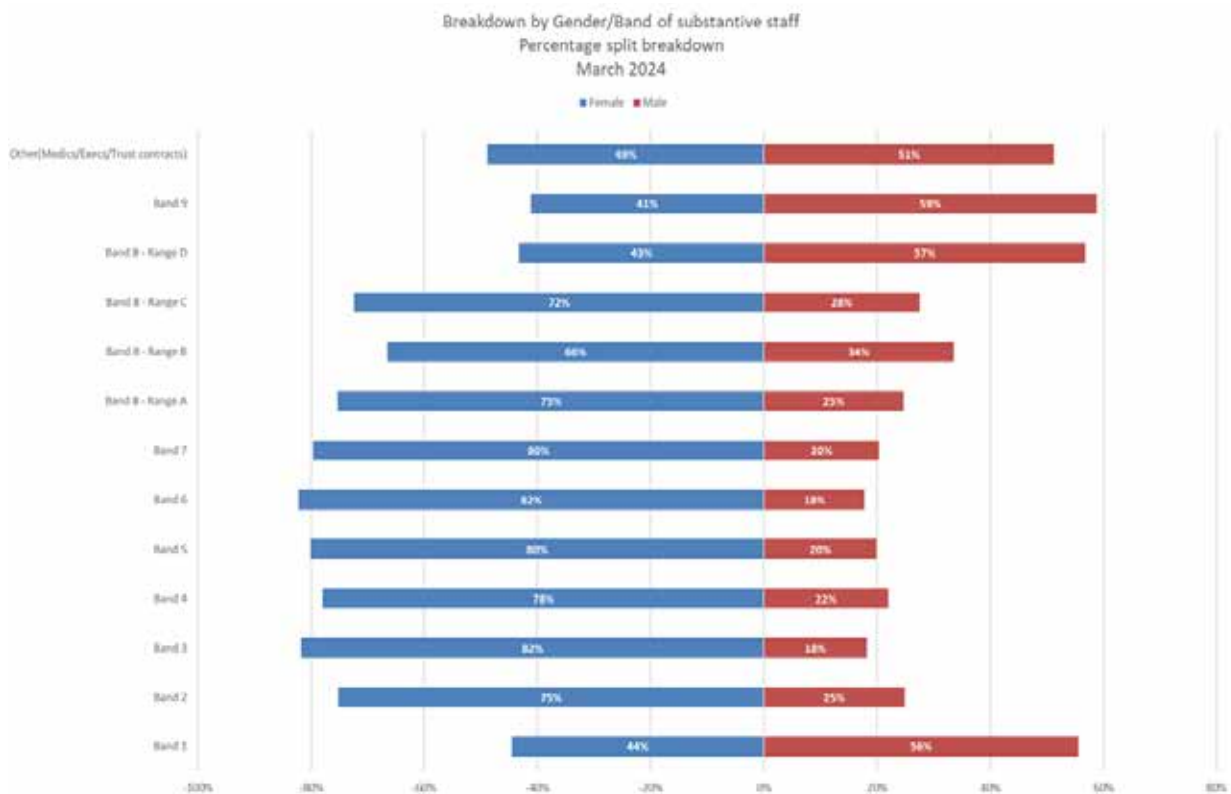
- Launched the Inclusion and Belonging strategy across the organisation, hosting a number of events to engage staff in the strategy and actions, and their part in delivering the strategy.
- Continued to deliver the **Stop.Start.Continue** Actionable Allyship programme as part of the UHS mandatory training suite, and developed data to identify participation as a percentage of the workforce. The Trust launched a digital e-learning module to enable participation for those who cannot attend a face-to-face session. As of 31 March 2023, 9,357 staff had attended the training (65% of all staff).
- Two new staff networks have launched: the Women's Network and the Armed Forces Network.
- Established the Equality, Diversity and Inclusion Council to bring together network chairs and leaders of informal networks across UHS.
- Delivered two programmes of Positive Action leadership development, with 44 people attending and participating in reciprocal mentorship with senior leaders.
- The Inclusive Recruitment Programme commenced working on improvements to the recruitment policy, processes and training for recruiting managers to ensure recruitment is inclusive and free from bias.
- An Inclusive Leadership Module has been launched across all the UHS leadership and management programmes at all levels, improving skills and awareness of inclusion, equality and diversity, and their role in creating environments for all people to succeed, feel safe and feel that they belong.
- Board members have specific and measurable objectives in their annual appraisals in relation to equality, diversity and inclusion.

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

Staff gender breakdown

The gender breakdown for staff on 31 March 2024 is set out below.

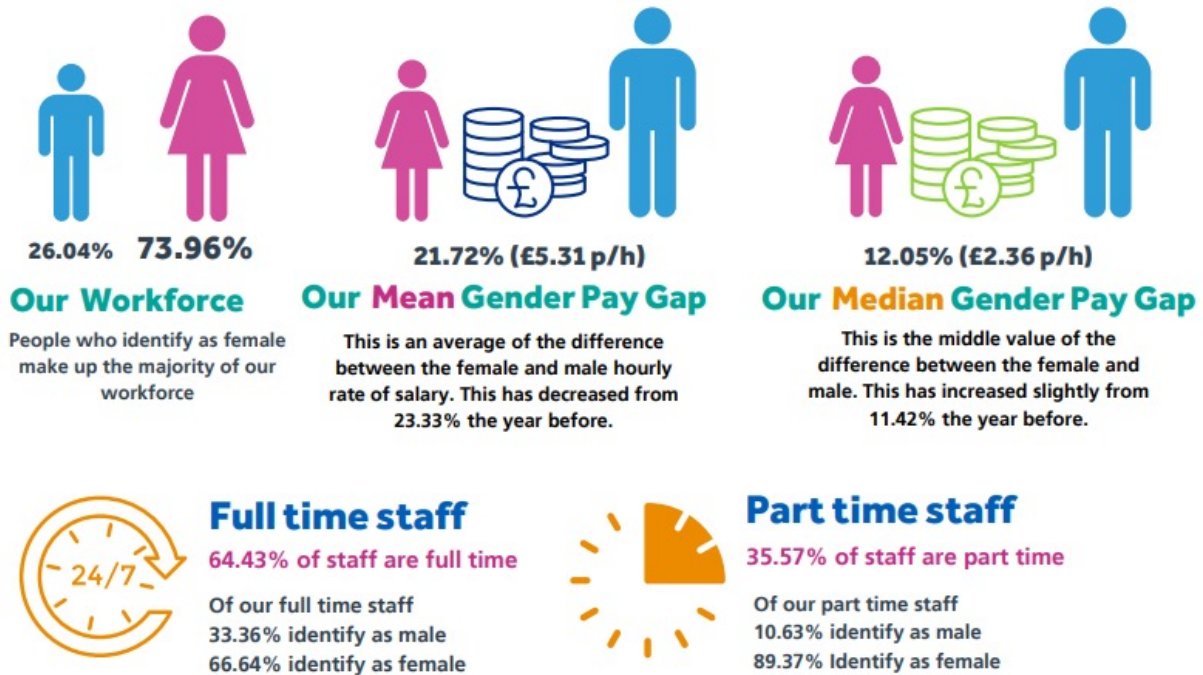
Gender breakdown		Gender breakdown	
All staff		Chair and non-executive directors	
Female	72%	Female	50%
Male	28%	Male	50%
Board		Executive directors	
Female	31%	Female	17%
Male	69%	Male	83%



Note: The above is based on 10,497 female headcount, 3,782 male headcount, and a total headcount of 14,279.

Gender pay gaps

The mean gender pay gap at UHS has reduced year on year since 2017. The pay gap has reduced 6% in total since reporting began. The main gaps are in medical staff particularly at SAS and consultant grades. The Trust is working to reduce the gender pay gap in medical roles and has seen a 2% reduction in the last 12 months.



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

Staff health and wellbeing

In 2023/24 the Trust has continued to embed the wellbeing programme and has continued to develop interventions and wider support offerings. The ethos of the Trust's model is to ensure staff can access the most appropriate support, at the time and place that they need it.

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

The Wellbeing Steering Group, comprising representatives from across the organisation, guides decision making, and is working towards the domains set out in the NHS Health and Wellbeing Framework which was launched nationwide in 2022. It provides standards, tools and resources for trusts to implement their health and wellbeing programmes against a consistent framework.

Following on from the auction of the Banksy artwork during the COVID-19 pandemic in 2021, several new facilities to support the wellbeing of staff were opened in 2023. The Wellbeing Hub, a building dedicated to staff wellbeing, team development, celebration and recognition opened with a staff café, gym, changing facilities, and rooms for wellbeing activities, group activities, functions and a staff lounge for rest and breaks. The Trust also opened a roof garden at Princess Anne Hospital, which provides open space, gardens and rest areas in the fresh air for staff. In addition, 40 staff rooms were refurbished across the organisation ensuring staff have a pleasant place to go during their breaks and come together.

The Trust's staff psychology service has continued to support staff and teams across the organisation and its Trauma Risk Management (TRiM) service continues to support staff in the event of a traumatic incident.

In 2023/24 UHS staff benefitted from the Hampshire and Isle of Wight Integrated Care System offerings in relation to health and wellbeing including the musculoskeletal referral service and the Employee Disability and Neuro Diversity Advisory Service.

Reward and recognition

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

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

The Trust continues to celebrate and show gratitude to its people in a number of ways. Its monthly UHS Champions nominations, celebrated through Spotlight meetings and updates have been well received. The High Five scheme has been embraced to the tune of over 3,400 nominations since the launch in May 2023 and is a simple and effective way to enable good work to be recognised. The Trust continues to support a range of local initiatives to recognise and value colleagues in informal ways too, which is equally important.

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

Sickness absence

Sickness absence during 2023/24 (12 month rolling basis)



Sickness rates fluctuated throughout the year. The top reasons for sickness from April 2023 to March 2024 included anxiety, cold and flu. COVID-19 prevalence reduced significantly throughout 2023/24.

Staff experience and engagement

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

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

Staff survey

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

Overall, despite the significant challenges, the results from 2023 show that the Trust remains above average across all NHS people promise themes. The Trust also remains in the top quartile of similar organisations for recommendation as a place to work and for staff engagement.

ACCOUNTABILITY REPORT

Indicators (‘People Promise’ elements and themes)	2023/24	2022/23	2021/22	2023/24	2022/23	2021/22
	Trust			Benchmarking group ¹		
People Promise:						
• We are compassionate and inclusive	7.4	7.5	7.5	7.2	7.2	7.2
• We are recognised and rewarded	6.1	6.0	6.1	5.9	5.7	5.8
• We each have a voice that counts	6.8	6.9	7.0	6.7	6.6	6.7
• We are safe and healthy	6.2	6.1	6.1	6.1	5.9	5.9
• We are always learning	5.9	5.8	5.7	5.6	5.4	5.2
• We work flexibly	6.6	6.4	6.4	6.2	6.0	5.9
• We are a team	6.9	6.9	6.8	6.8	6.6	6.6
• Staff engagement	7.0	7.1	7.2	6.9	6.8	6.8
• Morale	6.0	6.0	6.0	5.9	5.7	5.7

¹ Acute and acute community trusts

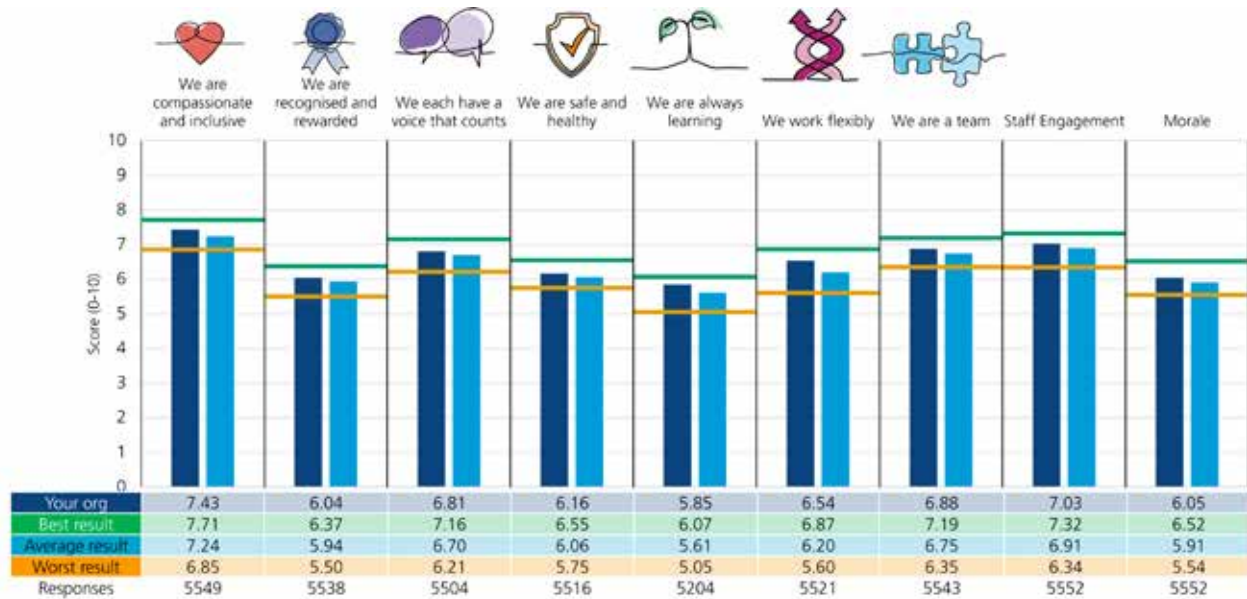
During 2023 a number of programmes have been completed which have positively contributed to the staff survey results.

- The score for line manager support has increased, emphasising the importance of these roles in the everyday experience of people. This has been driven by successful development programmes under the Leadership and Management framework.
- Improvements have been seen in the Trust’s overall scores in access to wellbeing support linked to the Wellbeing Plan, and the increase in staff facilities (Wellbeing Hub, roof garden, staff rooms).
- Flexible working opportunities remains a strong area for UHS, which has been supported by the agile work programme and work by the recruitment and retention group.
- Effectiveness of appraisal has continued to improve, driven by the new appraisal process roll out and training.

There are areas of challenge and concern in the survey this year, for which plans are in place to mitigate and stop further deterioration in these areas:

- The participation rate fell significantly this year to 41% (5,556 staff) and was below the national average for acute trusts for the first time.
- Staff engagement (a composite of advocacy, morale, and involvement) fell this year from 7.1 to 7.0. The national average rose to 6.9.
- Advocacy for UHS has fallen. Staff recommending UHS as a place to work has fallen to 67.5%. Staff recommending UHS as a place to be treated has fallen to 76%. The fourth quarter pulse results have also shown a further indicative drop in these markers.
- Since 2021 there has been a 6% decline in ‘my organisation acts on concerns from patients’, and a 5% decline in ‘feeling safe to speak up about anything that concerns me’. There has also been a 7% decline in ‘confidence that the organisation would address my concerns’.
- Burnout has increased at UHS with more staff reporting this during 2023.
- Whilst still better than the national average, bullying scores from line managers and colleagues have deteriorated by 2%.

ACCOUNTABILITY REPORT



The Trust has declined slightly on four themes: Compassionate and Inclusive, Voice that Counts, We are a Team, Staff Engagement and Morale. It has remained the same on four themes: Rewarded and Recognised, Healthy and Safe, Always Learning, and Morale. The Trust has improved on one theme: Working Flexibly. This has impacted on the Trust’s national rankings.

For recommendation as a place to work, the Trust now ranks 22nd out of 122 trusts, compared to 7th in 2022. For its engagement score (combination of the advocacy, morale and involvement scores) the Trust now ranks 26th out of 122 Trusts.

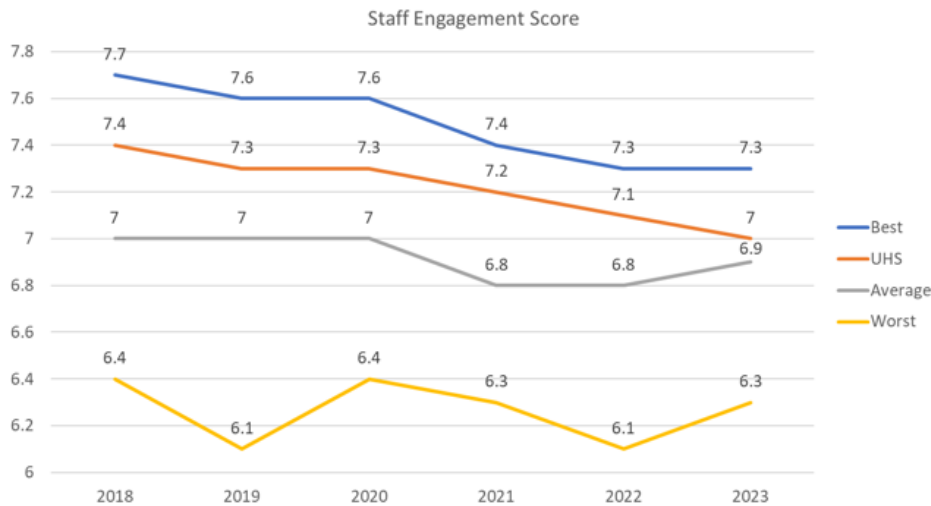
It is important to benchmark the results against others in the same category as the Trust. However, it must be taken into account that not all trusts are comparable in size and complexity. Nevertheless, the Trust’s 2022 rankings compared to 2023, show it improved its ranking on 14 questions, declined on 82, and remained the same on three, out of 99 questions. Below can be seen the question and the number of ranked places the Trust has dropped nationally (red) or number of ranked places it has improved (green):

National ranking: number of places dropped or increased 2022 to 2023



ACCOUNTABILITY REPORT

The Trust's Staff Engagement score is now 7.0 against a national average of 6.9. The graph below shows the UHS score since 2018 compared to the best, worst and average in its category.



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

- Focusing on the issues affecting current morale, including empowerment and the voice of the Trust's people. This should be linked to continuing to cultivate an improvement culture in the Trust as part of its transformation programme.
- Listening with intent to the Trust's people. Enhancing leadership visibility, corporate engagement and making practical tangible changes where it can be done. This is particularly important for middle management roles in the Trust.
- Continue to develop and support line managers, who make a critical difference to local experience.
- Continue to embed the recommendations from the review into the employee relations process and Freedom to Speak Up following the review commissioned regarding bullying concerns raised on social media in 2023.
- Focusing on the areas of the Trust locally of most concern and taking targeted action. Supporting divisional teams with corporate resources to make meaningful change to areas of concern.
- Continuing to dial up mechanisms to celebrate the success of the Trust's people, recognising and rewarding those delivering in line with the Trust's values.
- Implementing year two of the Trust's Belonging Strategy, including implementing the recommendations of the recruitment review, completing the roll out of the Allyship programme, supporting teams to understand their team purpose, objectives, and team development planning.
- Implementing the outputs from the inclusive recruitment group, continuing the development of leaders to have an inclusive ethos, as well as intentional support to ensure diverse representation at a senior level.

Future priorities and targets

The Trust's focus for 2024/25 will be on the following areas:

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

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

- Delivery of the Trust's workforce plan including overall management of workforce within agreed cost envelope, and continued reductions in temporary staffing.
- To continue to focus on attendance, wellbeing and turnover.
- Delivery of improved people development through the roll out of an electronic appraisal system and the implementation of year two of the Leadership and Management Framework.
- Improved deployment and rostering of people to improve efficiency.
- Targeted action in areas of concern to improve staff experience and increasing participation rates in the staff survey.
- Delivery of Year 2 of the Trust's Inclusion and Belonging strategy, including a core focus on those people with long-term illnesses and disabilities.
- To implement a targeted campaign of celebration of the achievements at UHS, increasing staff participation and engagement.
- To work with the newly independent Southampton Hospital Charity to develop and implement a range of spending proposals to improve staff facilities for 2024/25.
- To continue to build the education strategic partnerships and capacity for delivery of the NHS workforce plan and UHS People Strategy.

Trade union facility time

Details of the number of employees who were relevant union officials and the time associated with these roles for 2023/24 are shown below.

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
64	60

ACCOUNTABILITY REPORT

Percentage of time spent on facility time:

Percentage of time	Number of employees
0%	0
1-50%	64
51-99%	0
100%	0

Percentage of pay bill spent on facility time:

Total cost of facility time	£329,354
Total pay bill	£729,279,000
Percentage of the total pay bill spent on facility time	0.05%

Paid trade union activities:

Time spent on paid trade union activities as a percentage of total paid facility time hours	4.46%
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Expenditure on consultancy

Expenditure on consultancy in 2023/24 was £27,000, down from £1,263,000 in 2022/23 following the application of additional controls.

Off-payroll engagements (subject to audit)

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

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

Highly-paid off-payroll worker engagements as at 31 March 2024 earning £245 per day or greater:

Total number of existing engagements as at 31 March 2024	0
Number that have existed for less than one year	40
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 2024 and earning £245 per day or greater

Number of off-payroll workers engaged during the year ended 31 March 2024	40
of which:	
• Not subject to off-payroll legislation*	
• 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*	40
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 2023 and 31 March 2024:

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.	0

Staff exit packages (subject to audit)

The figures in the table below relate to exit packages agreed in 2023/24.

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	1	1
£10,000-£25,000	0	4	4
£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	7	7
Total resource cost (£000)	-	156	156

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

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Less than £10,000	0	0	0
£10,000-£25,000	1	1	2
£25,001-£50,000	0	3	3
£50,001-£100,000	0	1	1
Greater than £100,000	0	0	0
Total number of exit packages by type	1	5	6
Total resource cost (£000)	12	185	197

Staff exit packages (non-compulsory departures payments)

2023/24	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	2	80
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	5	76
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HM Treasury approval	0	0
Total	7	156
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 2022/23.

2022/23	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	2	126
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	42
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HM Treasury approval	1	17
Total	5	185
Of which: non-contractual payments requiring HM Treasury approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

Notes:

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

Counter fraud

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

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

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

Code of Governance for NHS Provider Trusts

University Hospital Southampton NHS Foundation Trust has applied the principles of the Code of Governance for NHS Provider Trusts on a comply or explain basis.

The Board considers the Trust to be fully compliant with the principles of the Code of Governance for NHS Provider Trusts as well as with the provisions of the code in all respects, save as to the following:

- B.2.7 – number of independent non-executive directors (see page 38).
- B.2.17 – the roles and responsibilities of the Council of Governors and dispute resolution procedures are set out in the Trust's Constitution and the terms of reference for the Council of Governors, not in a schedule of matters reserved.
- C.1.1 – published plans to increase black and minority composition of the Board and senior management (see page 65).
- D.2.1 – deputy chair as chair of the Audit and Risk Committee (see page 51).
- E.2.4 – claw-back provisions in executive director contracts of employment (see page 63).

NHS Oversight Framework

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

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

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

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

Segmentation

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

<https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.



David French
Chief Executive Officer
19 July 2024

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

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

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

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

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

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

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

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



David French,
Chief Executive Officer
 19 July 2024

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 2024 and up to the date of approval of the annual report and accounts.

Risk Management and Control within the Trust

The chief nursing officer has been delegated responsibility for managing the strategic development and implementation of organisational risk management and clinical governance. However, ultimate responsibility for risk and control remains with the Board as a whole.

Risk strategy and policy

The Trust's risk management strategy and policy was updated in 2023/24, including a review of risk appetite by the Board.

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

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

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

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

and managed. This culture is supplemented by effective incident reporting and investigation and the role and responsibilities of the freedom to speak up guardian.

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

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

All staff receive introductory training on quality governance and patient safety as part of induction. Risk management training can be accessed through the organisation's risk manager and work is underway to further develop and formalise this by establishing a three-tiered risk management training framework. This ensures that all staff receive an appropriate level of training targeted to their role and responsibilities. In addition, patient safety syllabus training is offered to all staff. Formal training is supported by a variety of other resources that seek to promote and facilitate individual, departmental, care group, divisional and organisational discussion and learning. Recommendations and learning from complaints, audits, peer reviews, claims, incidents and complaints are also discussed locally at divisional, care group and ward governance groups. Actions and learning points are shared with other stakeholders through meetings with commissioners, clinical network groups and patient safety forums.

Risk assessment

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

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

- financial implications;
- number of service users or staff potentially affected and the extent of the harm or detrimental impact that may occur;
- ability of the Trust to achieve its objectives; and
- effect on the Trust's reputation.

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

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

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

Risk appetite

During 2023/24, the Trust developed its approach to risk appetite and particularly how this relates to target levels of risk. It was agreed that it was not always possible to achieve an optimal target rating within the Trust's stated appetite, as the steps required to achieve this were outside of the Trust's control. Accordingly, the Trust has agreed a tolerable risk appetite indicating the level of risk at which the Trust was willing to operate where it would not be possible (or highly unlikely) to achieve the optimal risk appetite.

In addition, the Trust agreed a new categorisation of risk appetite levels as indicated below:

Averse	Avoidance of risk and uncertainty in the key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for safe options that carry a low degree of inherent risk. The potential for benefit/return is not a key driver whilst the avoidance of a high level of risk is.
Cautious	Preference for safe options that carry a low degree of residual risk. Willing to accept a degree of risk where there are significant opportunities for benefit.
Open	Willing to consider all options and choose one that is most likely to result in successful delivery of our objective. Those activities may carry or contribute to some residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

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:

Area	Appetite	Explanation
Finance Appetite for financial/value for money risks, which may affect the Trust's statutory requirements and achievement of the control total.	CAUTIOUS	The Trust is prepared to accept limited financial loss in pursuit of reward where there are significant opportunities to improve patient care, develop its workforce, and set foundations for the future. Value for money is still the key concern. However, the Trust is willing to consider other benefits and constraints.
Regulatory Appetite for risks, including financial risks, which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	MINIMAL	The Trust expects all services to comply with nationally mandated standards and targets as measured through key performance indicators. However, if there is valid reason for non-compliance, the Trust is willing to be challenged.
Safety Appetite for risks which compromise safety.	MINIMAL	The Trust expects services to be delivered safely, resulting in no harm to patients and staff. Limited clinical risks are accepted if they are essential for delivery of safe patient care, and such risks are thoroughly assessed with fully mitigating actions in place.

Area	Appetite	Explanation
Effectiveness Appetite for risks that may compromise the delivery of outcomes for patients.	CAUTIOUS	The Trust expects services to be delivered effectively and not adversely patient safety and outcomes. The Trust will accept a low degree of risk where there is significant opportunity to improve how the Trust delivers services and where residual risks can be mitigated.
Experience Appetite for risks which may affect patients' experience of the Trust's services.	CAUTIOUS	The Trust expects patients to receive a positive experience whilst under the Trust's care, unless it is necessary to prioritise safety over experience. The Trust will accept a low degree of risk where there is opportunity for significant benefit to patient experience, and the Trust is confident that patient or staff safety will not be compromised, and residual risks can be mitigated.
Reputation Appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the Trust.	OPEN	The Trust is willing to accept risks which may expose the Trust to additional scrutiny where these are to the advantage of safe and effective patient care, and steps can be taken to minimise adverse exposure. This means that whilst the Trust will not actively seek out any reputational risks, decisions will be made based on the benefits to patients, staff, and service delivery, even if this means that there may be a short-term impact on the Trust's reputation in pursuit of putting patients and staff first in the longer-term.
Technology and Innovation Appetite for the use of technology and innovation in service delivery.	OPEN	This is within the context of compliance with delivering clinically safe, secure, available and resilient systems and digital architecture. This will be supported by robust governance and change management frameworks. This means that the Trust will seek to use technology and innovation to improve service delivery whilst maintaining safe care for its patients.
Workforce Appetite for risks relating to the Trust's workforce.	OPEN	The Trust is prepared to think innovatively and invest in its people to build a skilled and diverse workforce that facilitates delivery of a sustainable and safe service for its patients. The Trust recognises its workforce as a valuable asset and accepts that in order to seek long-term development and benefit for the workforce, both as individuals and as a collective, acceptance of short-term risk may be necessary.

Board Assurance Framework

Risks to delivery of the Trust's strategic objectives are documented in the Board Assurance Framework.

The Board Assurance Framework was substantially refined and updated in 2023/24 in response to discussions and feedback from the Board, its committees and executive directors. In particular, this included changes to better align the target risk levels with the Board's stated risk appetite, or where this was not feasible due to matters outside of the control of the Trust, to align the target risk levels with a tolerable level of risk outside of the stated appetite. In addition, further work is being carried out to better link the Trust's strategic risks with the risks on the operational risk register to promote consistency of scoring as well as to provide a more holistic picture of risk within the Trust.

The Board and the Audit and Risk Committee have reviewed the risks identified in the Board Assurance Framework throughout the year. In addition, specific committees have been allocated responsibility for oversight and monitoring of individual risks as set out in the table below. This includes monitoring the progress of the action plans to reduce the risks identified and the effectiveness of the controls already in place to manage these risks.

The Board Assurance Framework is reviewed regularly by the Board and by the Audit and Risk Committee to ensure that:

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

The Board approved a number of strategic objectives for 2023/24. Using the Board Assurance Framework the risks to delivery of the strategic objectives have been identified by the Board and are set out below:

Strategic risk	Monitoring committee
Outstanding patient outcomes, safety and experience	
Lack of capacity to appropriately respond to emergency demand, manage the increasing waiting lists for elective demand, and provide timely diagnostics, that results in avoidable harm to patients.	Quality committee
Due to the current challenges, we fail to provide patients and their families / carers with a high quality experience of care and positive patient outcomes.	Quality Committee
We do not effectively plan for and implement infection prevention and control measures that reduce the number of hospital-acquired infections and limit the number of nosocomial outbreaks of infection.	Quality Committee

ACCOUNTABILITY REPORT

Strategic risk	Monitoring committee
Pioneering research and innovation	
We do not take full advantage of our position as a leading university teaching hospital with a growing, reputable, and innovative research and development portfolio, attracting the best staff and efficiently delivering the best possible treatments and care for our patients.	Trust Board
World class people	
We are unable to meet current and planned service requirements due to unavailability of qualified staff to fulfil key roles.	People and Organisational Development Committee
We fail to develop a diverse, compassionate and inclusive workforce, providing a more positive staff experience for all staff.	People and Organisational Development Committee
We fail to create a sustainable and innovative education and development response to meet the current and future workforce needs identified in the Trust's longer-term workforce plan.	People and Organisational Development Committee
Integrated networks and collaboration	
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
Foundations for the future	
We are unable to deliver a financial breakeven position, resulting in: inability to move out of the NHS England Recovery Support Programme; NHS England imposing additional controls/undertakings; and a reducing cash balance impacting the Trust's ability to invest in line with its capital plan, estates/digital strategies, and in transformation initiatives.	Finance and Investment Committee
We do not maintain, improve and develop our estate to deliver our clinical services and increase capacity.	Finance and Investment Committee
We fail to introduce and implement new technology and expand the use of existing technology to transform our delivery of care through the funding and delivery of the digital strategy.	Finance and Investment Committee
We fail to prioritise green initiatives to deliver a trajectory that will reduce our direct and indirect carbon footprint by 80% by 2028-2032 (compared with a 1990 baseline) and reach net zero direct carbon emissions by 2040 and net zero indirect carbon emissions by 2045.	Trust Executive Committee

Divisional risk management and controls

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

Each division is supported by embedded governance and management functions including a divisional governance group. The divisional governance group provides all the required quality data to support the identification of emerging risks, management of patient safety and patient experience and ensuring the delivery of effective clinical services. When new risks are identified, these are escalated to the Trust's Quality Governance Steering Group (QGSG) via the division's 'Alert, Advise, Assure' report to facilitate shared learning and communication to the senior leaders within the organisation.

The divisions are accountable to the Trust Executive Committee through the divisional management teams, who are members of the committee. The divisional management teams are also accountable to the chief operating officer as well as having professional accountability to the chief nursing officer or chief medical officer as appropriate.

Operational risk

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

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

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

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

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

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

ACCOUNTABILITY REPORT

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

Risk Category	Responsible for Managing	Monitoring Frequency
Low (rated 1-3)	Ward/care group	At least every six months.
Low (rated 4-6)	Ward/care group	At least quarterly.
Moderate (8-12)	Ward/care group Risks scoring 12 are also escalated to the divisional management teams and governance groups	At least bi-monthly.
Critical (15+)	Escalated to Trust executives: monthly through the Trust Executive Committee and quarterly through the Audit and Risk Committee.	At least monthly.

The meetings referred to above also scrutinise and where appropriate challenge the scores attributed to the risks and the actions planned to mitigate the risks.

Data security risks are managed and controlled by the informatics and information governance teams through their management structures and responsibilities, underpinned by a range of policies and procedures.

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

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

'Critical risks'

The highest scoring operational risks necessitating escalation to the Trust Executive Committee are referred to as 'critical risks'. These risks included those covering themes such as:

- Shortages in staff in particular areas or specialisms, potentially impacting the quality of patient care.
- Risk of failure of equipment.
- The possibility of loss of or damage to the Trust's estate and facilities.
- Inability to discharge patients having no criteria to reside.
- The impact of industrial action.
- Lack of availability of medicines or medical equipment.

Clinical Assurance Framework

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

Provider licence

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

Risk management with key stakeholders

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

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

Corporate governance

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

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

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

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

The Board conducts its own reviews of its governance structures, which in 2023/24 included a review by the company secretary of the Board and its committees to ensure that information provided to the Board identifies the key performance risks and the risks to compliance with the Trust's provider licence and other local and national performance targets and with its own performance objectives. These include indicators and measures relating to quality, safety, patient experience, clinical outcomes, performance, access, productivity, workforce, activity, research, integration, digital, community and finance.

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

The senior independent director carries out an annual appraisal of the Chair's performance and meets with the Council of Governors as part of this process.

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

The Board is satisfied that during 2023/24 the Trust has provided the necessary training to its governors, as required by section 151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Business continuity

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

Equality, diversity and human rights

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

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

People

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

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

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

Safe staffing

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

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

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

Staffing metrics are combined with the wider performance report to ensure the quality impact is reviewed as a whole. A formal quality impact assessment approval is required from the chief nursing officer and chief medical officer with respect to major changes in the workforce.

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

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

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

Care Quality Commission

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

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

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

Register of interests

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

Pensions

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

Net Zero

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

Data security and protection toolkit

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

Information governance

There was one reportable breach during 2023/24. This related to a spreadsheet, containing an embedded pivot table, which had been supplied in response to a request made under the Freedom of Information Act in November 2020. The spreadsheet contained post codes, dates of birth and NHS number of patients who had attended maternity services appointments between 2016 and 2019. For a small number of patients, their surname was also included. However, other than a record of attendance at an appointment, no clinical records or medical information was disclosed.

This incident was fully assessed and reported via the data security and protection toolkit to the Department of Health and Social Care. Based on the evidence provided, the breach was escalated to the Information Commissioner's Office (ICO). No regulatory action was taken by the ICO against the Trust in respect of this breach as they were satisfied that the actions taken by the Trust had mitigated the risks to the rights and freedoms of the individuals concerned and that actions had been put in place to try to prevent any reoccurrence.

Data quality and governance

Patient data management is largely provided through the Trust's UHS Digital directorate reporting to the Chief Operating Officer (COO).

Led by the chief information officer (CIO), UHS Digital provide data, digital and technology services for the Trust. This includes data and analytics services, managing the digital development programme, and maintaining the Patient Administration System and Electronic Patient Record for the Trust. The Digital Programme Delivery Group, chaired by the COO, oversees the work of informatics. Changes to operational systems are managed through a formal change control board.

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

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

Data assurance and monitoring is provided through existing groups and organisational structures. Data quality issues and assurance problems are reviewed and escalated within the UHS Digital leadership teams to agree actions and progress resolution. Major data quality issues are escalated to the Chief Operating Officer, and where required the Chief Executive Officer or other executive directors.

The Trust continues to invest in and develop analytics for improved data quality. A dedicated validation team is employed to support elective pathway data quality and improved data collection using a dedicated validation system. The team support the accurate application of the UHS access policy and run a regular Referral To Treatment forum across all operational clinical divisions.

In addition, the Trust continues to support the mandatory NHS England data collections. NHS England reports on data quality show the Trust's data performance is consistently recorded in the 99.3% range for waiting list data quality.

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

The Trust employs a number of internal mechanisms and external agencies to ensure the best use of resources. This includes reviewing Model Hospital data provided by NHS England to improve productivity and efficiency. Based on 2021/22 data, the Trust was in the top quartile on cost per weighted activity unit (WAU), and has a National Cost Collection score of 91, meaning that the Trust is 9% more efficient than average.

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

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

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

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

The Trust also includes the use of quality impact assessments as part of its cost improvement programme, drawing a link between quality improvement and achieving greater efficiency in the delivery of its services as well as reduction of waste. The Trust has adopted a systematic approach to transformation under its 'Always Improving' strategy where quality improvement is used alongside quality planning, quality assurance and quality control to create a single, consistent 'total quality management' system. During 2023/24, the Trust delivered £63.4m of efficiencies against its £69.0m cost improvement programme target.

Review of effectiveness

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

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

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

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

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

The review of internal control is supported by the head of internal audit's opinion for 2023/24, which provided the Trust with significant assurance that there was a generally sound system of internal control with minor improvements required, which was designed to meet the Trust's objectives and that controls in place were being consistently applied in all key areas reviewed. This opinion reflects the internal auditor's assessment of the design and operation of the underpinning aspects of the risk and assurance framework and supporting processes and the range of individual assurances arising from its risk-based internal audit

assignments reported throughout 2023/24. This assessment has taken account of the relative materiality of these areas. The opinion also reflects the Trust's record in implementing audit recommendations and a proactive approach to address the risks identified by internal audits.

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

Conclusion

No significant internal control issues have been identified by the Trust during 2023/24 through its own or external reviews.



David French,
Chief Executive Officer
19 July 2024



University Hospital
Southampton
NHS Foundation Trust

QUALITY ACCOUNT 2023/24



Part 1: Statement on quality from the chief executive

1.1 Chief executive's statement and welcome

I am delighted to be able to present this year's quality account which reviews our performance and progress against the quality of services we provide and sets out our key quality and safety improvement priorities for 2024/25.

There is no doubt that 2023/24 has once again been a challenging year for both us and the wider NHS and social care system. COVID-19 has not gone away, and having safely navigated periods of industrial action, the Trust has experienced a period of heightened operational pressures which has seen record levels of patients in the hospital who were medically fit for discharge. This in turn has caused a considerable backlog of patients in the emergency department, and has also sadly resulted in a significant increase in ambulance handover delays and queues within the adult emergency department footprint. A rise in winter infections further challenged us, and our chief nursing officer introduced several temporary enhanced infection prevention measures including wearing surgical masks in adult clinical areas and temporary visitor restrictions to further limit the risk of spreading those infections. All this has presented both quality and operational challenges.

However, providing great care and achieving great outcomes for the people who use our services continues to be at the heart of everything we do. Our Trust value of 'always improving' supports this. We have continued to keep quality high on our agenda despite our operational pressures. We have demonstrated that maintaining quality and safety does not prevent our operational priorities from being delivered, but rather contributes to our successes. Our operational challenges may change, but we know we will always be working towards solutions, and we consider quality and safety to be an essential part of that work.

This report highlights some of the many successful initiatives which have improved the quality of patient care we have provided over the past 12 months, an overview of our 2023/24 quality priorities as well as our quality priorities for 2024/25. We are proud we have been able to keep our quality focus and achieve most of what we set out to do during 2023/24 to keep improving the experience for the people who use our services.

We are also proud of our long-standing commitment to patient safety and continue to focus on improving the quality of safe care we provide. We have successfully run our clinical quality assurance framework which monitors standards in our clinical areas through quality care dashboards, peer review walkabouts and our clinical accreditation scheme to ensure we have good oversight of our clinical performance across the organisation. The framework focuses performance against key quality metrics including patient safety, effectiveness, patient experience, and outcomes and gives us a rich seam of intelligence to help us to meet our Trust value of being 'better every day'. Our commitment to involving our patients and our staff in quality and safety, our focus on reducing unwarranted variation in outcome and specifically reducing inequalities in quality and safety, our appetite for learning and our mission for continuous, sustainable, and accelerated improvement act as key drivers for our Trust strategies. We will continue to focus on these principles to achieve the best care for our patients and families.

I want to acknowledge how hard our staff are working to keep each other and our patients safe, to innovate and to respond to changing circumstances. Colleagues across all our services have worked ever more closely this year with our partners. As we move further towards working as a whole health and social care system these trusted relationships are proving critical in our ability to respond.

To the best of my knowledge, the information contained in this document accurately reflects our performance, provides a true account of the quality of the health care services we provide, and where we have succeeded and exceed in delivery on our plans. I hope you find this account informative and see that our patients are very much at the centre of everything our colleagues do.



David French
Chief Executive Officer
27 June 2024

1.2 Introduction to this report

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

Quality in healthcare is made up of three core dimensions:



Patient experience

how patients experience the care they receive.



Patient safety

keeping patients safe from harm.



Clinical effectiveness

how successful is the care we provide?

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

- How well we did against the quality priorities and goals we set ourselves for 2023/24 (last year).
- It sets out the priorities we have agreed for 2024/25 (next year), and how we plan to achieve them.
- The information we are required by law to provide so that people can see how the quality of our services compares to those provided by other NHS Trusts.
- Additional information about our progress and achievements in key areas of quality delivery.
- Stakeholder and external assurance statements, including statements from Healthwatch, our Council of Governors, Hampshire and Isle of Wight Integrated Care Board and Southampton County Council's Health Scrutiny Committee.

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




2.1 Priorities for improvement

This section provides a look back over the 2023/24 quality priorities at UHS and sets out our quality priorities for 2024/25.

2.1.1 Progress against 2023/24 priorities

Last year we continued our ambition to deliver the highest quality care shaped by a range of national, regional, local, and Trust wide factors. During the year we experienced unprecedented demand on our services, with flow, capacity, infection prevention and safety all presenting challenges. However, we were confident in our ability to keep a focus on our quality priorities, and our teams worked hard to achieve their goals even in these difficult circumstances. We are proud to present what we have been able to complete, and how our successes have continued to drive forward and improve the quality of what we can offer the people who use our services.

Overview of success

No	Quality Priority	Progress
	We will improve care for people with learning disabilities and autistic (LDA) people across the Trust. We will support staff delivering this care	Achieved
	Supporting patients, service users and staff to overcome their tobacco dependence via a smoking cessation programme	Achieved
	Ensure carers are fully supported, involved and valued across all our services by developing our carers support service across the Trust in partnership with Southampton Hospitals Charity	Partially achieved
	Put patients at the centre of transforming the way we deliver care, enabling their voices to improve the quality of care and outcomes for all	Achieved
	To develop our clinical effectiveness process, connecting to the Trust's Always Improving approach to measuring, understanding and using our outcomes, to improve patient's care	Achieved
	Developing a culture where all clinical staff have a basic knowledge of diabetes	Achieved



PRIORITY ONE

“We will improve care for people with learning disabilities and autistic (LDA) people across the Trust. We will support staff delivering this care”.

Why was this a priority?

The Care Quality Committee (CQC) and NHS England (NHSE) both identified that people with LDA have faced huge inequalities when accessing and receiving health care. Research from the NHSE ‘learning from deaths in patients with learning disabilities and autism (LeDeR)’ service improvement programme (2021/22) showed that people with LDA die earlier and do not receive the same quality of care as people without a learning disability or who are not autistic. In response to this, we set our ambition to meet the learning disability improvement standards which were developed to help NHS Trusts measure the quality of care they provide to people with LDA. We set this quality priority to help steer us towards achieving the first steps of that ambition.

What have we achieved?

We successfully re-established our LDA working group in November 2023 with an updated terms of reference, and developed an improvement plan using the NHS learning disability improvement standards which highlight key areas for improvement within the Trust. This plan will be the focus of the LDA working group who will now be working with leads from across the Trust to support each workstream.

The LDA team has been re-positioned into our virtual enhanced care group which sits in the Division B management team. This move has aligned the team more effectively with relevant partner services, enabling joined up working with key partners and facilitating improvements in operational and governance support, leadership, and peer support. It positions the LDA team in a stronger space to ensure closer working relationships and learning opportunities to help drive their agendas forward and improve the quality of their services.

The Trust is now an active participant in the Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB) steering group, which has been responsible for planning, and implementing the Oliver McGowan Mandatory Training developed by Health Education England. This training on LDA is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training. It is the government's preferred and recommended training for health and social care staff.

E-learning for the training launched here in August 2023, with over 7,850 staff trained at the time of writing (51% of total staff numbers). Work is now underway in partnership with the Trust training, development, and workforce team to launch the Oliver McGowan Tier One webinar. This training is delivered by an external training provider and is for all non-patient facing staff. A training provider who will deliver Tier Two (for all patient facing staff / those with patient contact) has been identified, and we are expecting dates for these full day seminars to be available by Autumn 2024. The LDA team are collaborating with the steering group in a task and finish group looking at how the Tier Two and subsequently Tier Three competencies on the core capabilities framework will be fully met.

In preparation for the roll out of this extended training, we have been growing our numbers of local LDA champions who are training to provide direction and support for staff. Our champions have worked closely with us during the year, helping to shape our approach and being generous with their time and ideas.

We have also worked hard to improve resources for our staff to use in our clinical areas. Successes this year have include providing sensory boxes for all clinical areas, funded by the HIOW ICB. These boxes include noise cancelling headphones, fidget toys, communication books and visual cards to support patients and ward staff. The funding will also provide badges for our LDA champions to help staff and others easily identify them.

The LDA team have established links with the parent carer forum (PCF) for the local area and are now attending regular events. A representative from the PCF has been invited to join our LDA working group to help represent the parent carer voice and work with us to co-design future services and initiatives. The LDA team are working with the Trust lead for patient experience to develop this aspect of the LDA workplan over the next year.

Key areas identified for further improvement.

The Trust LDA working group will identify further areas for improvement in line with the improvement standards.

How ongoing improvements will be measured and monitored.

The Trust LDA working group will monitor achievement of the improvement actions set out in the workplan , and report accordingly on the successes through their care group and divisional governance channels.

What our staff and patient carers tell us



PRIORITY TWO

“Supporting patients, service users and staff to overcome their tobacco dependence via a smoking cessation programme”.

Why was this a priority?

Smoking remains the leading preventable cause of premature death and disease, responsible for half the difference in life expectancy between the richest and poorest in society. Smoking tobacco is linked to over one hundred different conditions and just over 500,000 hospital admissions each year, with smokers being more likely to be admitted to hospital than non-smokers.

There is good evidence that stopping smoking improves recovery for a range of acute conditions, and slower decline in chronic conditions. Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities. In 2019 the NHS Long-Term Plan stated that by 2023/2024 all people admitted to hospital who smoke would be offered NHS-funded tobacco treatment services. A new universal smoking offer would also be available as part of specialist mental health services for long-term users of specialist mental health and in learning disability services.

We agreed that becoming a smoke-free site and supporting people to overcome their tobacco dependency via a smoking cessation programme would aid the local community, our people, and our environment.

What have we achieved?

We adopted a collaborative approach to this priority, involving all staffing groups across UHS, service users, external support from the ICB, Southampton City Council and other health settings that have already gone through this journey.

We ran a smoke-free site patient focus group in 2023 which focused on hearing patients views on our plans to go smoke-free. The patients were invited from our involved patient list (patients who can give feedback on and support one off projects), and the focus group was also advertised to our Foundation Trust members group. Patients were asked for feedback on documents, and signage that would be going up to refrain people from smoking around the hospital site. Monthly meetings were initially held, until the group felt there wasn't enough updates to warrant this, so involvement continues to be via email at their request.

We have published our smoke-free policy which sets out the expectations and guidance for working at a smoke-free site, and our patient and visitor guide which sets out why and how we have become a smoke-free site to our community.

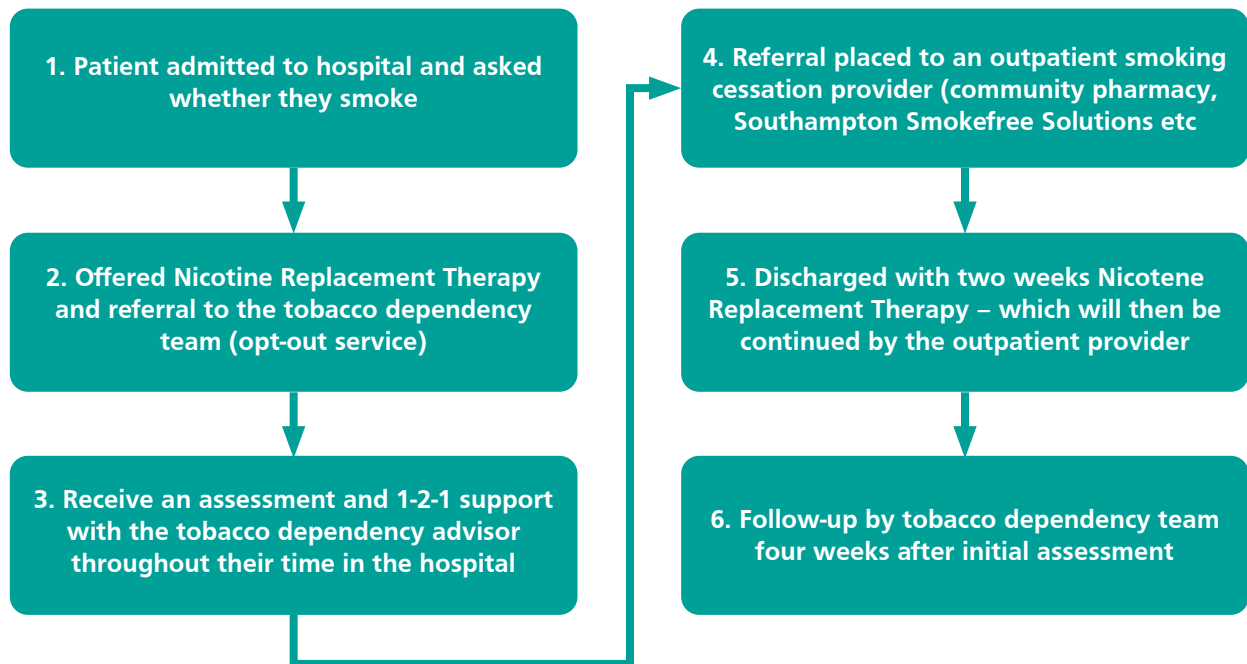
We have included our stance on vaping (e-cigarettes). We support the safe and considerate use of vapes, away from children, and for short term use while on our NHS site and have published guidance on this. This follows current evidence and UK government advice which confirms e-cigarettes or vapes can be an effective short-term aid for adults to quit smoking.

Through the year we have run staff engagement sessions, published advice to our staff on how to approach someone smoking onsite, and completed a week-long 'no smoking day' calendar of events.



We have established a fully trained tobacco dependency team working in the hospital to support patients to not smoke while they are being treated at UHS. There is also an advisor working in the outpatient setting supporting the patients once they have returned home. The team provides the most appropriate alternatives to patients who are tobacco dependent, including timely access to nicotine replacement therapy (NRT) and specialist tailored support. Patients can now also get eight weeks of NRT products for a one-off prescription charge (or free if they don't pay for prescriptions).

We have formalised and described our patient journey as follows :



To help promote and support our policy, we have recruited 30 smoke free champions ,and set ourselves a challenge of recruiting another one-two per day. If we can achieve this, it will enable us to recruit approximately 500 staff members per year. Our champions receive three hours specialist training and are the able to provide patients with brief advice, refer them for specialist support from the tobacco dependency team and advise on the free NRT that can be provided to our inpatients during their stay.

The NHS advises that people with mental health problems, including anxiety, depression or schizophrenia are much more likely to smoke than the general population and tend to smoke more heavily. They also die on average 10 to 20 years earlier than those who don't experience mental health problems, and smoking plays a major role in this difference in life expectancy. Smoking can also interfere with the way medicines such as anti-depressants work, so this year we have been working closely with our mental health teams to find the best ways to support people with mental health challenges who could benefit from stopping smoking. For our staff, our occupational health department now runs a stop smoking programme to support them to become smoke free .The 12-week programme includes weekly follow ups, behavioural change support, carbon monoxide readings, free NRT or advice on best suited treatment for the individual and information and resources to help them quit. The programme involves an initial consultation to assess their current situation and needs to start them off, and regular follow ups.

We have devised the IT changes we would like to bring in to improve our service and referral process, and staff can now download a smoke-free MS Teams background and email signature to show their support.

In December 2023 we began removing smoking shelters across the UHS sites.

At the time of writing, we have successfully supported over 1,130 in-patients with a self-confirmed quit rate of 45.6% at 28 days. Most patients now have their smoking status recorded which makes it easier to identify those patients who we can offer support to.

We have also supported over 109 outpatients who have successfully achieved a 60% quit rate.

What our staff tell us



Key areas identified for further improvement:

We will continue to work to ensure the Trust's plan to go smoke-free is supported and implemented.

We are in the process of developing our virtual learning environment (VLE) package for UHS staff to promote knowledge and skills at meeting the needs of our smoking population, and in the coming year we aim for at least 100 of our staff to have complete the training. We aim to continue to roll out education to ensure medical staff, ward-based staff, emergency department (ED) staff and new students through face to face and online sessions.

Our data collection process requires streamlining to ensure we can evidence our progress. We would also like our patient proforma to be available electronically, and to develop our metrics to include a four-week follow-up to evidence successful quit rates following inpatient interventions.

We aim to be accessible to more patients and not be limited by postcodes and continue to find ways to support patients with mental health issues to quit.

We will work towards securing a funded service model to continue to support this work.

PRIORITY THREE

“Ensure carers are fully supported, involved, and valued across all our services by developing our carers support service across the Trust in partnership with Southampton Hospitals”.

Why was this a priority?

At the beginning of 2021 we launched our new carers strategy to develop and improve the care and support we provide to unpaid carers while their cared-for person receives treatment at the Trust. In the strategy we set out to learn from organisations that get it right (including community and mental health NHS Trusts, charities, and social care), and translate that learning into an acute setting.

The strategy is funded by our Southampton Hospitals Charity which exists solely to make a difference to patients, families, and carers using UHS services. Funding this project through the charity is fully in-line with the charity's objects and purposes and is real opportunity for the charity to make a difference (which is what our donors tell us they want their gifts to be used for).

The pandemic disrupted our progress against our strategy, but by highlighting this as a quality priority, and with the commitment of support from our charity, we aimed to accelerate the work to improve the support we could offer our carers.

What have we achieved?

Our carers service has now been established and is run by a team of volunteers under the supervision of our carers lead. We have agreed a process where the carers service receives referrals from ward staff but also visits wards to actively seek referrals. Carers support service posters and leaflets have been displayed widely across the organisation encouraging carers to self-refer, with eQuest referral and eDocs now working well for recording interventions.

We have grown the support the team can offer over the year to include creating personalised plans to signpost carers to services best placed to help them, and access to rest breaks and time away from the wards during long-stay in patient visits. We can also now offer blue badge parking, food vouchers, temporary beds, and advocacy to help ensure their voices are heard in the hospital and the wider community. The support we provide includes offering emotional support to carers via telephone or in person if they are onsite, signposting to other services in the community liaising with complex discharge teams and mediating on issues around discharges.



We have completed a programme of carers listening events aiming to put patients at the centre of transforming the way we deliver care. Listening lunches covered topics such as our discharge processes and other key areas.



Key themes arising from the events included: improving communication between UHS staff and carers, developing ways to improve fundamentals of care, how to identify informal / non-paid carers, considering the emotional and practical impacts on carers and how we might care for carers. They covered improving signposting and awareness of local resources for carers and increasing the visibility of the carers support service in the hospital and in primary care.

During the year we introduced weekly ward rounds in medicine for older people (MOP) wards to identify carers that need additional support. We also launched a carers café at in our MOP discharge lounge on Wednesdays for carers to book one-to-one session with the carers lead and our newly appointed carers support worker.

We have successfully established joint work with local partners. We represent UHS at the Hampshire Carers partnership board, Southampton Carers partnership board and work in partnership with other NHS Trusts including Southern Health, Solent NHS trust and Portsmouth Hospital. We have established links with the Children's Society and No Limits to support young carers and are attending community events to create awareness and support UHS carers in the community. We now attend Hampshire County Council and Southampton County Council discharge huddles to gain understanding of discharge processes from a carer's perspective, and we have introduced mediation in complex discharge situations involving carers.

What our carers tell us



Key areas identified for further improvement

We will continue the workstreams to put patients at the centre of transforming the way we deliver care, enabling their voices to improve the quality of care and outcomes.

We will look at how best to use the intelligence we gained during 2024, aiming to develop a 'pathway to support', and launch further initiatives in our carers raining packages.

We will appoint a charity-funded carers support worker.

We will develop an even more comprehensive package of concessions and vouchers to help support carers and their cared-for person.

How ongoing improvements will be measured and monitored.

The Charity will develop their own internal governance framework which will work in collaboration with the Charity CEO to monitor improvements.

PRIORITY FOUR

"Put patients at the centre of transforming the way we deliver care, enabling their voices to improve the quality of care and outcomes for all".



Why was this a priority?

We frequently see in our patient feedback and complaints that our patients have not always felt involved in their care, or that they have not been informed on decisions about that care. We recognise that experiences can vary, but we particularly noticed issues where the care of one person spanned several of our services and departments, or where there is less support available depending on disease type. For example, cancer care has a much more support in place for patients to access than medicine has for respiratory disease. In the same way we have been working with and listening to carers, we wanted to recognise and respond to what our patients were telling us by getting them more involved in how we might make improvements to the services we provide. We wanted to focus on how they felt we could improve their experience of using those services, growing a culture whereby we always ensure that our service changes are viewed through the lens of a patient, their family, and friends.

By setting this quality priority our experience of care team committed to ensuring that clinical services are given prompt and 'real time' feedback and are informed and empowered to make changes with the patient voice embedded in their service changes.

What have we achieved?

During 2023/24 we focused on creating more opportunities to hear the patient voice recognising their stories are a continuous improvement tool which can help us identify areas where we can transform patient and carer experience.

We re-introduced patient stories for Trust board meetings, inviting people who use our services to attend to share their experiences with our senior leaders. Patient stories can be positive, negative, or combine elements of both. We encourage our Board to learn from what they hear and use the intelligence to help shape their service improvement decisions going forward. Recently, we had a patient sharing their experience of accessing wig services at UHS. The experience was so poor that it prompted the experience of care team to work with the John Lewis Partnership to provide options for wigs for Black or Asian patients.

During 2023 we started filming patient stories for staff training purposes and are finding these provide valuable insights on how staff can improve on many different aspects of care. The stories covered



the experience of being an in-patient in cancer care, the value a patient experienced from being part of the pelvic mesh support group, the experiences one gentleman had through the treatment and end of life journey he and his wife went on, and a new mother's experience of immediate skin to skin contact following an elective C-section. Our staff tell us that hearing the 'voices of patients' directly give them a greater understanding of the issues and brings reported experience to 'life', providing real insight for them to help guide improving the quality of the care they offer.

For many years we have used the NHSE Friends and Family Test (FFT) as an important way of prompting our patients and their families to send us feedback, but we have not always had a good response rate from our service users. This has meant the value of the patient voice has not always been as great as it could have been. This year we have focused on the areas where feedback has been historically poor to try to improve how much feedback we can encourage.

Responses from our ED were particularly low, so we trialled a new SMS text survey initiative in which patients directly discharged from the department receive an SMS text message with a survey link 24 hours after discharge. There is a sensitively set criteria established for recipients of the SMS survey which excludes attempted suicide, mental health, and miscarriage. Originally, texts were sent at 3pm, but after our trial we changed this to 7pm as we found the most effective time for feedback was between 6-9pm. Since the trial began, there has been a substantial increase in feedback responses. In the three months before the SMS survey was launched the department received 24 responses. After the survey went live, we received 424 responses in the first three months, giving us a much richer seam of intelligence that we can now work with going forward.

To create more opportunities to hear our patient's voices we have established multiple patient groups who we can work closely with. The pelvic mesh service support group started in April 2023, now runs monthly, and is the first of its kind across all pelvic mesh centres. Our experience of care team supported the creation of this group, after the clinical nurse specialist (CNS) and psychologist in the mesh service reported they were hearing from women who didn't feel listened to, felt alone, or had no one to talk to. Multiple guest speakers have attended the groups sessions to offer the women a chance to ask questions outside of their usual clinic setting and hear more about the support these services provide, which includes a pain consultant, physiotherapist, psychosexual therapist, and a urologist. Patient feedback has been at the centre of this group since it began. They have their own feedback survey where patients can share ideas for improvement, share any group practices being adopted, and we offer an evening session for those that work during the day and face-to-face sessions.

During 2023 one of our respiratory consultants decided to explore how to reduce the number of frequent exacerbations within the chronic obstructive pulmonary disease (COPD) patient group. A focus group was held at UHS in October 2023 with patients, their careers, and a mix of staff from the COPD care team and experience of care team attending. Several topics were explored, but two key feedback points were identified: that a named person in primary care was highly beneficial to patients, and how the COPD team can increase the uptake of pulmonary rehabilitation by setting realistic expectations for patients and matching abilities in groups. In response, the service now makes sure they have record of each patients' named contact in primary care, and the rehabilitation team has changed some of its approaches to align with the patient feedback. Further focus groups are now scheduled to continue the collaboration. In June and September 2023 our head and neck cancer CNS invited patients to meet to explore their clinical pathway and any identify any improvement opportunities from diagnosis to treatment. Feedback from this group included advising the waiting area in our radiotherapy treatment centre Compton House was difficult to find and quite 'boring' to wait in. In response we now have a large waiting room, with a television and a coffee and snack bar run by the League of Friends and are working on getting some volunteer companions to support patients in this area and support wayfinding.

We launched a trauma and orthopaedic focus group in 2023 which aimed to explore ways in which patients can be supported in making difficult decision choices (such as either having their leg amputated or reconstructed). The aim of the first session was to understand how patients made their decisions and how supported they felt during that process. The first session ran December 2023, with a second one in January 2024. Patients fed back that they felt they had limited choice or discussion about options, so the team are now looking at collaborating with patients with lived experience to develop a shared decision-making grid for leg amputation versus reconstruction.

A cystic fibrosis (CF) focus group met for the first time in 2023. The group was led by a specialist dietitian to explore how useful the annual review and report that CF patients receive was. Patient feedback from

the group has prompted changes to how their reports are written which includes reducing medical reduce jargon and increasing explanations for the terms used to make it easier for patients to understand.

Some of the projects patients from our involved patients list have been involved in during the last year include supporting patients in completed surveys about their time spent as in-patients, and they were also interviewed by the Call 4 Concern project manager to collect baseline data about their experiences (this initiative is explained later in document). Patients reviewed palliative care patient information leaflets and our palliative care strategy to advise and represent the patient voice in this work. Patients were sent a link to a pilot self-referral tool for breast issues and were asked to give feedback on how well it worked and how they felt about using it.

What our patients tell us



Key areas identified for further improvement.

At the moment, we can only access the FFT results by manually searching through a database. We are planning to develop a more user-friendly approach to ensuring engagement.

The Trust is a regional centre for many disease types, but there is inequality in provision of support services . We have agreed to set a new quality priority for 2024/25 to address this issue, which can be found later in this document.

How ongoing improvements will be measured and monitored.

The experience of care team monitors its progress internally and reports to the quality committee and Trust board for oversight.

PRIORITY FIVE

“To develop our clinical effectiveness process, connecting to The Trust’s ‘always improving’ approach to measuring, understanding, and using our outcomes; to improve patient’s care”.

Why was this a priority?

As an ambitious organisation, we want to support our people to achieve world class outcomes by doing the right thing, at the right time, for the right person.

Getting those elements ‘right’ is essential to being as effective as we can and to making a positive difference in the lives of the people and population we serve. By focusing on the outcomes, we help people to achieve, we can understand how effective we are and where we need to make improvements.

We know that delivering effectiveness by ‘doing the right thing at the right time for the right person’ involves effort at every level of our organisation. We recognise there are many notable examples in our organisation of where teams deliver outstanding outcomes for the people they serve. However, there are also areas where this is not the experience of people using our services.

Our aim last year was to be able to systematically measure and understand outcomes in all specialties across our organisation, benchmarking against our previous performance and best practice nationally to understand where we are achieving the best outcomes and where we need to improve for the people we serve.

We felt this would allow us to be assured we are a learning organisation that understands where it needs to improve and takes action to prioritise improvement activities as well as knowing when to celebrate and share our success.

What have we achieved?

We have worked collaboratively to develop our clinical effectiveness process across the Trust with informatics, governance and management teams, clinical effectiveness leads as well as those committees we report to. There has been a willingness and notable changes in conversations and approach to engage in clinical effectiveness from clinical teams which is welcomed. The inclusion of patient representation on the clinical assurance meeting for effectiveness and outcomes (CAMEO) panel has been a very positive change , and now ensures conversations focus on what matters to patients.

The CAMEO template has been changed to focus discussions on areas the specialty is proud of (strong or improving outcomes), areas for improvement (poorly benchmarked or worsening outcomes) and planned actions. We have encouraged the use of run and/or statistical process control charts along with benchmarking where available. It also has a focus on patient reported outcome measures (PROM’s), and new procedures as well as audit and service evaluations. Details of the national institute for health and care excellence (NICE) and quality standards as well as national and regional reviews are included to cover breadth of clinical effectiveness. This approach has been reflected through our board reporting.

We have re-organised how the clinical effectiveness team work, aligning each team member to a division giving a named link which helps to deepen understanding and improve links with governance and improvement activities locally. We have worked with specialty teams to ensure the metrics presented focus on clinical outcomes, rather than process measures. Support is offered ahead of CAMEO meetings to decide metrics to include and conversations during the meeting include what support is required to enable the collection of outcomes. This combined with the new reporting tool for CAMEO has meant we have a far greater number of specialities utilising data over time.

We are working with informatics to establish a core set of clinical outcome measures which are meaningful to patients, which can be reported centrally (starting with surgical specialities). This, along with creation of redcap databases (secure web applications for building and managing online surveys and databases) for several specialities, will support areas that currently struggle to report outcomes. This is a challenge due to capacity within informatics as well as the small number of clinical outcomes reported onto trust systems.



We have started to develop an education strategy and platform to support staff with several tools used in clinical effectiveness as well as clarity on where and how to record and evidence audit and service improvement.

The updated CAMEO review process aims to improve care group and divisional oversight of where outcomes are being collected, where these are positive/ require improvement and related action plans. This is also increasing oversight of where there are not outcomes reported and the support needed for these areas. We are exploring how we bring clinical effectiveness (outcomes in particular) into the strategy and transformation process the board undertake with care groups/specialities. We are identifying opportunities to bring these together which might save care groups some duplication and feel more joined up for them.

We have started conversations to develop a clear process to connect clinical outcomes to research and improvement teams. We have further events planned to include visiting organisations who are further ahead in this domain.

Quality and patient safety partners (QPSP) have attended 80% (8/10) meetings since they were recruited. Their input has been invaluable to bringing the patients view and priorities into discussions. We are now advertising for more QPSPs to join the panel.

We are now able to evidence that we have increased the number of specialities reporting outcomes. We were aiming for an increase from 80% to 95%, but unpredicted pressures have meant we have only increased to 85% so far. There have, however, been improvements in the quality of metrics being discussed at CAMEO. As we become more streamlined in our focus on clinical outcomes only (without the inclusion of performance measures which have previously been included), we may find that the number of metrics reported to CAMEO reduce. 11% (10/87) areas have included PROMs in their reporting against our target of 25%. Unfortunately, IT resource has meant de-prioritisation of including PROMS on my medical record (MyMR is a personal health record provided to patients by UHS), so specialities have had to use alternative methods.

We have successfully co-designed and implement an updated outcomes reporting tool for specialities that incorporates data over time. We will have 25% (22/87 specialities reporting using this) by the end of 2024.

Key areas identified for further improvement

We will work with specialities who are not currently reporting outcomes to CAMEO outside of the annual process, to start the collection or reporting of outcome measures and to ensure successful contribution to CAMEO going forward.

We will continue to work with specialties to consider the metrics collected and ensuring this focus on clinical outcomes, not process measures and that all focus on what matters most to patients. We will ensure we are sighted on less good as well as the excellent outcomes.

We plan to continue working with informatics on clinical outcome data that can be identified from trust held data and national benchmarking tools and support data collection for teams.

We will launch our educational platform to support staff develop clinical effectiveness in their area.

We have agreed to finalise and get Trust Board sign off on our revised strategy during 2024.

We will set a 2024/25 quality priority to link the effectiveness agenda and strategy as part of an integrated approach quality across the organisation.

We will start to celebrate and share success internally and externally (as appropriate) with support of the communications team.

How ongoing improvements will be measured and monitored.

We will continue to report to quality committee and quality governance scrutiny group with an annual report provided to the Trust executive committee which will cover progress against the priorities and metrics above.

PRIORITY SIX

“Developing a culture where all clinical staff have a basic knowledge of diabetes”.



Why was this a priority?

One in five hospital adult inpatients at UHS is someone living with diabetes. This is approximately 220 inpatients per day, and it is predicted that this number could increase to one in three inpatients over the next ten years.

Despite there being guidance in place that covers most clinical situations related to diabetes, we still see errors, harms and near misses where guidance has not been accessed or followed. Staff often refer straightforward diabetes cases to the diabetes team which could have been managed at local level if staff were educated, trained and confident. We also know that action on deranged blood glucose levels is not part of an essential set of actions (situations that automatically trigger an emergency or safety response), and we knew we would like to move to a culture where diabetes assessment and treatment is recognised and managed in the same way as other medical emergencies.

We set our quality priority aiming to promote a standard whereby all ward-based clinical staff would be delivering and supporting safe diabetes care, while also being clearly aware of the risk of neglecting diabetes care or not following Trust guidance. This would improve patient care and safety and allow the specialist diabetic team to address the more complex issues for patients preventing delays in care.

What have we achieved?

Following a collaborative scoping process with our staff and supported by an education grant from Diabetes UK (one of only two hospitals in the country to be granted this), we launched our ‘start with the diabetics’ initiative in May 2023.

The initiative was designed to raise the profile of diabetes care and management for inpatients across UHS, outlining the key guiding principles that all staff should be aware of. We visited every ward during the launch, delivering themed merchandise (e.g., mouse mats, posters, pens, badges, lanyard cards) to give staff a constant reminder of the need not to forget about delivering the basics of diabetes care for their patients. We presented the diabetics initiative internally at the ‘we are UHS’ week in October 2023, as well as online at an NHS England patient safety meeting.

To provide the education and training required to support the initiative we rolled out an extensive education programme. A ‘diabetics’ introductory video was created which has been shown at all Trust staff inductions since July 2023 with over 540 staff now trained at time of writing.

For medical staff, we have completed an education programme for all year one and year two doctors, and over 30 regional trainee doctors received face-to-face education from a diabetes consultant. This included training about what their professional responsibilities in relation to diabetes care is. Our ED senior doctors also received bespoke training to support ‘front door’ emergency care from the same consultant, and trainee anaesthetists were supported by the diabetes team to develop a diabetes e-learning resource aimed at anaesthetists which has gone live.

Our nursing staff have been working with our diabetes specialist nurses who have delivered education to around for 45 diabetes link nurses, resulting in all ward areas now having a named diabetes link nurse. During October, 35 nurses attended inpatient training events organised by the diabetes team for Band 2 – 4 staff.

For all staff we have redesigned our app-based diabetes guidance to include sections specifically aimed at surgery, oncology, the acute medical unit, and our ED.

A diabetes newsletter is now sent out every quarter to all nursing staff from the diabetes team, and it is available for wider staff groups on our internal intranet. We regularly participate in national diabetes themed weeks (e.g., hypoglycaemia, insulin safety) with the specialist team visiting wards with educational resources and these visits are well received. We won the national award for ‘insulin safety week’ given our portfolio of work to date in this area.

A 'ketone Wednesdays' initiative has been created in response to overuse of blood ketone testing (at an estimated waste cost of £100,000 per year). Posters have been delivered to all wards and all meter boxes labelled, and we are monitoring to see what impact this makes.

All clinical staff are now invited to participate in reflective conversations with members of the diabetes team after near misses in diabetes cases related to medication or gaps in care provision are reported. This helps our staff consider, make sense of, and learn through their experiences both as they occur and afterwards.

The diabetes team triages referrals carefully to ensure those referrals are appropriate. Where referrals are not appropriate, the team advises staff on actions and provides support. We have worked with our IT development team to improve glucose related data visibility on CHARTS (a clinical app used to record information for inpatients and outpatients) for clinical teams to help raise awareness of the need for action on deranged glucose levels.

The success of our work has been recognised nationally: our lead diabetes specialist nurse and the diabetics initiative were both shortlisted for a national quality in care diabetes awards in October 2023, and the initiative included as a case study on the Diabetes UK charity website as an example of good practice that could be reproduced elsewhere. A poster on diabetics was also presentation at the national diabetes UK professional conference in London in April 2024.

What our staff tell us



Key areas identified for further improvement.

Errors, harms and near misses continue to occur. There has been at least one organisational wide learning factsheet released linked to a near miss based on staff misunderstanding and not appreciating dangerously high blood glucose levels. We aim to continue to deliver education in response to learning from incidents, and education focused on clinical areas we have not yet delivered our programme to. We will continue to try to improve our diabetes resources as needed based on specific departmental needs and requests.

There is a need to embed national guidance (GIRFT) on diabetes guidance related to the ED and surgery to ensure safe, consistent processes are followed.

How ongoing improvements will be measured and monitored.

A continuation of reviewing referral numbers and appropriateness of referrals to our service (e.g., were basic processes followed first using easily accessible guidance).

A continuation of reviewing numbers of adverse events, near misses, as well as identifying themes, meeting related individuals or teams, seeking to adapt processes and education as needed around delivering diabetes care.

We will survey staff about diabetes confidence at staff training events for diabetes.

2.1.2 Priorities for improvement 2024/25

This section presents our quality priorities for 2024/25. The quality priorities for this year have been developed by reflecting on the continued operational pressures from the last year, with a real focus on the provision of high quality, patient centred care for all our patients. This year's priorities have been designed with support from the executive team, governors, and clinical teams to make sure we are focusing our attention on the key areas which will make the difference to the patients accessing our services. Our priorities are built around our ambitions and intention as a Trust to deliver well-led, safe, reliable, and compassionate care in a transparent and measurable manner.

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?**

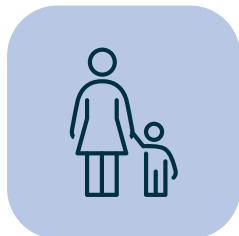
To determine our priorities, we have consulted with key stakeholders including our staff, our Trust's quality committee, the Trust's board, the Trust executive committee, commissioners, patient representatives (through our local Healthwatch group) and our council of governors.

After consultation we assessed each priority by asking:

- Have our patients told us this is important?
- Have our staff told us this is important?
- Will this have a significant impact on improving quality?
- Is this feasible given our resources and timeframe?
- Does previous performance reflect potential for improvement?
- Does this improvement tie in with national priorities or audits?

We believed we have chosen priorities that reflect our long-term strategic position, the key areas which will make the difference to the patients accessing our services as well as being responsive to the emerging challenges across the healthcare system. The finalised priorities were presented to the quality committee in March 2023 and were approved by the Board of Directors, in April 2023. The quality committee will provide governance oversight and support to ensure that the quality priorities progress and successfully achieve the required outcomes within the year.

2024/25 Quality Priorities



Patient experience – how patients experience the care they receive

1. Person-centred practice: exploring the provision of a support centre for people using our services
2. Staff choice: creating a behaviour framework behind our values, bringing them to life to improve staff and patient experience (year one)
3. Volunteering: 'a new focus'



Patient safety – keeping patients safe from harm

4. Acuity and deteriorating patients: continuing to improve how we keep patients safe from harm
5. Fundamentals of care



Clinical effectiveness – how successful is the care we provide?

6. Improving our Morbidity & Mortality (M&M) meetings
7. Develop the Trust's approach to reducing the impact of health inequalities (HI) and establishing ourselves as an anchor institution (year one)
8. Develop a UHS quality management system approach

Quality priorities

Quality improvement priority One (Year one)	
Improvement priority	Core Dimension
Exploring the provision of a support centre for people using our services.	Patient experience
Rationale for selection	
<p>UHS is a regional centre for many disease types, but we recognise there is inequality in provision of support facilities in the Trust for all our patients and their friends and families regardless of their clinical conditions. While cancer patients have access to designated centres such as The Maggie’s Centre¹ and Macmillan facilities, other disease types have no comparable options despite often having enhanced needs.</p> <p>Patients who are nearing the end of their life are frequently spending their final days in bays with other patients as side rooms are prioritised for isolation purposes, and there are few areas available that can accommodate a hospital bed for patients to have time with their family away from their clinical setting. Apart from the UHS patient support hub, there are no designated spaces that are accessible for patients, families, or carers², often resulting in staff offices and education rooms being inappropriately repurposed to meet their needs .</p> <p>Growing feedback from complaints and friends and family (FFT) responses emphasis our inability to provide patients and their families access to spaces for respite and support. In addition, a recent UHS carers survey indicated that while we recognise that being a carer can sometimes be demanding both physically and emotionally, there are no designated areas for them to have their own personal needs met.</p> <p>Creating a bespoke support facility at UHS would help to address these needs and would be the first facility of its kind in an acute Trust in England.</p>	
What we will aim to do	
<p>During 2024/25 we will start to scope this project, recognising that financial challenges may restrict immediate progress to the planning stages. We acknowledge that realistically year one of this priority may only describe our aspiration, however waiting for the ‘ideal time’ may also be unrealistic and prevent us achieving any improvement. We will aim to:</p> <ul style="list-style-type: none"> • Work with the organisation to identify a physical space (or spaces) which could be repurposed or developed. We are not proposing a new capital build. • Explore possible funding streams to develop that space with the organisation and other options such as charitable funding. We already have an agreement from The John Lewis Partnership who have pledged to provide some funding. • Start to design a multi-purpose patient support centre which would be an efficient multi-purpose space with an aspiration to include a discharge lounge (as patient café), carers respite space, hair salon, a mock living room environment for end of life/long term condition patients to enjoy time away from their clinical environments and bookable private discussion rooms for all clinical teams. • Involve patient partners in the design, including what we will call our facility. Ensure that a diverse range of patients and the public, especially people with lived experience, participate in influencing the design. • Continue to offer support to people with cancer at The Maggie’s Centre and other Macmillan services hosted by UHS, but consider how this may be developed during the interim stage and planning to diversify into the new space once available. 	

1 The Maggie’s Centre is a facility that has been built at UHS providing extra support services for cancer care patients and their families. Patients, family, and friends can drop in to see the trained staff and volunteers who work at the centre.

2 A carer is someone who, without payment, cares for a friend, family member, neighbour, or anybody who could not manage without their help. This could be due to age, physical or mental health issues, substance misuse or disability.

Progress metrics

- We will have identified potential physical space for the facility/facilities.
- We will have identified funding streams to develop that space.
- We will have recruited patient partners and made progress with our design and naming plans.
- We will have explored, and be able to articulate, how this facility will meet the needs of the people who use our services and how it could contribute to improving the experience of people using our services, and a reducing length of stay for some patient cohorts .
- We will have seen some reduction in complaints around lack of personalised care, and an increase in compliments submitted.
- We will have made progress in reducing the risk of disease inequality, and our current entry into the risk register will reflect this.

Quality improvement priority Two

Improvement priority	Core Dimension
Creating a behaviour framework behind our values, bringing them to life to improve our staff and patient experience	Patient experience
Rationale for selection	
<p>The experience of our patients and staff is a key concern for us at UHS. We are aware of studies completed by NHS England (NHSE) which have demonstrated some clear and strong associations between staff behaviour and experience, and how satisfied patients are with their experience in acute trusts.</p> <p>Although the exact link between the observed relationship between staff behaviour and experience and patient experience is complex, those studies suggests that staff know that they provide better care (which leads to better patient experience), if they act with within a common, agreed behavioural framework. Staff who feel well treated by each other and by their organisation, feel supported, and valued are better able emotionally, and psychologically to provide good support and care to patients.</p> <p>Our Trust values of 'patients first', 'always improving' and 'working together' are the foundation of what we believe in, and they drive our actions every day. In turn, our values drive the organisational culture and our behaviours that make that difference to all.</p> <p>We want to make sure everyone (from all staff groups) understands what the desired behaviours are to generate a culture of good staff experience, to live our values at UHS and drive positive patient and staff experiences and improved care.</p>	
What we will aim to do	
<ul style="list-style-type: none"> • Using the feedback already collected from staff and patients in previous engagement work, we will create a behaviour framework behind our values to bring them to life. • This will be embedded throughout our organisational systems such as appraisal, policies, development programmes, engagement, and education. • The framework will clearly describe the desired behaviours needed from everyone to ensure our values are lived in our organisational culture. These may include kindness, compassion, inclusion, collaboration, and innovation. • We will also create tools, resources and learning to support behaviour change where needed, and continue to celebrate where our values are lived successfully. 	

Progress metrics

- We will have created a draft framework and sought feedback from staff and patients.
- We will have created mechanisms to measure if the behaviour framework is having a positive impact on the experience of patients, staff, trainees, and learners at UHS.
- We will agree our final descriptions by October 2024.
- We will have launched across the organisation and embed within organisational structures, processes, systems by November 2024.

Quality improvement priority Three

Improvement priority

Core Dimension

Volunteering – a new focus.

Patient experience

Rationale for selection

Our Trust has a long history of involving volunteers in its work. We value the contribution that both our own volunteers and those of affiliated voluntary or charitable organisations can make to the services and care we provide, and supporting volunteers aligns with our mission of being 'better every day'. Our volunteers traditionally undertake roles or provide services which can enhance the care and support of our patients, and which aim to improve the experience of all our visitors over and above what we can ordinarily provide.

Since the onset of the COVID-19 pandemic, volunteering has undergone some transformational changes, including focusing on more holistic care and support, fluidity and increased responsiveness of roles and responsibilities, and greater flexibility in what can be provided. They support our charities and help our staff with occasional administrative tasks. They are involved in safety and quality assurance work and help co-design services. They also support patients with practical tasks such as providing a warm welcome and giving directions and assistance for people finding their way around the hospital. They are generous with time, advice, and have the benefit of their lived experience.

We recruit volunteers through many pathways, but our 'on-boarding' process to orientate them into the Trust can be less effective than it should be. This can lead to delays in bringing volunteers into the organisation, and a variable quality in the experiences of those volunteers. We also recognise we could provide more guidance and support for our volunteer colleagues, and we could work with them more closely to build in flexibility and be more creative in the kind of roles and support they could offer.

What we will aim to do

- We will work with our systems partners to create a unified and standardised approach of volunteer recruitment.
- Our key relationship will be with Hampshire and Isle of Wight VCSE Health and Care Alliance (HIVCA) which will allow us to adopt a more system wide approach, sharing resources, ideas, and opportunities both internally and outside the organisation.
- We will work with HIVCA and foster a collaborative learning environment, by streamlining and standardising the volunteer 'on-boarding' processes.
- We will build on our current 'on-boarding' and training processes where they work well (such as our training days) but provide more first-hand support to our volunteers while they are in their placements.
- We will consider how the Trust's internal policies can create equitable opportunities for a range of volunteers, diversifying the support we can offer to our patients and therefore the wider community.
- We will focus on developing and codesigning new roles for volunteers, and a flexible 'responsive volunteering' process will be introduced to match the organisational pressures as they arise.
- We will consider using the NHS care responder volunteer's app by reviewing if this digital platform could add value (for example it may support pharmacy delivery processes currently undertaken by volunteers), or if there is potential for elements of the app to work with existing Trust platforms and processes.

Progress metrics

- We will have established a partnership with the HIVCA.
- We will have developed a systemwide volunteer 'on boarding' process with examples of volunteers working across the ICB's.
- We will have developed a more robust support process for volunteers during their placements.
- We will have co-designed some new volunteering roles (such as volunteer hairdressers serving the hospitals across the region).
- We will have developed a UHS responsive volunteer network, available seven days a week and out of hours with an established support system in place.
- We will have explored the volunteer's app and decided if it could add value.

Quality improvement priority Four

Improvement priority	Core Dimension
Acuity and deteriorating patients: continuing to improve how we keep patients safe from harm.	Patient safety

Rationale for selection

The recognition, assessment, and escalation of a deteriorating patient (either adult or child) is a key element of our Trustwide patient safety and quality strategy. We aim to improve clinical outcomes for acutely ill patients and are aware that rapid response to patient deterioration (both in and out of hours) is a key determinant of patient and quality outcomes.

The Trust uses the national early warning score (NEWS2³) and national paediatric early warning score (NPEWS⁴) to provide our staff with a standardised language and approach to assessing adult and paediatric patients who either present as acutely ill or are showing clinical signs of deterioration. NEWS2 and NPEWS also standardise the recording and analysis of clinical observations and the language used to escalate concerns or instigate calls for concern. The ongoing surveillance of NEWS2 and NPEWS activations and escalations provides a barometer for overall acuity in UHS for both adult and paediatric ward areas.

Over the past two years we have seen a sustained increase in acuity⁵ levels across the Trust and have established workstreams to explore common themes and identify key actions to be addressed at local level. A collaborative and inclusive approach to acuity and deteriorating patients is part of our overall strategy to ensure that key learning points are shared across the whole of the Trust.

We also have a duty of care to respond to Martha's Rule, where patients (adult and paediatric), relatives and carers have a legal right to a rapid review by a critical care outreach team (CCOT) during an acute deterioration episode in and out of hours. At UHS we are funded for a 24/7 adult CCOT and a 24/7 paediatric outreach team to provide rapid clinical reviews carried out by critical care trained clinical practitioners during an acute clinical deterioration. They also respond to NEWS2 and NPEWS activations. This meets the core recommendation in Martha's Rule, but we do not currently have a fully recruited adult team which is a risk to our patients and the organisation. We also do not currently have a comprehensive audit system to underpin and inform our work and ensure that we continue to understand where learning is required.

As acuity continues to increase, we need to recruit to our full complement of our adult CCOT and educate our staff to an increased level of skill and knowledge to ensure the recognition and management of deteriorating patients. The development of a Trustwide education strategy with core standards for all deteriorating patient education training is essential.

³ a system for scoring the physiological measurements that are routinely recorded at the patient's bedside.

⁴ The paediatric version of NEWS2

⁵ acuity is a measure of the severity of the patient's condition and the urgency with which they need to be seen and assessed by a clinician qualified to do this through training and experience.

What we will aim to do

- We will recruit staff to enable us to re-establish a 24/7 adult CCOT.
- We will develop a draft UHS acuity education strategy.
- We will have developed and introduced standards for deteriorating patient education across the Trust.
- We will have developed, piloted, and evaluated a Trust wide acute deterioration education day.
- We will have developed and introduced acuity education on our VLE platform.
- We will have improved our current policy, surveillance, governance reporting and audit systems by:

Adult

- Reviewing and updating the adult deteriorating patient policy.
- Introducing active surveillance of acuity across UHS in-patient adult ward areas.
- Completing monthly reports of NEWS 2 >5 activations for each in patient adult ward for review and action at ward level.
- Completing monthly 24-hour overview reports of NEWS2 >5 activations for each in patient adult ward for review and action at ward level.
- Completed monitoring compliance of observations in accordance with UHS adult deteriorating patient policy.
- Completing monthly data collection and analysis of NEWS2 Commissioning for Quality and Innovation (CQUIN) data for all unplanned admissions to the intensive care unit (ICU).
- Completing monthly review and analysis of observation compliance with ICU step downs.
- Completing quarterly review and analysis of cardiac arrest data, treatment escalation plans (TEP) and do not attempt cardiopulmonary resuscitation (DNACPR) to ensure compliance with policy and standards.
- Completing monthly review and analysis of sepsis data.
- CCOT to use acuity dashboard to identify and review acutely ill adult patients prior to referral.
- Introduce use of acuity dashboard at all staffing hub meetings.
- Improved organisational oversight of acuity across UHS with implementation of 'PROTECTS.'
- Continue bimonthly deteriorating patient group meetings to review current trends and themes and drive appropriate improvement actions.
- Submit quarterly reports to the patient safety steering group and an annual report to the Trust Quality Committee.

Paediatric

- Embed NPEWS following successful test and trial engagement.
 - Analysis of NPEWS data – reported into child health governance and our deteriorating patient group.
 - Analysis of parental concerns questions within NPEWS for theming and action planning.
 - Review and analysis of all paediatric emergency escalation calls for shared learning across the Trust.
 - Regular audit and analysis of the paediatric Call 4 Concern service.
 - Continued implantation of safety huddles to identify and facilitate patient flow across Southampton Children's Hospital.
- Embed our Call 4 Concern service across the Trust. This service provides patients/relatives/carers (adult and paediatric) with a simple pathway to access a review by the CCOT at times when they feel that their worries and concerns related to acute deterioration are not resolved by the ward teams. This incorporates the principles of Martha's Rule. We will continue to develop our work associated with Martha's rule, rolling out Call 4 Concern across all in-patient ward areas (adult and paediatric) during 2024/25.
 - Develop and implement Call 4 Concern resources for patients/carers with cognitive and/or communication impairment.
 - We will audit Call 4 Concern calls every month to identify key themes and hotspot areas and monitor the completion of any actions agreed following these calls.

Progress metrics

- We will have recruited to our adult CCOT.
- We will have achieved our education and training aims.
- We will have a rolling schedule of analysis of the following data sets described above and be able to evidence where actions have driven improvements for both adult and paediatric services.
- We will have used our data (including feedback data) to understand the response to our Call 4 Concern initiative for both adult and paediatric services and will have responded and developed accordingly.
- We will have seen a reduction in incident reports and complaints related to failure to rescue for both adult and paediatric services .

Quality improvement priority Five

Improvement priority

We will ensure that fundamentals of care (FOC) are provided to all our patients in collaboration with our patients, their family, and their carers.

Core Dimension

Patient experience

Rationale for selection

The term 'fundamentals of care' (FOC) describes the actions taken to meet the physical and emotional needs of patients' and their significant others. These needs are the things that people normally do for themselves if they can and include essentials such as hygiene, eating and drinking, rest and sleep, mobility, going to the toilet, comfort, safety, and medication management.

It also includes what we do to establish and maintain a caring relationship with patients and others through communication. This includes both talking and listening and coming to shared decisions with patients about their care.

It includes how we meet the cultural, spiritual, mental health, emotional wellbeing and dignity needs of people we care for and those that matter to them. FOC is how the interdisciplinary team connects and builds relationships with our patients. It is through these relationships that we can meet, or help the patient themselves, meet their fundamental care needs. This puts the patient at the centre of what we do and helps ensure that we are dealing with the things that matter the most to everyone. We know our patients need to be the focus of the care, not just their illness, clinical condition, or treatment plan. This supports the interdisciplinary team to focus on the meaningful aspects of care, alongside the clinical treatment plan.

While FOC is not a new concept, we are concerned that missed fundamental care has been amplified during the COVID- 19 pandemic. Coming out of the pandemic, we have noted that increasing operation pressures and staffing challenges have created a greater focus on transactional tasks, and away from personalised aspects of care. It is important that we now re-think how we empower and educate our staff at all levels to ensure fundamental care is at the heart of what we do at UHS. In doing so, we aim to improve patient care, recovery, well-being, experience, and quality of life.

What we will aim to do

- We will establish a FOC steering group that will oversee the development of a programme of patient centred to doapproach at the point of care delivery.
- We will work in collaboration with our patient partners, their families, and carers to make sure their feedback and experience directly influences workstreams and co-design of service improvement.
- We will co-design 'care commitments' that clearly articulate what patients and their carers can expect while in the care of UHS, using core domains identified by the FOC steering group.
- Each care commitment will have improvement metrics that we will monitor, review and report on.

- We will develop existing resources to improve the knowledge and skills of our staff to provide FOC in collaboration with our patients, ensuring the delivery of quality care through evidence-based practice and by providing the right equipment to do this.
- We will be involved in the induction and education for all health care support workers, newly qualified nurses, allied health professionals (AHPs) and internationally educated nurses to set our expectations and commitment in the delivery of the FOC.
- We will launch a 'what matters to me' programme. One of the key components of this programme will be supporting staff to work with patients and their carers to align the clinical team priorities with those of the patient.
- We will incorporate FOC into our clinical accreditation scheme assessments to monitor compliance and quality assurance standards.
- We will carry out focused FOC surveys across inpatient areas to monitor improvements.

Progress metrics

- We will see a reduction in the number, severity and nature of clinical incidents that relate to the FOC across inpatient settings.
- We will see a reduction in complaints in the areas of care outlined in our FOC care commitments. We will see an increase in compliments for the same.
- We will see good compliance and improved performance against our improvement metrics and our survey results will evidence this.

Quality improvement priority Six

Improvement priority

Improving our morbidity and mortality (M&M) meetings.

Core Dimension

Clinical effectiveness

Rationale for selection

The patient safety incident response framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents. It supports our processes for learning and improving patient safety and clinical effectiveness and replaces the old serious incident framework. An important element of the PSIRF is the focus on strengthening the processes for local learning through M&M meetings.

M&M meetings (or clinical review meetings), have a central function in supporting our services to achieve and maintain high standards of care. They allow us to review the quality of the care that is being provided to our patients and learn lessons from outcomes. They are multidisciplinary meetings which provide a safe place for learning, for supporting comprehensive conversations and ensuring governance standards are met. They allow us to identify any opportunities for improvement and are an important opportunity for education. They also provide opportunities for senior staff to model appropriate professional behaviour and engage the significant expertise of clinicians at the point of care. There is also a growing trend in M&Ms to identify how resilience within complex systems enables good outcomes in the face of the kind of challenges and uncertainties which we are experiencing, and which are inherent within healthcare delivery.

What we will aim to do

We will develop a clear framework and set expectations for what is included in the M&M meetings at UHS
This may include :

- Standardise preparation and organisation of meetings to ensure they are well-supported and attended.
- Education to promote effective chairing of meetings.

- Setting out types of behaviours that participants should display to ensure discussions are held in an open and inclusive atmosphere.
- Agreeing a process of enhancing active participation across the disciplines.
- Standardising the presentation and discussion of cases.
- Agreeing a process to ensure that actions arising from meetings are successfully completed and that lessons are learned and implemented.
- Providing a safe space for learning.
- Generating actionable learning and/or system improvement agree standardisation of documentation of lessons learned and dissemination of recommendations to ensure action.
- Developing an electronic M&M recording system to capture and evidence outcomes.
- Have a clear escalation process from M&M meetings to the existing governance structure, with recording of actions.

Progress metrics

- We will have completed surveys of terms of reference (TOR) and established our core standards.
- We will have audited the number of M&Ms adopting the electronic recording system.
- We will have audited the actions and escalations from M&M meetings shared via our local governance structures.

Quality improvement priority Seven

Improvement priority

Develop the Trusts' approach to reducing the impact of health inequalities (HIs)

Core Dimension

Clinical effectiveness

Rationale for selection

The causes of HIs are complex, but research from bodies such as the National Institute for Health and Care Research (NIHR) and Kings College London has shown that the main drivers are social determinants, the environments people live in, access to employment and the kind of start they had in life. Inequalities are also driven by the ways in which health services are designed and delivered, and by the quality of clinical care received.

The NHS plays an important role in mitigating against these wider determinants and in reducing HI's. All Trusts have a legal and moral duty to consider HIs, and a new requirement from NHSE asks that Trusts describe the extent to which they have exercised its functions consistently with the views set out in the NHSE statement on information on inequalities.

Tackling inequalities in health and care is also embedded in the Care Quality Commission (CQC) 2021 strategy. Alongside the strategy, the CQC have published five equality objectives to support their role in addressing health inequalities and stated they will act if they identify examples of care not being good enough for specific groups of people. They encourage providers to actively seek out, listen and respond to people who are most likely to have difficulty accessing their care or a poorer experience or outcomes from care, and will include this in their assessment frameworks.

Lack of action also has economic consequences for NHS Trusts. It is estimated that HIs cost the NHS £5.5 billion annually, and NHS treatment would be 15% lower if they were removed.

At UHS we are committed to developing a shared understanding of the HIs faced by people in our local communities who use our service and working to embed improvement as part of our definitions of quality, safety, and performance.

What we will aim to do

We will establish a HI steering group/board to oversee the priorities as set out below.

Data

- Understand our data completeness and quality against core HI reporting domains (NHSE statement requirements).
- Assess our baseline against national recommendations (Core20plus5, NHSE HiQiP etc.) and identify improvement opportunities.

Governance and Strategy

- Convene a UHS HI board, with clearly defined TOR, membership, and priorities.
- Develop the Trusts' approach to reducing the impact of HIs and establishing ourselves as an anchor institution.
- Set forward priority planning.
- Track efforts against the anchor institution key actions

Enabling the organisation

- Understand what is already happening in clinical teams by collating records of projects and progress.
- Develop an approach to enabling the organisation to reduce HIs within their services.

Delivering key priorities:

- Choose a small number of HI priorities for the Trust board to focus on. Options to be considered include hypertension, waiting list management, diabetes, obesity, children and young persons (CYP) and maternity.

Progress metrics

Data

- We will be able to report on completeness of our data sets in line with NHSE requirements.
- We will have set a measure for baselining against each of the national priorities and understand current performance against each of these.

Governance/ strategy

- Our HI steering group/board will have been established.
- Our strategy and approach will have been developed and approved by Trust board by end of 2024/25.
- We will have a clear strategy and approach for tackling HI's, developed alongside partner organisations including public health teams and the ICB.
- We will set clear objectives for 2025/26 as part of forward planning will have been agreed by end of 2024/25.

Enabling the organisation

- We will support divisions to identify and deliver work to reduce HIs. We aim to support the identification of at least one HI related opportunity in each care group.

Delivering key priorities

- We will have agreed HI priorities for the Trust Board to focus on.

Quality improvement priority Eight (Year one)

Improvement priority	Core Dimension
Develop a UHS quality management system approach.	Clinical effectiveness

Rationale for selection

In April 2023, NHS Improving Patient Care Together (IMPACT) was launched to support all NHS organisations, systems, and providers at every level (including NHSE) to have the skills and techniques to deliver continuous improvement.

NHS IMPACT's five components form the basis of all evidence-based improvement methods and underpin a systematic approach to continuous improvement:

- Building a shared purpose and vision.
- Investing in people and culture.
- Developing leadership behaviours.
- Building improvement capability and capacity.
- Embedding improvement into management systems and processes.

Taking a more integrated quality approach is also a key component of our 'always improving', clinical effectiveness and Trust strategies in support of our 'outstanding patient outcomes, safety and experience' strategic pillar. To establish our current position, we undertook a self-assessment to gauge our organisational maturity against the IMPACT framework and identified 'embedding improvement into management systems and processes' as an area of opportunity to improve and employ best practice. It was also a recommendation from the Thirlwall (Lucy Letby) inquiry that organisations focus on their ability to triangulate different quality indicators to build a holistic view of the organisation or a particular service.

What we will aim to do

To establish an integrated quality approach across the organisation we will:

- Initiate a steering group with representation from divisional and care group management teams, the deputy chief nurse portfolio, clinical effectiveness, corporate affairs, and transformation. Map how quality is currently managed at UHS. This will include:
 - Cataloguing our current quality processes, who owns them and how they are administered.
 - Understanding how these align with the Trust's quality governance structure.
 - Mapping any current interactions between quality processes.
 - Reviewing the current business intelligence that drives our quality processes.
- Undertake a series of individual and group interviews with key stakeholders including board members, operational and clinical leaders, and corporate services that manage quality processes .
- Engage with organisations that have mature quality management systems to understand best practice approaches. Design a future quality management approach that we can move towards over the long term.
- Identify and implement the in-year opportunities to move towards the longer-term infrastructure. These are expected to include:
 - Creation of a single quality dashboard that our quality information feeds into.
 - Adjustments to governance and process that enable integration between different parts of the quality management system.

Progress metrics

- We will have established the steering group.
- We will produce a report that maps our current quality management processes and captures the feedback from our key stakeholder groups.
- We will set out a design for an integrated quality approach with a series of recommendations and implementation timeline.
- We will have begun to implement some of the recommendations from that report which is likely to include the creation of a single quality dashboard and changes in governance and process.

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 2023/24. This information is common to all quality accounts and can be used to compare our performance with that of other organisations. The statements are designed to provide assurance that the board of directors has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.

2.2.1 Review of services

During 2023/24 UHS provided and/or sub-contracted 103 relevant health services (from total Trust activity by specialty cumulative 2023/24 contractual report). UHS has reviewed all the data available to them on the quality of care in all these relevant health services.

The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by UHS for 2023/24.

2.2.2 Participation in national clinical audits and confidential enquiries

The UHS clinical audit programme was developed in support of the Trust's vision by putting patients first, working together and always improving. This leads on to a specific strategy for clinical outcomes, to ensure robust and measurable processes are in place to plan locally and participate strategically.

Healthcare Quality Improvement Partnership (HQIP) produces a national clinical audit and enquiries directory which identifies those national audits which are included in the NHSE quality account list 2023/24, those audits which are part of National Clinical Audit and Patient Outcomes Programme (NCAPOP) and those that deliver a Consultant Outcome Publication (COP).

NCAPOP audits are commissioned and managed on behalf of NHSE by HQIP. These collect and analyse data supplied by local clinicians to provide a national picture of care standards for that specific condition. On a local level, NCAPOP audits provide local trusts with individual benchmarked reports on their compliance and performance, feeding back comparative findings to help participants identify necessary improvements for patients.

The audits listed on the NCAPOP are 'must-do' national audits. The quality accounts national clinical audit list includes audits which we regard as 'best practice' to participate in (in addition to those from the NCAPOP) and for that reason we always include these in our corporate audit plans as a priority where they are relevant to our Trust.

UHS has a strong history for completing clinical audits. The clinical effectiveness team has a robust approach to governing and supporting the completion. We have opened discussions with senior clinical leadership within HIOW ICB regarding the current challenges with contributing to and using the outputs of national audits. Benchmarked data resulting from national audits provides strong guidance on areas of excellence and improvement, however completion can be challenging in its complexity and resource intensiveness, and timeliness of outputs can reduce our ability to be responsive to indications. Real time data supports our clinical teams to be proactive in striving to meet our always improving objectives.

During 2023/24 55 national clinical audits and three national confidential enquiries covered the NHS services that UHS provides. During 2023/24 UHS participated in 93% of national clinical audits and 100% national confidential enquiries of which it was eligible to participate in.

QUALITY ACCOUNT

NCEPOD studies participated in during 2023/24 were:

- Testicular torsion.
- Juvenile idiopathic arthritis.
- Rehabilitation following critical illness.

UHS fully supports the Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) and all the reviews that take place under this umbrella.

The national clinical audits that UHS participated in, and for which data collection was completed during 2023/24, are listed below (Table A) alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry if known at time of writing this report.

Table A.

No	Total number of NCAs UHS were eligible to participate in (n=55)	Eligible (55)	Participated (51 = 93%)	% Actual cases submitted / expected submissions
1	BAUS Nephrostomy Audit (launch September 2023)			
2	Breast and Cosmetic Implant Registry	✓	✓	37 from Jan – June 23
3	Case Mix Programme (CMP) (ICNARC)	✓	✓	100%
4	Elective Surgery (national PROMS Programme (Hips and Knees)	✓	✓	Data for 22/23 available only 55%
5	Emergency Medicine QIPs – Mental health self-harm	✓	✗	*
6	Emergency Medicine QIPs – Care of older people	✓	✓	121
7	Falls and Fragility Fractures Audit Programme (FFFAP) national hip fracture database	✓	✓	
8	Falls and Fragility Fractures Audit Programme (FFFAP) fracture liaison database	✓	✓	
9	Falls and Fragility Fractures Audit Programme (FFFAP) National Audit of Inpatient Falls	✓	✓	
10	Improving Quality in Crohn's and Colitis (IQICC) (previously Inflammatory Bowel Disease (IBD) Registry)	✓	✗	**
11	Learning Disability and Autism Programme - Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	✓	✓	100%
12	National Adult Diabetes Audit – National Diabetes Inpatient Safety audit	✓	✓	
13	National Adult Diabetes Audit – National Pregnancy in Diabetes	✓	✓	100%
14	National Asthma & COPD Audit Programme (NACAP) (asthma in children)	✓	✓	149 so far, runs to 31/03/24
15	National Asthma & COPD Audit Programme (NACAP) (asthma in adults)	✓	✓	

QUALITY ACCOUNT

No	Total number of NCAs UHS were eligible to participate in (n=55)	Eligible (55)	Participated (51 = 93%)	% Actual cases submitted / expected submissions
16	National Asthma and COPD Audit Programme (NACAP) (COPD secondary care)	✓	✓	
17	National Asthma and COPD Audit Programme (NACAP) Pulmonary rehabilitation	✓	✓	
18	National Audit of Dementia (NAD)	✓	✗	***
19	National Audit of Care at the End of Life (NACEL)	✓	✓	
20	National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	✓	✓	Data entry not required collected nationally
21	National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	✓	✓	
22	National Cardiac Arrest Audit (NCAA)	✓	✓	152
23	National Cardiac Audit Programme (NCAP) - Adult cardiac surgery	✓	✓	
24	National Cardiac Audit Programme (NCAP) - Cardiac Rhythm Management (CRM)	✓	✓	1000+ = 100%
25	National Cardiac Audit Programme (NCAP) - congenital heart disease (CHD) Paeds	✓	✓	
26	National Cardiac Audit Programme (NCAP) - Heart Failure audit	✓	✓	
27	National Cardiac Audit Programme (NCAP) - Acute Coronary Syndrome or Acute Myocardial Infarction	✓	✓	550 approx. = 100%
28	National Cardiac Audit Programme (NCAP) - Percutaneous coronary interventions (PCI)	✓	✓	811 = 100%
29	National Cardiac Audit Programme (NCAP) - Mitral Valve Leaflet Repairs (MVLr) Registry	✓	✓	100%
30	National Child Mortality Database (NCMD)	✓	✓	100%
31	National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12)	✓	partial	****
32	National Comparative Audit of Blood Transfusion – Audit of NICE Quality Standard QS138	✓	✓	20 = 100%
33	National Comparative Audit of Blood Transfusion – Bedside Transfusion Audit	✓	✓	In process
34	National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓	100%
35	National Emergency Laparotomy Audit (NELA)	✓	✓	*****
36	National Gastrointestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)	✓	✓	
37	National Gastrointestinal Cancer Programme - National Oesophago-gastric Cancer (NOGCA)	✓	✓	

QUALITY ACCOUNT

No	Total number of NCAs UHS were eligible to participate in (n=55)	Eligible (55)	Participated (51 = 93%)	% Actual cases submitted / expected submissions
38	National Joint Registry	✓	✓	722 as of 19/01/24
39	National Lung Cancer Audit (NLCA)	✓	✓	
40	National Maternity and Perinatal Audit (NMPA)	✓	✓	
41	National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	✓	✓	100%
42	National Ophthalmology Audit Database (adult cataract surgery only)	✓	✓	12000AMD injections and 4000cataracts = 100%
43	National Paediatric Diabetes Audit	✓	✓	
44	National Prostate Cancer Audit (NPCA)	✓	✓	
45	National Vascular Registry (NVR)	✓	✓	100%
46	Paediatric Intensive Care Audit Network (PICANet)	✓	✓	100%
47	Perinatal Mortality Review Tool (PMRT)	✓	✓	100%
48	Perioperative quality improvement programme	✓	✓	18
49	Sentinel Stroke National Audit Programme (SSNAP) continuous SSNAP Clinical patient Audit, organisational audit	✓	✓	1129
50	Serious Hazards of Transfusion (SHOT) UK National haemovigilance scheme	✓	✓	100%
51	Society for Acute Medicine's Benchmarking Audit (SAMBA)	✓	✓	88
52	Trauma Audit & Research Network (TARN)	✓	✗	*****
53	UK Cystic Fibrosis Registry	✓	✓	Between 75%-100%
54	UK Renal Registry Chronic Kidney Disease Audit	✓	✓	
55	UK Renal Registry National Acute Kidney Injury Audit	✓	✓	

* RCEM Mental health audit- although we registered to complete the audit, unfortunately no data was submitted

** Improving Quality in Crohn's and Colitis (IQICC)- our HICCS database is no longer linking to the audit database, an upgrade is required to rectify this problem. However, as from April 2024 this audit will no longer be running.

*** National Audit of Dementia (NAD) - the audit has some key requirements which they were unable to meet.

****Epilepsy12- we have completed the organisational part of this audit. The clinical audit has not been completed due to the time requirement (approx. 40 minutes per patient); we do not allocated time for this in staff job plans. Secondary care team have a database which enables process measures such as time to see first fit, time to MRI/EEG etc to be calculated. It also has been incredibly useful in responding to safety alerts e.g., PREVENT programme as able to search for children and young persons on certain medications. Likewise, it has facilitated our participation in research studies as able to contact those with certain conditions. This is not possible with the national data collection.

*****National Emergency Laparotomy Audit (NELA) - UHS currently has no audit lead therefore no information.

***** Trauma Audit & Research Network (TARN) - The national database was cyber attacked in June last year and has been unavailable since, therefore UHS was unable to contribute data. The database is being taken over by NHSE and will become the National Major Trauma Registry (NMTR) - but this is still in development. We've continued to review cases and collect data, but this is on locally held records in the absence of TARN. UHS TARN Team are participating in the first round of User Acceptance Testing for NMTR.

Some of the audit / registries do not need UHS to send them data, such as the cancer collaboration as they take the data from the cancer service databases.

The reports of 19 national clinical audits were reviewed by the provider in 2023/24. Appendix A lists actions identified during 2023/24, which UHS intends to take and UHS intends to take to improve the quality of healthcare provided. Progress already made against these actions is also indicated.

The reports of 97 Trustwide and local clinical audits were reviewed in 2023/24. Appendix B lists the resulting actions to improve quality of healthcare provided.

National Clinical Audit: actions to improve quality identified during 2023/24

National audit title	Actions
1. National Cardiac Audit Programme (NCAP) National Audit of Cardiac Rhythm Management (NACRM) 2023 Summary report (2021/22 data) published June 2023	<ul style="list-style-type: none"> • Consultants to be made aware of their procedure numbers, and are to be discussed at their annual appraisals – action will be completed in 2024 then ongoing every year.
2. Sentinel Stroke National Audit programme (SSNAP) report published February 2023 data for July – September 2022	<ul style="list-style-type: none"> • Action plan to address low compliance to be produced by the Multidisciplinary (MDT) team – ongoing review by MDT. • To continue MDT work alongside SLT – action ongoing.
3. National Neonatal Audit Programme (NNAP) report published November 22 data for 2021	<ul style="list-style-type: none"> • To review infection control practices and care bundles to further improve the reduction in sepsis rates. • Improve data collection for central line related infection rates with entry of lab confirmed cases of sepsis directly into BadgerNet.
4. Fracture Liaison Service database (FLSD) report published January 2023 data 2021	<ul style="list-style-type: none"> • For key performance indicator (KPI) 3 implement the ADOPT study to increase vertebral fracture identification – action complete. • For KPI 4 continue liaison with WHCCG and commissioners regarding WHCCG patients – action ongoing. • For KPI 10 continue to develop the relationship with GP's and neighbouring fracture liaison services – action ongoing.
5. National Maternity and Perinatal Audit (NMPA) report published June 22 births between April 18 and March 19	<ul style="list-style-type: none"> • To review the NMPA data and key themes with similar units to gain an understanding of any differences in practice – action ongoing
6. National Emergency Laparotomy Audit (NELA) report	<ul style="list-style-type: none"> • To change the way patients are booked into theatre to improve risk scoring – action complete. • To review and improve CEPOD efficiency to improve time to theatre – extended hours for CEPOD operating – action complete. • To increase funding to post operative assessment by elderly care clinician input – action complete and consultant to be in post by September / October 2024.

QUALITY ACCOUNT

National audit title	Actions
7. National Respiratory Audit Programme (NRAP) National Adult Asthma six monthly reports published July 2023	<ul style="list-style-type: none"> To engage with the emergency department to raise awareness that the adult asthma KPIs are dependent on their timeliness of specialist review. To improve nursing shortages within the asthma team. To work with the COPD nursing team to provide 7-day cover. Asthma clinical lead to work with respiratory business manager and matron on increasing staffing
8. National Audit of Care at the End of Life (NACEL) Report published July 2023	<ul style="list-style-type: none"> To review actions on the overall end of life action plan which incorporates actions from the NACEL project – action ongoing.
9. Inflammatory Bowel Disease (IBD) registry published September 2023	<ul style="list-style-type: none"> To feedback to executive team on the issues with the HICCS database no longer being able to feed into the IBD registry – this audit has now ceased.
10. National Hip Fracture Database report 2023 published September	<ul style="list-style-type: none"> To increase theatre capacity and beds to be able to attain the BPT – 1 extra theatre converted to a trauma theatre now sits within footprint. BPT breaches are generally not because of theatre capacity – completed. To use a similar model this Winter as last and / or adoption of hybrid operating and ring-fenced NOF theatre lists – action completed.
11. National Early Inflammatory Arthritis Audit (NEIAA) published October 2023	<ul style="list-style-type: none"> To increase support in collecting and entering the data to the national audit – CE team are helping action complete. To ensure training is provided to all team members entering data.
12. Child and Young Person Asthma report published July 2023	<ul style="list-style-type: none"> To facilitate teaching session for ED staff to remind them how to use the wheeze proforma – ongoing action. To develop specific treatment stickers to overlay the prescribing section of the wheeze proforma to be prepopulated with appropriate medicines – action complete. Staff to continue to signpost families and children to smoking cessation advice via posters and QR codes – action complete. To ensure documentation of inhaler technique a tick box to be added to treatment stickers – action complete
13. National Maternity and Perinatal Audit (NMPA) - live births	<ul style="list-style-type: none"> An action plan for all NMPA outcomes to be developed to ensure compliance is met – action ongoing.
14. National Audit Inpatient Falls published November 2023	<ul style="list-style-type: none"> To review Falls policy. To include analgesia prompt on post-fall clinical assessment proforma. To highlight analgesia on existing assessment checklist – all actions will be completed by December 2024.
15. National Joint Registry Report published October 2023	<ul style="list-style-type: none"> To discontinue use of the NexGen knee and reverted to the PFC / Triathlon knee – action complete. To continue GIRFT meetings to highlight this problem nationally – action ongoing. To set up a new service to review these patients which is currently with UHS legal team for approval. This clinic will be an additional cost to UHS – action ongoing.

QUALITY ACCOUNT

National audit title	Actions
16. National Vascular Registry published November 2023	<ul style="list-style-type: none"> To encourage colleagues who offer endovascular services at the hub and spokes to engage with this registry.
17. Breast and Cosmetic Implant Registry	<ul style="list-style-type: none"> To find out why the submissions from PAH are not reflected in the submissions table from Jan-Jun 2023. 37 cases submitted but only 5 showing.
18. National Cardiac Audit Programme (NCAP) Acute Coronary Syndrome or Acute Myocardial Infarction	<ul style="list-style-type: none"> To audit the local 60-minute target for 'Door to reperfusion' to look for themes and escalate any cases that have an inappropriate delay to care.
19. National Prostate Cancer Audit (NPCA)	<ul style="list-style-type: none"> Results to be circulated on the internal positive margin audit once completed. To be able to collect continence and sexual function outcomes from patients but this requires investment into my medical record (MMR).

Appendix B- Local Clinical Audit: actions to improve quality identified during 2023/24

Audit title	Actions
1. Infection Prevention and Control (IPC) Audit programme Personal Protective Equipment (PPE) Audit report published April 2023	<ul style="list-style-type: none"> 52 areas require review by care group managers / care group clinical leads to ensure that they submit audits as per the infection prevention annual audit programme. 11 areas scored between 85% and 94% to re-audit within 3 months. 2 areas scored below 85% to draw up action plans and re-audit within 1 month.
2. Infection Prevention and Control (IPC) Audit programme Cleanliness and Decontamination Audit report published April 2023	<ul style="list-style-type: none"> 64 areas require review by care group managers / care group clinical leads to ensure that they submit audits as per the infection prevention annual audit programme. 3 areas scored between 85% and 94% to re-audit within 3 months. 13 areas scored below 85% to draw up action plans and re-audit within 1 month.
3. Microbiology Sampling in Failed Gamma Nails	<ul style="list-style-type: none"> To increase awareness of evidence-based guidelines. To present project and literature to T&O surgeons during departmental M&M meeting. To discuss and increase awareness to encourage up-to-date practice in alignment with current guidelines – all actions completed.
4. Infection Prevention and Control (IPC) Audit programme Isolation Audit	<ul style="list-style-type: none"> All areas of non-compliance to develop and implement an action plan based on those results. Care group management team to work with non-submission areas and areas of suboptimal care to become more compliant.
5. Retrospective evaluation to consider the relationship between nutritional intake and ventilatory requirements / oxygen saturations in critically ill adults	<ul style="list-style-type: none"> To produce a protocol for management of patients taking oral diet on Intensive Care Unit (ICU) – action complete.

QUALITY ACCOUNT

Audit title	Actions
6. Element 3 Saving Babies' Lives: Raising awareness of reduced fetal movements (RFM)	<ul style="list-style-type: none"> To work with the SHIP data analyst to improve the reporting data for RFM and computerised CTG – action complete.
7. Element 4 - Saving Babies' Lives: Effective fetal monitoring during labour (EFM)	<ul style="list-style-type: none"> To hold a fetal surveillance study day. To have this as Theme of the week. To add to labour ward communication board to improve education – all actions complete.
8. Evaluating the record of Smoking status and Audit-C for maxillofacial patients discharged from ward F5	<ul style="list-style-type: none"> To share the findings of the audit and recommendations through email with all the Max-fax SHOs, Ward pharmacists, smoking and alcohol team. To present the importance of recording smoking and alcohol history, findings, and recommendations to all the Max-fax SHOs, ward pharmacists, smoking and alcohol team in a small teaching session. To discuss the Audit results and action plan in maxillofacial department MNM meeting – all actions complete.
9. Clinical Audit of EQD2 doses for cervical cancer patients receiving EBRT and Brachytherapy over period of 2020-22	<ul style="list-style-type: none"> To design a clinical follow-up study to investigate recurrence and/or toxicities for a subset of these audited patients. To ensure EQD2 dose to Recto-Vaginal point is more visibly clear in the Radiobiology spreadsheet (with conditional formatting) so it is given greater importance during treatment planning. To add D98 to CTV-HR column to Radiobiology spreadsheet to ensure collection of this data which was referenced in EMBRACE II – all actions complete.
10. BSOTS triage in MDAU	<ul style="list-style-type: none"> Further education around the BSOTS triage process, specifically the category of timings. SEW OBS lead for MDAU to come and shadow in MDAU to support with the process. Database being created by the data analysts to be able to remove the 'routine labour assessments' from badger net reports. To keep ongoing audits quarterly to monitor compliance.
11. Element 2A Saving Babies' Lives: Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction (FGR)	<ul style="list-style-type: none"> To hold education and staff communication around the repeat FGR risk assessment. To ensure staff are aware of the PAPP-A process changing to include Aspirin, currently being discussed with OBSs team – all actions complete.
12. Spinal emergency admissions bloods audit	<ul style="list-style-type: none"> To introduce admission blood checklist to ensure all bloods have been taken to avoid any confusion about which bloods to be taken and to avoid duplication / error. To arrange teaching for nursing staff – all actions complete.
13. SBAR handover communication tool audit	<ul style="list-style-type: none"> To discuss with F level wards leads and put action plan in place to ensure staff sign the SBAR when giving/receiving a telephone handover.
14. MEOWS Modified Early Obstetric Waring System	<ul style="list-style-type: none"> To produce a 'MEOWS example' to support staff with the recording on the MEOWS chart. To hold education sessions around the importance of completing the Respirations as part of observations, or documenting to justify why this has not been completed.

QUALITY ACCOUNT

Audit title	Actions
15. Element 1 Saving Babies' Lives: Reducing smoking in pregnancy	<ul style="list-style-type: none"> • The public health midwife to continue to monitor compliance and make improvements to the stop smoking in pregnancy service. • On-going improvement work to improve smoking quit rates in pregnancy – actions complete.
16. Postnatal Readmissions into maternity services	<ul style="list-style-type: none"> • QI project in progress for maternity service postnatal readmissions • BF/infant feeding lead and postnatal leads working to improve/reduce readmissions – actions complete.
17. Element 4 Saving Babies' Lives care bundle (version 2): Quarterly audit of the percentage of babies born <3rd centile >37+6 weeks' gestation	<ul style="list-style-type: none"> • To continue audits to identify any missed SGA cases – ongoing action.
18. Element 5 Saving Babies' Lives: Reducing preterm births	<ul style="list-style-type: none"> • To New Preterm birth guideline to be developed. • To complete the MatNeo Preterm birth optimisation project – actions complete.
19. Element 5 standard B Saving Babies' Lives: Reducing preterm birth	<ul style="list-style-type: none"> • To complete the new AN steroids/preterm birth guideline – action complete. • To complete regular audits – ongoing action.
20. WHO Stop point safety checklist	<ul style="list-style-type: none"> • To send a reminder email and education sessions to theatre staff to ensure full completion of the form, then reaudit.
21. Induction of labour for pre-labour rupture of membranes	<ul style="list-style-type: none"> • To be shared at Induction of Labour (IOL) workstream – action complete.
22. Vascular Surgery inpatient proforma audit	<ul style="list-style-type: none"> • Sign posting reminders to ensure completion of all areas of the proforma. • Induction training for all new vascular staff – actions complete.
23. Compliance assessment of current guidelines for oxygen prescribing	<ul style="list-style-type: none"> • Teaching to be completed to a group of clinicians/prescribers in acute medical unit. • Posters to be placed in various clinical areas – actions complete.
24. Audit of CT Brain Perfusion Range Coverage	<ul style="list-style-type: none"> • A change in the wording to "Position bottom of scan box at sella floor. If ANY uncertainty re positioning, please check position with radiologist to be implemented". • Educational material to be disseminated amongst the radiography team. • To deliver a teaching session in near future – all actions complete.
25. Pre-operative fasting for elective surgical adult patients	<ul style="list-style-type: none"> • To empower nurses to help reduce the fasting times. • To opt out of the guidelines should be the way for senior colleagues who are concerned about risk of aspiration. • To place laminated guidelines on Surgical Day Unit (SDU) as pilot project – all actions complete.
26. Infection, Prevention and Control (IPC) - Saving Lives Hll 6 Urinary Catheter Care	<ul style="list-style-type: none"> • 1 area scored between 85% and 94% are will re-audit within 3 months. • 7 areas scored below 85% will produce an action plan to address non-compliance and provide evidence of implementation and to re-audit within 1 month ensuring compliance addressed through action plan.

QUALITY ACCOUNT

Audit title	Actions
27. Infection, Prevention and Control (IPC): Saving Lives Hll 1 Central Venous Catheter Care	<ul style="list-style-type: none"> • 2 areas scored between 85% and 94% are will re-audit within 3 months. • 4 areas scored below 85% will produce an action plan to address non-compliance and provide evidence of implementation and to re-audit within 1 month ensuring compliance addressed through action plan.
28. Infection, Prevention and Control (IPC): Saving Lives Hll 2 Peripheral Intravenous Cannula Care	<ul style="list-style-type: none"> • 4 areas scored between 85% and 94% are will re-audit within 3 months. • 16 areas scored below 85% will produce an action plan to address non-compliance and provide evidence of implementation and to re-audit within 1 month ensuring compliance addressed through action plan.
29. Ockenden report, Immediate and Essential Action 5: Risk Assessment Throughout Pregnancy, Q33	<ul style="list-style-type: none"> • To continue to audit intended place of birth risk assessments. • To work with the digital team to raise awareness and education around recording this – actions complete.
30. NHS Resolution Safety Action 1: Is the Trust using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	<ul style="list-style-type: none"> • To start auditing on a quarterly basis to ensure compliance – ongoing action.
31. An audit of gallbladder polyp reporting and referral recommendations in Ultrasound within a Radiology department	<ul style="list-style-type: none"> • To email sonographers and radiologists with a copy of the guidelines, and a summary of the audit. • To ensure sonographers and radiologists have a clear explanation of the guidelines where there is clear misunderstanding. To include 4 keys learning points for reporting gallbladder polyps – actions complete.
32. Peritoneal Dialysis (PD) Audit	<ul style="list-style-type: none"> • To discuss with other PD centres regarding MSSA treatment at insertion and post insertion as guidelines do not clearly say yes or no, it is down to centre's choice. • To review UHS trust policy around reducing bioburden and decolonisation. • To discuss amongst ourselves and other centres regarding routine parental retraining and devise a plan. • To educate team and ward staff around the need to reassess all parents after an episode of peritonitis. • To develop a peritonitis proforma to ensure all episodes treated appropriately.
33. To audit the compliance of Physiotherapy and Occupational Therapy management of patients following major trauma against the NICE guideline: Rehabilitation following critical illness	<ul style="list-style-type: none"> • To encourage use of functional assessment and goal setting form – to be included in major trauma packs and kept within plastic wallet in patients notes. • To change the goals section to discard weeks and include a list of goals only. • To encourage patient involvement – use bubble goal sheets to update doctors' worklist to include day of functional assessment and goal setting. • Create a different way to document impact of functional assessment on onward referrals – all actions complete.
34. Compliance with prescribing oxygen in cardiology	<ul style="list-style-type: none"> • To send the audit report and advice about O2 prescription as per the British Thoracic Society 2017 guidelines for prescribing oxygen to the FY1s and SHOs of Cardiology via email – actions complete.

QUALITY ACCOUNT

Audit title	Actions
35. Aortic Valve Replacement with or without simultaneous CABG in octogenarians: Clinical outcomes	<ul style="list-style-type: none"> To re-audit the results and prospectively analyse if AVR patients with CAD are undergoing concomitant CABG or if they are being referred for PCI. Adherence to EACTS/ECS guidelines to be reviewed. Comparison of postoperative survival and perioperative outcomes would be needed for further conclusions.
36. Compliance assessment of current guidelines for oxygen prescribing	<ul style="list-style-type: none"> To teach a group of clinicians / prescribers in Acute Medical Unit (AMU). Posters to be placed in various clinical areas around AMU. To re-audit in a months' time to confirm the changes – all actions complete.
37. Naso gastric tube check chart audit	<ul style="list-style-type: none"> To feed-back results at ANTs study day. To feed-back results to critical care education leads. To present results at nutrition and hydration governance group – all actions complete.
38. Clinical audit on appropriate genetics referral for patients with suspected lynch syndrome	<ul style="list-style-type: none"> To have a discussion with histology department about reflex BRAF and subsequent promoter hypermethylation testing for patients with MLH1 (+/-PMS2) deficiency. To ensure patients with MSH2/MSH6/PMS2 deficiency are referred to genetics department – all actions complete.
39. Element 1 Saving Babies' Lives: Reducing smoking in pregnancy	<ul style="list-style-type: none"> Communication drive in documentation to increase clean data entry. To share updated guideline in line with SBL v 3 and NICE NG209. To have focus group/1:1 training/ update with community team. To continue to review monthly and action as appropriate – all actions complete.
40. Element 1 Saving Babies' Lives: Reducing smoking in pregnancy	<ul style="list-style-type: none"> Enquiry of smoking status at 36-week antenatal appointment, to be promoted by the public health midwives via all usual maternity communication channels. Ongoing monthly monitoring via the UHS maternity smoking dashboard, with appropriate actions and escalations when required – actions complete.
41. Element 2 Saving Babies' Lives: Fetal Growth: risk assessment, surveillance, and management	<ul style="list-style-type: none"> To communicate to staff documentation at booking for Vitamin D supplementation. To email the triage team to ensure that they are recommending this supplementation to ALL women as per UHS AN booking guideline – actions complete.
42. Element 2 Saving Babies' Lives: Fetal Growth: Risk assessment, surveillance, and management	<ul style="list-style-type: none"> To present variance to the ICB for sign off. Previously variance had been approved for Saving Babies' Lives version 2 – action complete.
43. Element 2 Saving Babies' Lives: Fetal Growth: Risk assessment, surveillance, and management	<ul style="list-style-type: none"> Findings of audit shared around detection rates for <3rd >37+6 and QI project happening at QA in USS, awaiting results – action complete.
44. Element 2 Saving Babies' Lives: Perinatal Mortality Review Tool (PMRT)	<ul style="list-style-type: none"> As per PMRT review group action to be communicated around referral process of USS pathway when concerns with static/tailing growth – action complete.

Audit title	Actions
45. Improving management of urinary incontinence following a stroke	<ul style="list-style-type: none"> • A meeting with stroke sister and manager to ascertain next steps to get proforma in use on the wards to be arranged. • To contact IT to discuss transferring proforma into inpatient noting – actions complete.
46. Does the facial lymph node require removal during neck dissection for oral cancer?	<ul style="list-style-type: none"> • To continue the study as a prospective study to increase the sample size. • To collect more data of the patient to see recurrence of disease and survival rate in two groups of the patients. The patients in which facial lymph node was harvested versus patients in which facial lymph node wasn't harvested.
47. Evaluating the record of Smoking status and Audit-C for maxillofacial patients discharged from ward F5	<ul style="list-style-type: none"> • To meet with pharmacy technician led to update the results and request for pharmacy technicians to record the smoking and alcohol details while interviewing the patient. • To share the findings with the new doctors starting in maxillofacial department and request them to fill in the smoking status and alcohol history.
48. Emollient fire hazard risk and mitigation	<ul style="list-style-type: none"> • To continue to provide an emollient information leaflet to patients on discharge. • To add emollient safety to the VLE fire safety training T continue raising awareness with the Hampshire Medication Safety Group. • To produce and post a graphic on emollient safety for workplace. • To hold Hampshire Fire Service training for staff – all actions either completed or ongoing.
49. Element 1 Saving Babies' Lives: Reducing smoking in pregnancy	<ul style="list-style-type: none"> • To improve compliance for all community midwives to be trained as tobacco dependence treatment advisors in line with Trust guidelines. • Communication drive in documentation to increase clean data entry. • To share updated guideline this is now in line with SBL v 3 and NICE NG209. • To have focus groups / 1:1 training / update with community team. • To continue to review monthly and action as appropriate – all actions complete.
50. Element 3 Saving Babies' Lives: Raising awareness of reduced fetal movements	<ul style="list-style-type: none"> • To update the RFM guideline and circulate to all staff. Main changes around RCOG RM checklist – action complete.
51. Element 4 Saving Babies' Lives: Effective fetal monitoring during labour	<ul style="list-style-type: none"> • Fetal monitoring leads to implement a buddy system on labour ward for cardiotocography (CTG) peer reviews and communication message. • Re-audit in 1 month to assess compliance. Aim to increase compliance to >80%. • Re-audit 10 sets of notes per month until compliance reaches target of >80% – all actions either ongoing or complete.
52. Element 5 Saving Babies' Lives: Reducing preterm births and optimising perinatal care	<ul style="list-style-type: none"> • To carry on with monthly audits to monitor and improve compliance with all standards – action ongoing. • To raise awareness / educating staff through the MatNeo project to improve optimisation of the preterm infant. • To appoint a new preterm birth led midwife to support optimisation of the preterm infant – actions complete.

Audit title	Actions
<p>53. Element 1 Saving Babies' Lives: Audit of smoking cessation training provision</p>	<ul style="list-style-type: none"> • To achieve a minimum ambition of 90% attendance and a stretch ambition of over 95% attendance. • CO monitor use and discussion of results has been placed on the Midwifery Professional Day until December 2024. This is to ensure there is even rostering of staff over the year while balancing the clinical needs of the service. This is in-line with the Core Competency Framework plan made with the maternity practice education team. This session will also be included on the new maternity support workers induction program. • We will be recording training on CO monitoring and ask staff to complete a self-declare competence. • The action plan for 2023 is that VBA training and the smoking cessation pathway within maternity is to be covered within the Midwifery Professional Day, which is attended by midwives and maternity support works. • For 2024, all frontline maternity staff will be asked to completed VBA training via NCSCT e-learning package. This is in-line with the Core Competency Framework Version 2. An update of smoking cessation pathway within maternity will continue to be given face to face within the professional day training. • As per local smoking in pregnancy guideline all community midwives, NEST maternity support workers and selected antenatal core midwives are to be trained to NCSCT standard. At present there are 82 members of staff eligible for training. 74 of these members of staff have been rostered for training thus far. The action plan for the remaining 8 is that 5 have been booked for training in December 2023 and 3 to be booked on to training in 2024. As community staff are in constant flux training needs will be monitored by the public health midwives and the maternity e-rostering team to ensure that staff are adequately trained • Of the 74 members of staff who have attended training only 30 members of staff have provided full evidence. This information has been requested multiple times over the last year. The current action plan is to give a deadline of end October to evidence their training. If this is not provided, these issues will be escalated to their team lead, hours given for this training will be revoked and staff members asked to make up this time clinically. Hours for the training will be given once training has been evidenced – all actions complete.
<p>54. Infection, Prevention and Control (IPC) – Isolation Audit</p>	<ul style="list-style-type: none"> • 26 areas of non-submission must be supported by care group managers and care group clinical leads to complete the planned IPC audit programme. • 6 areas scored between 94% and 85% must produce an action plan.
<p>55. Infection, Prevention and Control (IPC) – Sharps Audit</p>	<ul style="list-style-type: none"> • 53 areas of non-submission must be supported by care group managers and care group clinical leads to complete the planned IPC audit programme. • 7 areas scored between 94% and 85% must produce an action plan. • 6 areas scored below 85% must produce an action plan. Care group managers and care group clinical leads to provide support for sub optimal areas.

QUALITY ACCOUNT

Audit title	Actions
56. Compliance with Management and Monitoring of Nasojejunal Tube Feeding (6463)	<ul style="list-style-type: none"> • To disseminate and present results to gastroenterology. • To disseminate results to matrons and ward managers. • To disseminate results to dietetics. • To improve NJ tube documentation, to develop a NJ tube checklist. • To review and update Enteral Feeding Guidelines as necessary to arrange nursing staff training. • To identify conferences; ESPEN, BAPEN, BDA, UHS Always Improving where the audit and poster can be presented at. • Pilot NJ tube checklist – all actions complete.
57. Naloxone use at UHS	<ul style="list-style-type: none"> • To re-write the clinical guideline – action complete.
58. Assessing referrals for Neurology inpatient care, including in-hospital and tertiary centre transfers	<ul style="list-style-type: none"> • To create new admissions procedure where non-emergency cases (>72h urgent) are admitted as urgent elective cases – action complete.
59. Spinal emergency admissions bloods audit (7504)	<ul style="list-style-type: none"> • To introduce admission blood checklist to ensure all bloods have been taken to avoid any confusion about which bloods to be taken and to avoid duplication – action complete.
60. Baseline audit of patients up and dressed A baseline audit of the fundamentals of care enhancing safe movement (7595)	<ul style="list-style-type: none"> • To focus on promoting people to be up and dressed within ongoing fundamentals of care work – action ongoing. • To publicise availability of UHS clothes bank through communication channels – action complete. • To re-audit number of people up and dressed in future following fundamentals of care launch – action ongoing.
61. Enhancing Safe Movement fundamentals of care baseline audit (7606)	<ul style="list-style-type: none"> • To share results with fundamentals of care task and finish groups and overall implementation groups – action complete. • To explore options on inpatient noting to develop individualised care planning documentation – action complete. • To explore procurement and storage options for walking aids across the organisation – action ongoing. • To develop educational resources to focus on walking aids in reach and standards of care plans – action complete.
62. Identifying if consent and patient views and wishes would have been sought when raising adult safeguarding concerns in UHS (7684)	<ul style="list-style-type: none"> • To work with IT colleagues to simplify safeguarding concern form on Apex. • To work with partners such as SCAS, SCC and HCC to ensure all referrals sent to Safeguarding team include information regarding consent. • To revise adult safeguarding training to ensure consent and patients views and wishes are included – all above actions ongoing. • To provide VLE page and supervision policy to UHS staff to record safeguarding supervision record – action complete.
63. An audit of the provision of strategies to support communication in patients with communication impairment post stroke on HASU and F8 (7708)	<ul style="list-style-type: none"> • Following the initial audit, a summary of the audit findings will be emailed to the SLT team detailing the lack of compliance with providing detailed handovers and recommendations following initial communication assessment. • The importance of doing and recording this will be highlighted and the SLT team will be encouraged to provide communication strategies and clear handover to staff and families following initial assessment. • Updates will be given to family members during visiting hours at the patient bedside. This will allow more effective education on the communication impairment, more effective handover of strategies and will allow the SLT's time to be recorded under SSNAP – action complete.

Audit title	Actions
64. Auditing compliance of ward discharge for patients with dysphagia against the oropharyngeal dysphagia policy (6396)	<ul style="list-style-type: none"> • To feedback results to SLT team – action complete. • To circulate report to ward leads/matrons/division leads – action complete. • To support SLT adding thickener to JAC. • To support pharmacist to add thickener to TTOs for patient discharge. • To re-audit to include the following: <ul style="list-style-type: none"> - If patients are going to their discharge destination with tins of thickener and with x2 beakers - If patients have correct consistencies on their HMRs - If patients are having correct verbal handovers to discharge destination - If patients who require thickener have it included on their TTOs - If thickener is being prescribed on JAC by SLT - If thickener box on electronic notes is being ticked by SLT
65. Infection, Prevention and Control (IPC) – Sharps Audit	<ul style="list-style-type: none"> • 32 areas of non-submission must be supported by care group managers and care group clinical leads to complete the planned IPC audit programme. • 12 areas scoring between 85% and 94% will be required to re-audit within 3 months. • 2 areas scored below 85% will be required to submit an action plan and re-audit within 1 month.
66. Infection, Prevention and Control (IPC) – Audit of High Impact interventions Urinary Catheter Care Bundle	<ul style="list-style-type: none"> • Insertion - 23 areas of non-submission must be supported by care group managers and care group clinical leads to complete the planned IPC audit programme. • 1 area scored between 85% and 94% will be required to re-audit within 3 months. • Ongoing care - 8 areas of non-submission must be supported by care group managers and care group clinical leads to complete the planned IPC audit programme. • 2 areas scored between 85% and 94% are required to re-audit within 3 months. • 9 areas scored below 85% will be required to submit an action plan and re-audit within 1 month.
67. Infection, Prevention and Control (IPC) – Audit of High Impact interventions Peripheral Intravenous Cannula Care (December 2023 report)	<ul style="list-style-type: none"> • Insertion – 18 areas of non-submission must be supported by care group managers and care group clinical leads to complete the planned IPC audit programme. • 1 area scored between 85% and 94% are required to Re audit within 3 months. • 2 areas scored below 85% and will produce action plan to address non-compliance and provide evidence of implementation. • To re-audit within 1 month ensuring compliance addressed through action plan.

Audit title	Actions
68. Audit of High Impact interventions Central Venous Catheter Care (December 2023 report)	<ul style="list-style-type: none"> • Insertion – 4 areas of non-submission must be supported by care group managers and care group clinical leads to complete the planned IPC audit programme. • Ongoing care – 11 areas of non-submission must be supported by care group managers and care group clinical leads to complete the planned IPC audit programme. • 3 areas scored between 85% and 94% are required to re-audit within 3 months. • 3 areas scored below 85% and the following actions will be required to produce an action plan to address non-compliance and provide evidence of implementation. • To re-audit within 1 month ensuring compliance addressed through action plan.
69. Consistent and comprehensive documentation of discharge advice for ACS patients attending CCU, as per ESC guidelines (7539)	<ul style="list-style-type: none"> • To ensure staff have better awareness of these guidelines amongst junior doctors / ACP / ANP roles. • To add flyers in CCU and doctor's room to enable a quick check – actions complete.
70. Clinical Audit to Assess the Image Quality of KUB Abdomen X-rays (7640)	<ul style="list-style-type: none"> • To put on some teaching sessions or use CPD mornings to provide face-to-face training in positioning. • To inform the superintendents the result of the audit and discuss if there is a need for change of the current protocols – actions complete.
71. Element 2 Saving Babies' Lives: Fetal Growth: Risk assessment, surveillance, and management (7683)	<ul style="list-style-type: none"> • LMNS meeting - findings of audit shared around detection rates for <3rd >37+6 and QI project happening at QA in USS, awaiting results – action complete.
72. Element 2 Saving Babies' Lives: Fetal Growth: Risk assessment, surveillance, and management (7681)	<ul style="list-style-type: none"> • To present variance to the ICB for sign off for UHS to scan from 26 weeks – action complete.
73. Saving Babies' Lives 1.1 part 2, Local audit using patient reports to identify pregnant women declining CO screened at booking and 36 weeks (7757)	<ul style="list-style-type: none"> • To email community midwives to remind of the need for CO testing, details of the current guidance and offer of support if they identify any learning needs – action complete.
74. Saving Babies' Lives Element 2: Fetal Growth: risk assessment, surveillance, and management (7679)	<ul style="list-style-type: none"> • To send out a poster to community staff to improve awareness and compliance – action complete.
75. Element 1 Saving Babies' Lives: Reducing smoking in pregnancy (7674)	<ul style="list-style-type: none"> • To create "importance of CO monitoring in pregnancy" for community hubs and social media sharing – action complete.

QUALITY ACCOUNT

Audit title	Actions
76. Element 1 Saving Babies' Lives: Booking and 36 weeks co monitoring and smoking status (7676)	<ul style="list-style-type: none"> • Data quality checks with email to be sent out to community midwives. • To send staff emails and text of current guidance – actions complete.
77. Element 1 Saving Babies' Lives: Reducing smoking in pregnancy 1.4 and 1.6 (7677)	<ul style="list-style-type: none"> • To share audit results and learning – action complete.
78. Element 2 Saving Babies' Lives: Fetal Growth: risk assessment, surveillance, and management (7679)	<ul style="list-style-type: none"> • To send out poster communication to community staff to improve awareness and compliance – action complete.
79. Element 4 Saving Babies' Lives: Effective fetal monitoring during labour (7691)	<ul style="list-style-type: none"> • The Fetal monitoring leads have implemented Buddy system on LW for CTG peer reviews & a communication message on LW – action complete. • To re-audit in 1 month to assess compliance – action complete. • Aim to increase compliance to >80% - action ongoing. To re-audit 10 sets if notes of notes per month until compliance reaches target of >80% - action ongoing.
80. Element 1 Saving Babies' Lives: audit of smoking cessation training provision (7697)	<ul style="list-style-type: none"> • To email out link for self-declaration to update co monitor training and knowledge of results. • To continue teaching on maternity professional day. Request doctor education led to include VBA to their mandatory training. • To follow up with midwives who have not submitted evidence of training – actions complete.
81. Element 3 Saving Babies' Lives: Raising awareness of reduced fetal movements (7688)	<ul style="list-style-type: none"> • To update to the RFM guideline and will be circulated to all staff. Main changes around RCOG RM checklist – action complete
82. Element 4 Saving Babies' Lives: Reducing preterm births and optimising perinatal care (7692)	<ul style="list-style-type: none"> • To complete monthly audits to monitor and improve compliance with all standards – action ongoing. • MDT raising awareness/educating staff through the MatNeo project to improve optimisation of the preterm infant. • A new preterm birth led midwife to be appointed to support Optimisation of the Preterm infant – action complete.
83. Element 2 Saving Babies' Lives: Fetal Growth: risk assessment, surveillance, and management (7679)	<ul style="list-style-type: none"> • To communicate to staff documentation at booking around Vitamin D supplementation – action complete.
84. Element 2 Saving Babies' Lives: Fetal Growth: risk assessment, surveillance, and management (7679)	<ul style="list-style-type: none"> • To send out a poster to community staff to improve awareness and compliance – action complete.
85. Use of hearing aids with secure battery drawers in audiology (6718)	<ul style="list-style-type: none"> • Change to notes template for HA reviews and repairs to remind clinician to ask about battery drawer if not previously documented, this can be removed after 1 year – action complete.

Audit title	Actions
86. Auditing Neuro wards' (E Neuro, D Neuro and F4 Spinal) compliance with the implemented International Dysphagia Diet Standardisation Initiative (IDDSI) fluid and diet guidelines and protocols (7393)	<ul style="list-style-type: none"> • All ward beverage/kitchen areas to have IDDSI posters in clear view. • Training for all ward staff to educate them in the use of correct terminology. • Further education for appropriate ward staff regarding the importance of taster charts and guidelines for documentation on them • Education of Speech and Language Therapy staff re where to put taster charts and ensuring appropriate handover to ward staff – actions complete.
87. Completion of recommended onward referrals following diagnosis of a permanent childhood hearing impairment (PCHI) (5267)	<ul style="list-style-type: none"> • To present audit findings to team. • To discuss with appropriate staff if ENT referrals are still deemed necessary – actions complete.
88. British Society for Dermatological Surgery (BSDS) National Sustainability Skin Surgery Audit (7667)	<ul style="list-style-type: none"> • To present audit results locally. • Dr N to continue discussions regarding disposable biopsy kits. • To arrange suturing session with Dr N given variability in suturing practices (dissolvable vs removable). • Reinforce the need to turn computers off at end of sessions – all actions complete. • To trial varying scrub techniques (scrub at start of list only, blue gloves for punch biopsies) and monitor for any adverse events or infection rates – action ongoing.
89. Venous thromboembolism (VTE) Risk Reassessment on Bassett ward	<ul style="list-style-type: none"> • To ensure the completion of the trust VTE risk re- assessment proforma via the worklist immediately the clinical situation changes. • To review weekly and discuss VTE risk re-assessment of patients on the ward during the board round. • To hand over as well as show other colleagues how to carry out and document VTE risk re-assessment. • To paste reminder / poster at doctors' workstation. • To re-audit to ensure actions have improved compliance.
90. Infection, Prevention and Control (IPC) – Inpatient Hand Hygiene Audit report 2024	<ul style="list-style-type: none"> • 29 areas and 11 theatres did not complete the audit these areas to be supported by Care group management teams to complete the infection prevention programme of audits. • 17 areas scored between 85% and 94% and 7 areas scored below 85%, all areas to develop an action plan based on their findings to ensure compliance is achieved and maintained.
91. Infection, Prevention and Control (IPC) – Outpatient Hand Hygiene Audit report 2024	<ul style="list-style-type: none"> • 14 areas did not submit an audit these areas to be supported by Care group management teams to complete the infection prevention programme of audits. • 3 areas scored between 85% and 94% and 1 areas scored below 85%, all areas to develop an action plan based on their findings to ensure compliance is achieved and maintained.

QUALITY ACCOUNT

Audit title	Actions
92. Assessment of paediatric dietitian prescribed feeds and appropriate paediatric dietetic referrals audited against the 'Nasogastric tube placement and care in paediatrics guideline 2020 Version 6' on PHDU, G2 Neuro, G4, Piam Brown (7596)	<ul style="list-style-type: none"> • Every patient with a feeding tube to be referred to the dietitians. • Information to be circulated to staff in the Nursing "Big Four". • To re-audit and see if "Big Four" bulletin has increased referrals – action complete. • To update the "Nasogastric Tube Placement & Care in Paediatrics" version 6. To include a directive statement that all patients with a feeding tube must be referred to dietetics, via e-quest, in a certain time – action ongoing.
93. Saving Babies' Lives 1.1 part 2: Local audit using patient reports to identify pregnant women declining CO screened at booking and 36 weeks (7757)	<ul style="list-style-type: none"> • To email community midwives to remind them of the need for CO testing, details of the current guidance and offer of support if they identify any learning needs – action complete.
94. Modified fluids audit – compliance of bedside jug fluid consistencies against SLT recommendations and related documentation (5425)	<ul style="list-style-type: none"> • To circulate report to ward leads/matrons/divisi on leads via email. • To offer ward training to ward leads/matrons/division leads via email – actions complete. • To feedback results to SLT team – action ongoing.
95. Screening of iron deficiency (ID) in patients admitted with heart failure (7042)	<ul style="list-style-type: none"> • To target community iron repletion therapy after hospital discharge is our next intervention. Patients will be screened as in-patients for ID, this will be highlighted in their discharge summery and documented on e-DOCS with eTCI to come back for intravenous iron infusion. • Junior medical staff to highlight on discharge summary/document on e-DOCS and eTCI.
96. Clinical Audit to Assess the Image Quality and Adherence to Protocol of Orthopantograms within ED (7627)	<ul style="list-style-type: none"> • Audit findings will be presented to staff as a teaching. It will be explained how to avoid making common errors – action complete. • All artefacts are to be removed from the patient prior to OPG imaging. If artefacts are unable to be removed, a CRIS comment must be written justifying because they could not be removed. • Re-audit to be done within 1-2 years. • A member of staff within the ED X-ray department should ideally conduct a re-audit annually or bi-annually to compare their results with the previous audit. This will highlight where improvements can be made, while showing which aspects are being done better or worse after a set period.
97. Trustwide Bed Rail Audit (7169)	<ul style="list-style-type: none"> • To develop a VLE training session on bed rails – this will take 12 months to finalise – action ongoing. • To develop patient information resource on bed rails – action complete • Bed rail risk assessments to be updated on inpatient noting to ensure compliance with NPSA – This has been added to the risk register due to digital team not being able to complete yet. • VLE resource page to go live - resources to include teaching session, information poster, flow chart and bed rail policy.

2.2.3 Recruiting to research

The number of patients receiving relevant health services provided or subcontracted by UHS in 2023/24 that were recruited during that period to participate in research approved by a research ethics committee was over 10,000. We ranked fourteenth for total recruitment amongst all acute NHS Trusts in England and delivered the most COVID-19 studies.

More information about our commitment to research can be found in the section 'Our commitment to research' in part 3 of this report.

2.2.4 Commissioning for quality and innovation (CQUIN) payment framework

The CQUIN payment framework makes a proportion of NHS healthcare providers' income conditional upon achieving certain improvement goals. The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers.

NHS England define CQUIN as 'a mechanism to secure improvements in the quality of services better outcomes for patients and drive to transformational change by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

University Hospital Southampton NHS Foundation Trust income in 2023/24 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework following local agreement.

Further details of the agreed goals for 2023/24 and for the following twelve-month period are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-23-24/>

The CQUIN income is conditional upon achieving for

NO.	CQUIN	CQUIN Aims
CCG1	Flu	Achieving 80% uptake of flu vaccinations by frontline staff with patient contact.
CCG3	Prompt switching of intravenous to oral antibiotics	Achieving 40% of patients still receiving IV antibiotics past the point at which they meet the switching criteria.
CCG5	Identification and response to frailty in emergency departments	Achieving 30% of patients aged 65 and over attending A&E or same day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up.
CCG7	Recording of response to NEWS2 score for unplanned critical care admissions	Achieving 30% of all unplanned critical care unit admissions from non-critical care wards having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes.
CCG6	Timely communication of changes to medicines to community pharmacists via the discharge medicine service	Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patients chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.

QUALITY ACCOUNT

NO.	CQUIN	CQUIN Aims
CQUIN08	Achievement of revascularisation standards for lower limb Ischaemia	Following guidance published by the vascular society to reduce the delays in assessment, investigation, and revascularisation in patients with chronic limb threatening ischaemia and in turn reduce length of stay, in-hospital mortality rates, readmissions, and amputation rates. Estimated annual savings are £12 million.
CQUIN11	Achieving high quality shared decision making conversations in specific specialised pathways to support recovery	Achieving high quality shared decision (SDM) making conversations to support patients to make informed decisions based on available evidence and their personal values and preferences and knowledge of the risks, benefits, and consequences of the options available to them. This CQUIN indicator highlights the importance of the NICE Guideline on SDM and the GMC Guidance on Decision Making and Consent and supports providers to consider their approach to maximise compliance to those regulatory documents. The specific aim of the 2023/24 indicator is to embed the work in 2022/23 to achieve high quality SDM conversations in certain specialised pathways and to support roll-out of that work more widely across organisation.
CQUIN09	Achieving progress towards hepatitis C elimination within lead hepatitis C centres	While good progress is being made towards the NHSE public commitment to achieve hepatitis C elimination ahead of the WHO target of 2030 and be the first country in the world to do so, currently, the system is becoming blocked up by people diagnosed not making it in a timely fashion into treatment. Time from referral to treatment (RTT) should not exceed 4 weeks (in line with HIV care), but many patients are exceeding this – especially those in addiction services. Such patient cohorts remain able to communicate the disease to others for the period that they are untreated. Further, the longer the time these vulnerable patients remain without treatment, the more likely they are to be lost to the system altogether or to experience negative impact on their liver condition. This CQUIN therefore has a shift in focus relative to the 2022/23 Hep C CQUIN indicator. It is in support of the programme and funding for ODNs to provide the end-to-end care pathway. ODNs are asked to work with partners to generate sufficient capacity to meet the RTT target.
CQUIN10	Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	Achieving 85% of adult patients with non-small-cell lung cancer (NSCLC) stage I or II and good performance status (WHO 0-1) referred for treatment with curative intent, as per the NICE QS17 recommendation. There are a variety of options for treatment with curative intent. This indicator sets out the comprehensive range of treatment modalities that should be considered either individually or in combination. Decisions about treatment options should be taken at cancer multidisciplinary team meetings and involve patients.

2.2.5 Statements from the Care Quality Commission (CQC)

UHS is required to register with the CQC, and its current registration status is registered without conditions attached to the registration.

The CQC has not taken enforcement action against UHS during 2023/24.

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 location inspected the Trust between December 2018 and January 2019. The inspection focused on the quality of four core services: urgent and emergency care, medicine, maternity, and outpatients, as well as management, leadership, and the effective and efficient use of resources. In January 2019 NHS Improvement carried out a Use of Resources (UoR) inspection and the CQC completed their inspection.

The report was published on the 17 April 2019 and the Trust was rated as 'good' overall and 'outstanding' for providing effective services.

On the 15 May 2023 the CQC carried out an announced focused inspection of our maternity service at Princess Anne Hospital as part of their national maternity inspection programme. The inspection looked only at the safe and well-led key questions. They did not inspect the other service run by UHS including the New Forest Birth Centre, as it is currently dormant for delivery of babies.

An inspection report was published on 08 August 2023 with an overall rating. They did not review the rating of the location; therefore, our overall rating of UHS stayed the same ('good'), and Princess Anne Hospital remains rated as 'good'.

The CQC stated 'our rating of this service stayed the same. We rated it as good because:

- Most midwifery staff had training in key skills and worked well together for the benefit of women and birthing people.
- understood how to protect women and birthing people from abuse, and managed safety well.
- The service controlled infection risk well and staff assessed risks to women and birthing people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Managers monitored the effectiveness of the service.
- Staff felt respected, supported, and valued. They were focused on the needs of women and birthing people receiving care. Staff were clear about their roles and accountabilities. The service engaged with women and birthing people and the community to plan and manage services.
- People could access the service when they needed it and did not have to wait too long for treatment. Staff were committed to improving services continually'.

One requirement notice was issued: Maternity and midwifery services Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment, with three 'must do' and three 'should do' recommendations. The Trust developed an improvement action plan to address the recommendations with governance oversight provided by the quality governance steering group.

All sites and services across the organisation are now rated as 'good' in the effective and caring domains, with Southampton General Hospital 'outstanding' in these areas.

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	

The CQC have now launched their new assessment framework for providers, local authorities and systems called the single assessment framework (SAF). It focuses on what matters to people who use health and social care services and their families and aims to provide an up-to-date view of quality.

This will be the biggest change in the way in which care providers are assessed, inspected, and rated since its formation. Going forward the CQC will use a range of information to assess providers flexibly and frequently. Assessment will not tie to set dates or driven by a previous rating, and assessment will be based on evidence collected on an ongoing basis. On site visits ('inspections') will still be used as a vital tool to gather evidence to assess quality, and evidence will be scored to make judgements more structured and consistent.

With this change brings the opportunity for the Trust to align with this new vision and continue to drive ourselves to provide the best possible care for the people who use our services and the best environment for our staff.

2.2.6 Registration with the CQC

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages care services to improve.

Registration with the Care Quality Commission: UHS is required to register with the Care Quality Commission and its current registration status for locations and services is as below.

Regulated activity: Surgical procedures:

Provider conditions: This regulated activity may only be carried on at the following locations:

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- Regulated activity: Treatment of disease, disorder, or injury
- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Royal South Hants Hospital, Brintons Terrace, Southampton SO14 0YG
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- Lymington New Forest Hospital - Surgical patient pathway and outpatients Wellworthy Road, Lymington, Hampshire SO41 8QD

Regulated activity: Maternity and midwifery services

- New Forest Birth Centre, Ashurst Hospital, Lyndhurst Road, Ashurst, Southampton SO40 7AR
- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA

Regulated activity: Diagnostic and screening services

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Royal South Hants Hospital, Brintons Terrace, Southampton SO14 0YG

- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- New Forest Birth Centre, Ashurst Hospital, Lyndhurst Road, Ashurst, Southampton SO40 7AR

Regulated activity: Transport services, triage and medical advice provided remotely

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- Hampshire and Isle of Wight Air Ambulance (HIOWAA)

Regulated activity: Assessment or medical treatment for persons detained under the 1983 (Mental Health) Act Provider conditions:

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD

UHS was registered with the CQC since its inception in 2010 and has maintained its registration without conditions or enforcement action ever since, including 2023/24.

2.2.7 Payment by results

UHS was not subject to the Payment by Results (PbR) clinical coding audit report for 2023/24 by the Audit Commission.

The last PbR audit was in 2013/14 and no further external audits were recommended for the Trust, as we were found to be fully compliant. The Audit Commission has now ceased to exist; however, the Trust continues to maintain an internal audit programme, carried out by Approved NHS Digital Clinical Coding.

2.2.8 Data quality

A vital pre-requisite to robust governance and effective service delivery is the availability of high-quality data across all areas of the organisation. Data quality is an assessment of how accurate, complete, and timely the data entry of patient care and activity is. Data quality is important to the Trust as it helps us keep an accurate record of a patient's journey which supports the effective delivery of patient care and is essential to both improvements in the quality of care and for patient safety. Poor data quality can result in delays in patient treatment, increased workload, loss of income and misleading data .

The data quality team audit hundreds of records on a monthly basis. We are interested in helping create better data entry across the Trust and continually review areas of interest for improvement.

UHS submitted records between April 2023 – Nov 2023 to the NHS-wide Secondary Uses Service for inclusion in Hospital Episode Statistics. As of November 2023 (latest reporting month) the percentage of records in the published data:

Which included a valid NHS number were:

- 99.4% for admitted patient care.
- 99.8% for outpatient care.
- 95.3% for accident and emergency care.

which included a valid General Medical Practice Code were:

- 100% for admitted patient care.
- 99.7% for outpatient care.
- 99.5% for accident and emergency care.

UHS will be taking the following actions to improve data quality:

- Data services routinely reviews and updates its data quality checks and procedures to ensure they are robust and in line with any changes to national policy.
- 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.

2.2.9 Data Security and Protection Toolkit (DSPT)

The DSPT is an online assessment tool that enables the Trust to measure its performance against the national data guardian’s ten data security standards. Submission of the DSPT is a mandatory annual requirement.

The Trust’s submitted its 2022/23 assessment in June 2023. The Trust was unable to provide the required level of assurance for one of the mandatory assertions. That assertion was 3.2.1 “Have at least 95% of all staff, completed their annual Data Security Awareness Training?”. An improvement plan was submitted and accepted by NHS Digital.

As a result, the Trust is ‘approaching standards and actions are in place to increase the percentage of staff completing their data security training. This includes regular reporting to senior management and a refresh of the online training package.

2.2.10 Learning from deaths

During 2023/24 2,142 UHS patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Number of deaths per quarter 2023/24

Q1	Q2	Q3	Q4
528	571	578	557

By 31 March 2024, 130 case record reviews and 13 investigations have been carried out in relation to the deaths included in the table above.

In three cases a death was subject to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: zero in the first quarter; two in the second quarter; one in the third quarter; and zero in the fourth quarter.

Three, representing 0.14% of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of zero representing 0% for the first quarter; two representing 0.1% for the second quarter; one representing 0.05% for the third quarter; and zero representing 0% for the fourth quarter.

These numbers have been estimated using the total incident investigations related to patient deaths referred to and investigated by the patient safety team using the structured judgement review (SJR) and root cause analysis (RCA) methodologies.

These referrals come from medical examiners, adverse event reporting, child death and deterioration group (CDAD), clinical events reviews, the infection prevention team and clinicians involved in care.

From 1 April 2023 until current there were six investigations that the patient died as a direct result of the incident.

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

Case one

Thematic learning – lack of clarity of roles and responsibilities for patients on enhanced observations.

Summary of completed action(s) – relaunch of enhanced care policy with healthcare care assistant (HCA) induction to included session on enhanced care policy.

How learning has been shared – teaching to ward staff, and dissemination through the care group governance teams.

Impact of actions – deepen the understanding and compliance with the enhanced care policy.

Case two

Thematic learning – Stroke recognition, soft signs and confirmation bias not recognised.

Summary of completed action(s) – education on stroke identification through mandatory training and walkabout/trolley dashes on the wards re importance of formal neurological assessment, early CT scan and prompt referral to stroke team. Monthly study days to include.

How learning has been shared – neurological assessment and observations to be include in the medical rolling half day teaching sessions and through nursing mandatory study days.

Impact of actions – staff will have increased knowledge on assessment and recognition of stroke signs and actions required if concerned.

Case three

Thematic learning – Delay in recognising fracture hip following an inpatient fall. Due to mechanism of the fall (low impact from sitting position) reduced focus on full assessment for injury.

Summary of completed action(s) – post falls assessment to be fully completed and documented using the falls grab pack. Post falls assessment updated to include more prompts for assessments for injury. MDT education continues in post falls assessment and management.

MDT staff to record and escalate concerns where all teams access the information.

How learning has been shared – Discussed at care group governance and M&M meetings.

Impact of actions – improved communication of concerns between MDT and accurate full body assessment of patients post fall.

Case four

Thematic learning – ensuring that patients placed in enhanced observation bay are maintained wherever possible. Timely assessment of falls risk and completion of post falls documentation.

Summary of completed action(s) – reminder alert placed on electronic documentation highlighting need for review of falls assessment. Importance of staff remaining in the observation bay highlighted to staff. Education to all staff on timeliness of documentation completion.

How learning has been shared – Case and learning discussed at ward huddles.

Impact of actions – Documentation will be audited to ensure compliance is maintained. Staff will communicate and plan when a bay cannot be observed.

Zero case record reviews and nine investigations completed after 1 April 2023 which related to deaths which took place before the start of the reporting period.

There are currently one investigations ongoing which relate to deaths which took place during the reporting period, however final actions and therefore learning points are not yet available.

Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the SJR and RCA methodologies.

Zero representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.2.11 Reporting against core indicators

Since 2012/13 NHS foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital to enable the public to compare performance across organisations.

The tables below provide information against several national priorities and measures that, in conjunction with our stakeholders, form part of our key performance indicators which are reported monthly to the Trust's board.

These measures cover patient safety, experience, and clinical outcomes. Where possible we have included national benchmarks or targets so that progression can be seen, and performance compared to other providers.

All the core indicators are updated with the most recent publications from NHS Digital/NHSE and NHS Improvement/Gov.uk.

The following agreed metrics used in previous years are no longer available as we no longer collect this information:

- Groin hernia surgery and varicose vein surgery. In the past neither hernia repair nor varicose vein surgery were reported on in the quality accounts because the low numbers being performed meant it was not statistically significant. This was confirmed by checking the registries through NHS Digital for hernia and varicose vein surgery for 2017/18 and continues to date. There were only small numbers for hernia repair and no data available for varicose veins. Varicose veins are treated at UHS, but they are dealt with at the independent treatment centre.

QUALITY ACCOUNT

- The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period: data has not been collected for the past three years. Our VTE programme continues and aims to reduce preventable harm to our patients by promoting timely and accurate VTE risk assessment and ensuring thromboprophylaxis.

Core indicator 19: the percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.

	2019/20	2020/21	2021/22	2022/23	2023/24
Emergency readmissions, within 28 days (as average of monthly %)	11.76%	12.4% April – Feb	11.83% April – Jan	11.50%	12.14%

Regulatory/Assurance Statement:

UHS considers that this data is as described for the following reasons: we have a process in place for collating data on hospital admissions from which the readmission indicator is derived. We have maintained our low unplanned readmission rate for both paediatric patients and adult patients with both rates remaining below national average throughout the year. UHS has taken the following actions to improve the percentage of patients readmitted to a hospital, and so the quality of its services by working to ensure we treat and discharge patients appropriately so that they do not require unplanned readmission, working with partners in the system to address long-standing pressures around demand, capacity and patient flow and working closely with system partners to ensure safe discharge practice.

Core indicator 20 : The Trust’s responsiveness to the personal needs of its patients during the reporting period.

Extracted from the most current NHS Friends and Family Test (FFT) feedback

RHM	RESPONSE RATE				
A&E	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	2022/23
UHS response rate	0.33%	0.05%	0.10%	0.06%	0.10%
National Average	10.00%	10.25%	9.76%	10.61%	10.18%
Highest Trust	100.00%	100.00%	100.00%	100.00%	100.00%
Lowest Trust	0.00%	0.00%	0.00%	0.00%	0.00%

RHM	RESPONSE RATE				
Inpatient and daycase	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	2022/23
UHS response rate	4.86%	5.16%	4.70%	5.10%	4.96%
National Average	19.12%	19.66%	19.08%	19.72%	19.42%
Highest Trust	100.00%	100.00%	100.00%	189.60%	189.60%
Lowest Trust	0.00%	0.00%	0.00%	0.00%	0.00%

QUALITY ACCOUNT

RHM		POSITIVE				
A&E	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	2022/23	
UHS response rate	2.84%	4.55%	3.41%	4.31%	3.51%	
National Average	0.08%	0.08%	0.08%	0.00%	0.00%	
Highest Trust	100.00%	100.00%	100.00%	100.00%	100.00%	
Lowest Trust	33.33%	39.25%	20.00%	0.00%	0.00%	

RHM		POSITIVE				
Inpatient and daycase	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	2022/23	
UHS response rate	0.29%	0.19%	0.18%	0.20%	0.21%	
National Average	0.09%	0.09%	0.09%	0.00%	0.00%	
Highest Trust	100.00%	100.00%	100.00%	100.00%	100.00%	
Lowest Trust	62.67%	64.15%	57.08%	65.82%	57.08	

RHM		NEGATIVE				
A&E	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	2022/23	
UHS response rate	0.00%	0.00%	0.00%	0.00%	0.00%	
National Average	0.00%	0.00%	0.00%	0.00%	0.00%	
Highest Trust	66.67%	60.00%	80.00%	197300.00%	197300.00%	
Lowest Trust	0.00%	0.00%	0.00%	0.00%	0.00%	

Regulatory/Assurance Statement:

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.

Core indicator 21: 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.

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 %	2020/21	2021/22	2022	2023
UHS	92%	83%	78.8%	76.31%
Highest score	100%	58.4%	86.4%	88.82%
Lowest score	39%	38.5%	39.2%	44.31

Regulatory/Assurance Statement:

UHS considers that this data is as described for the following reasons: We use nationally reported and validated data from the national staff survey and our results perform well in comparison to other acute trusts with improvement shown this year.

UHS has taken the following actions to improve the percentage of staff who would recommend the Trust as a care provider, and so the quality of its services by continuing to encourage participation in this survey and by developing local action plans and responses to the feedback received. Consolidating our initiatives, while continuing to pay attention to priority areas of the staff survey: bullying and harassment and health and wellbeing.

UHS considers that this data is as described for the following reasons: We use nationally reported and validated data from the national staff survey and our results perform well in comparison to other acute Trusts with improvement shown this year.

UHS has taken the following actions to improve the percentage of staff who would recommend the Trust as a care provider, and so the quality of its services by continuing to encourage participation in this survey and by developing local action plans and responses to the feedback received. Consolidating our initiatives, while continuing to pay attention to priority areas of the staff survey: bullying and harassment, health, and wellbeing.

Core indicator 23: The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period.

The VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic. This was communicated via this letter on 28 March 2020.

QUALITY ACCOUNT

Core indicator 24: the rate per 100,000 bed days of cases of C. difficile infection reported within the Trust among patients aged two or over during the reporting period.

The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust among patients aged two or over during the reporting period.

	2019/20	2020/21	2022/23	2023/24
UHS	12.3	38.7	14.12	15.2
National Average	13.2	45.6	16.47	18.5
Highest Trust Score	51	141	53.62	73.3
Lowest Trust Score	0	0	0	0
Lowest Trust Score (non-zero)	1.7	2.3	0.97	3.8

Regulatory/Assurance Statement:

UHS considers that this data is as described for the following reasons: we use nationally reported and validated data; we monitor performance regularly through our Trust Infection Control Committees and daily and weekly taskforce meetings.

UHS has taken the following actions to improve the rate of C difficile infection, and so the quality of its services by: focusing on improving hand hygiene; adopting national and local campaigns including visual prompts and hand hygiene stations prominently positioned at entrances to the hospital and ward areas; raising the profile of infection prevention throughout the Trust and at board level; training staff on infection prevention and hand hygiene; focusing on high standards of cleanliness, screening of emergency and elective patients and focusing on effective antibiotic stewardship and ensuring that patients are effectively isolated and monitoring and feeding back on cases where inappropriate prescribing is a possible contributory factor.

Core indicator 25: the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

	Oct19-Mar20	Apr 21-Mar 22	2022/23	2023/24
UHS				
Rate Incidents per 1000 admissions	34.50	38.10	30.20	Data not available*
Number Incidents	6373	1153	11327	
Number Severe Harm	43	78	77	
% Severe harm or death	0.67%	0.78%	0.68%	

Regulatory/Assurance Statement:

* "September 2023 update: We have paused the annual publishing of this data while we consider future publications in line with the current introduction of the Learn from Patient Safety Events (LFPSE) service to replace the NRLS." – NHSE Website

Other Information

Patient Safety Indicators data for 2023/24:

	2020/21	2021/22	2022/23	2023/24
Serious Incidents Requiring Investigation (SIRI) from STEIS	90	70	118	No longer collected
VTE	_*	_*	_*	141,740
Never Events	1	6	3	8
Healthcare Associated Infection MRSA bacteraemia reduction	1	No available data	n/a	71
Healthcare Associated Infection Census" (as average of monthly %)	299%	No available data	No available data	No available data
Healthcare Associated Infection Clostridium difficile reduction	63	71	80	97
Avoidable Hospital Acquired 33* Grade III and IV Pressure Ulcers	20	No available data	191	206
Falls - Avoidable Falls	2	No available data	61	Process of data capture has changed. This is no longer recorded

Regulatory/Assurance Statement:

UHS considers that this data is as described for the following reasons: we use nationally reported and verified data from the NRLS.

UHS intends to take the following actions to improve this percentage of patient safety incidents reported that resulted in severe/major harm or extreme harm/death and so the quality of its services by continuing to work to eliminate avoidable harm and improve outcomes.

		2018/19	2019/20	2020/21 YTD	2021/22 YTD	2022/23 YTD	2023/24 YTD
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway		86.6%	82.2%	59.9%	69.1%	68.7%	62.9%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/discharge		86.3%	75.9%	91.1%	74.3%	61.8%	61.4%
All cancers- 62 day wait for first treatment from:	Urgent GP referral for suspected cancer	73.8%	74.6%	81.3%	73.3%	81.2%	66.5%
	NHS Cancer Screening Service referral	81.5%	89.2%	79.2%	82.1%	62.3%	79.6%
C.difficile variance from plan		-25.0%	9.4%	-1.6%	-17.5%	-40.0%	-76.3%
Maximum 6-week wait for diagnostic procedure		97.9%	97.1%	62.4%	79.2%	75.6%	81.5%

2.2.12 Seven-day hospital services

The seven-day hospital services (7DS) programme was developed to support providers of acute services to deliver high quality care and improve outcomes on a seven-day basis for patients admitted to hospital in an emergency.

Ten 7DS clinical standards were originally developed and since 2015 trusts have been asked to report on four priority standards:

Clinical standard two: consultant-directed assessment.

Clinical standard five: diagnostics.

Clinical standard six: interventions.

Clinical standard eight: ongoing review.

The Trust currently meets all four of these standards and delivers a comprehensive 7DS which helps keep patients safe and helps with flow through the hospital seven days a week. This has been particularly important during our recovery from the COVID-19 pandemic, and while working to meet the national challenges around patient flow.

Clinical standard two: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

All emergency specialties have consultant on call rotas with either planned ward round review to support the standard or continuous review throughout the shifts. The timing of review is entered through the electronic system which enables monitoring.

In November 2019 UHS audited compliance and demonstrated we achieved the standard 95.52% of the time. On average patients waited 3 hours 17 minutes for an assessment, 3 hours 41 minutes on a weekday and 2 hours 20 minutes at the weekend. Further audits are planned during 2023/24.

Clinical standard five: 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 six: Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

Due to radiology working practices and economies of scale UHS consistently achieves Clinical Standard 6 target across seven days a week for:

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency surgery
- Emergency renal replacement therapy
- Urgent radiotherapy
- Stroke thrombolysis and 7-day mechanical thrombectomy cover.
- Percutaneous coronary intervention
- Cardiac pacing

Clinical standard eight: All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway:

The Trust is meeting this standard by twice daily consultant reviews taking place in admission areas, intensive and high care areas, and once daily review in other inpatient wards.

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

2.2.13 Freedom to speak up (FTSU)

From time to time, conflict arises in the workplace or people may feel they are being treated in ways that make them feel uncomfortable or even bullied. We recognise this can have a profound impact on our staff members' lives and are committed to continuing to promote an open and supportive culture to ensure that all employees, workers, and volunteers feel safe in speaking up about issues of the quality of patient care, safety, or their own personal experiences. We recognised this culture as being vital in promoting an environment where mistakes are acknowledged, learned from, and prevented from happening again.



The Trust has had its own FTSU guardian as an independent and impartial source of advice for those wishing to speak up since October 2017. The role is supported by the FTSU national guardian's office, which is responsible for providing leadership, training, and advice to FTSU guardians.

Speak up – we will listen
Speaking up about any concern you have at work is really important. In fact, it will be easier if it helps 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 articles 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):

- quality patient care
- unsafe working conditions
- independence indicators or training for staff
- lack of, or poor, response to a reported patient safety incident
- suspensions of staff (which can also be reported to your local counter-bullying team)
- 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 concerns resolved is to raise it with your line manager.

If you don't think it is appropriate to raise it with your line manager or they do not resolve it for you, you can use one of the options set out below:

- 1 Raise the matter with your line manager**
- 2 Contact our Freedom to Speak Up Guardian**
Christine Mubabali
023 81 26 4288 or 01818 521753
Christine.Mubabali@hfuhs.nhs.uk or Freedom@concern@hfuhs.nhs.uk
- 3 Contact our Executive Director**
Call by the Director of Nursing
023 8079 4953 Call by hr@hfuhs.nhs.uk
- 4 Contact our Non-Executive Director**
Cyrus Cooper
Cyrus.Cooper@hfuhs.nhs.uk
- 5 Raise the concern externally if the earlier steps have not been reached**
The concern or there are pressing reasons to bypass them

More about the Freedom to Speak Up Guardian
Christine Mubabali is the Trust Freedom to Speak Up FTSU Guardian. The role was established as a commitment of the Trusts to work alongside NHS Trusts in becoming more open and transparent places to work.

If you are more concerned about patient or staff safety and do not feel that your concerns are being adequately addressed, please contact Christine.



Christine Mubabali
Raising@concern@hfuhs.nhs.uk

“I'm here to listen to any concerns that you have about working at the Trusts”

To raise awareness with our staff, the Trust provides FTSU education sessions at Trust induction to ensure that all new starters are aware of the FTSU guardian/champions and our raising concerns (whistleblowing) policy. We provide education to ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively. We also send out regular communications across the Trust to raise the profile and understanding of the raising concerns agenda.

We have a multidisciplinary approach to concerns raised through our monthly raising concerns (whistleblowing) steering group, chaired by an executive lead. The group shares key findings/recommendations from concerns that have been raised to foster a culture of openness, transparency, and learning from mistakes. The group monitors evidence that investigations are evidence based and led by someone suitably independent in the organisation. This information is regularly fed back to the different divisions by the FTSU guardian and champions and work with them and HR on different strategies as well as learning. Future plans include working with the organisational development team to work together on using themes and feedback to work with them in supporting the work culture of the organisation.

We have developed a network of fully trained FTSU champions so that all staff can access confidential and impartial support in times of need. This team of advisors are available to support staff who are subject to, or accused of, bullying, harassment and discrimination while at work; staff who need advice on issues such as conflict in the workplace; and staff who are thinking of leaving UHS. They are there to empower staff to take control over their situation by explaining relevant policies, discussing their available options, and providing practical and emotional support in a safe setting. In the last year we have successfully grown the number of champions from 60 to 104, recruited from all from staff groups.

Our progress and performance are measured through our annual staff survey and FFT results as well as feedback from those who have raised concerns. Benchmarking concerns we have received against national FTSU guardian's office data and the regional FTSU guardian network helps us track our performance. High level findings are presented at Trust Board on a bi-annual basis and include overviews of the cases reported and any themes identified. We also discuss progress against the national FTSU office guidance for NHS Trusts and self-assessment tool, progress against key actions related to the vision and strategy and any relevant benchmarking or recommendations following national publications.

We continue to improve our resource page on our internal intranet with up-to-date information about our FTSU service, and promotional leaflets and posters available and displayed in all working areas. Our guardian arranged listening events around the organisation with senior management with the aim of understanding concerns and issues around the Trust in different departments.

What our tell us



2.2.14 Rota gaps

The guardian of safe working is responsible for ensuring that working hours are safe for junior doctors; we know that this is important for patient and staff safety.

The guardian also helps support the implementation and maintenance of the contract for doctors in training, has independent oversight of junior doctors' working hours and works with the medical workforce team to identify any training opportunities. The guardian provides a mechanism whereby safety concerns related to working hours and rota gaps can be identified, responded to, and addressed. A regular report is submitted to Trust Board which includes updates on rota compliance, vacancies/gaps and plans for improvement and junior doctor exception reporting.

We act each month to make sure that rota gaps are identified and filled wherever possible. We aim for proactive engagement with Health Education England (HEE) so we can accurately plan targeted campaigns for hard to recruit specialties and the judicious use of locums where necessary. We also embrace the UHS Fellowship and aim to offer the same safeguards for all our junior doctors whether in deanery training posts or not.

There are 646 doctors-in-training employed by the Trust and they all work on the 2016 contract.

There are 418 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 10.56% which equates to 104 wte vacant posts. Recruitment continues for current vacancies and medical HR are working with departments to plan for future gaps. There are certain specialties where recruitment and retention are particularly challenging including general medicine, PICU and general surgery.

From the 1 July 2022 the NHS Professionals (NHSP) connect contract was ceased and all locum bank duties were processed through Medic OnLine and HealthRoster (software that was already procured and funded by UHS).

The expenditure for locums continues to be high, relating to covering both short-term vacancies and longer-term gaps in the rotas.

The changes in locum rates from September 2022 for doctors in training and subsequent communication have improved clarity for everyone involved and identified departments which have significant challenges in recruitment and retention.

Exception reporting continues to be both low risk and low cost to the Trust.

There is ongoing monitoring of exception reporting and appropriate support given to the consultant rota leads and the medical workforce team.

Medical recruitment remains a high priority for the Trust and there is continued vigilance around rotas, sickness, and sustainability of the working patterns of doctors in training.

Rota annualisation can help alleviate the problem of annual leave and the introduction of the new locum system has led to more efficient and timely coverage of short-term rota gaps. In addition, specialties with significant challenges are becoming easier to identify earlier, allowing more effective intervention.

Work is being carried out around the role of junior doctors, advanced nurse practitioners, physician assistants and a range of non-clinical roles.

These problems reflect the national picture and are well understood internally with improvement plans being generated and reviewed regularly to ensure that the building blocks for a successful junior doctor workforce are in place in UHS.

3.2 Duty of Candour

Our staff work hard to provide services which are safe and of a high quality. Despite this, sometimes things do go wrong, and incidents will occur. When this happens, all healthcare professionals have a professional responsibility to be open and honest with patients. Evidence suggests that openness is welcomed by patients who are more likely to forgive errors when they are discussed fully in a timely and thoughtful manner, and that being open can decrease the distress or trauma felt following an incident.

Our staff work hard to provide services which are safe and of a high quality. Despite this, sometimes things do go wrong, and incidents will occur. When this happens all healthcare professionals have a professional responsibility to be open and honest with patients. Evidence suggests that openness is welcomed by patients who are more likely to forgive errors when they are discussed fully in a timely and thoughtful manner, and that being open can decrease the distress or trauma.

We also have a statutory duty to support staff to report adverse incidents, and to support them to be open and honest with patients if something goes wrong with their care which could lead to significant harm. This is called 'duty of candour' and applies to all health and social care organisations registered with the CQC in England. A crucial part of the duty of candour is the apology. Apologising is not an admission of liability. In many cases it is the lack of timely apology that causes the most distress or pushes people to take legal action.

At UHS we have worked hard to ensure that our staff are aware of their obligations against this regulation. We aim to understand, learn, and share truths about harm at both an organisational and individual level. Our organisational values are rooted in genuine engagement of staff, our clinical leadership, building on professional accountability and on every member of staff's personal commitment to the safety of patients.



Our 'being open policy: a duty to be candid' policy clearly outlines the requirements for the Trust to comply with Regulation 20. This includes both the statutory and professional requirements. This policy underpins the Trust's values and aims to ensure:

- The patient's right to openness from the Trust is clearly understood by all staff. That this right is integrated into the everyday business of the Trust. The Trust learns from mistakes with full transparency and openness.
- Patients and their families and carers can trust us to share information with them in an open and collaborative way.
- The Trust works in partnership with others to protect patients.
- Trust staff ensure appropriate support is offered to patients, families, carers, and staff.
- That line managers understand an individual or team may well require support during and after an incident.

The Trust has a range of resources available to support the delivery of the policy, including:

- A patient information leaflet has been developed to be provided to patients and their families where an incident has occurred.
- Duty of candour is a mandatory field in the safeguard incident reporting system.
- Validation of incidents becomes key to ensure that the right level of harm has been determined.
- Training, including a video is available on Staffnet.
- Duty of candour documentation guide forms part of eDocs to support documentation of conversations.
- Template letters have been developed.

We offer to meet patients and families if they would find this beneficial.

Our PSIRF includes reviewing and improving how we engage and involve patients, families and staff following a patient safety incident. This will enhance our duty of candour processes.

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.

Part 3: Other information

3.1 Our commitment to safety

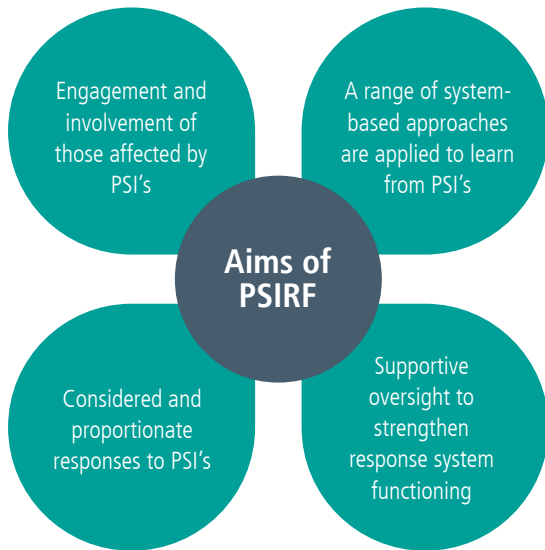
We are proud of our long-standing commitment to patient safety and continue to focus on improving the quality of safe care that we provide. We recognise the importance of a culture where staff are comfortable to report when things go wrong, and we work hard to ensure that the appropriate support for staff is available in an effective, efficient, and timely way.

Individuals can share their experiences and provide feedback regarding any support they have received. We continually work to improve safety in the Trust, learn from incidents and celebrate successes, and this year we have set out our planned outcomes for the next two years:



Last year we reported how we had launched the NHSE PSIRF which replaced the national serious incident framework. This year we have completed our transition and collaborated with our ICB to develop a PSIRF plan and policy to underpin the change.

PSIRF set out a new direction for how the NHS responds to patient safety incidents, focusing on effective learning and improvement, compassionate engagement and embedding a patient safety culture.



Completing our transition has meant there is now greater focus on understanding the impact of systems and human factors in our patient safety incidents and we have greater understanding in the “what” not the “who” in investigations to support a just and learning culture. Not all serious events will lead to a patient safety incident investigation (PSII) – other tools will be available such as after action reviews, clinical audit or M&M meetings, and greater support and involvement is being provided for those involved in patient safety incidents. Our four medical scoping leads have continued to support our case reviews as well as taking on wider patient safety roles including the M&M quality priority described previously in this quality account and developing a human factors and simulation strategy.

We have created a range of resources to support staff with the transition, which includes videos, leaflets and information on our internal intranet. Our staff support workstream group have developed an information guide and quick reference cards. We have promoted the patient safety syllabus through the NHSE e-learning resource and face to face sessions and designed and delivered bespoke sessions to significantly raise the number of staff trained.

Underpinning the move to PSIRF is our introduction to patient safety incidents which has been delivered during this year and is now being updated and refreshed in line with feedback. We are currently planning to deliver cohort five of our patient safety associates (human factors) course. Other courses delivered include after-action reviews training and supporting those affected.

We have delivered oversight training to the Trust Board, divisional management teams, patient safety incident investigation oversight group (PSIIOG) and governance teams (over 50 staff at time of writing), and a further session is planned to support the care group management teams.

The Trust has transitioned to the learning from patient safety events (LFPSE) which replaced the national reporting and learning system (NRLS) and has continued to foster a positive reporting culture and learning from incidents. Next year will see a greater focus on staff training to support improving the quality of our incident reports and their validation.

We continue to see a high number of favourable events being reported across the Trust. Favourable event reporting forms (FERF) are a way to show formal appreciation for good aspects of all practice, as well as sharing learning.



Patient safety partners bring powerful insight and perspectives to safety improvement.

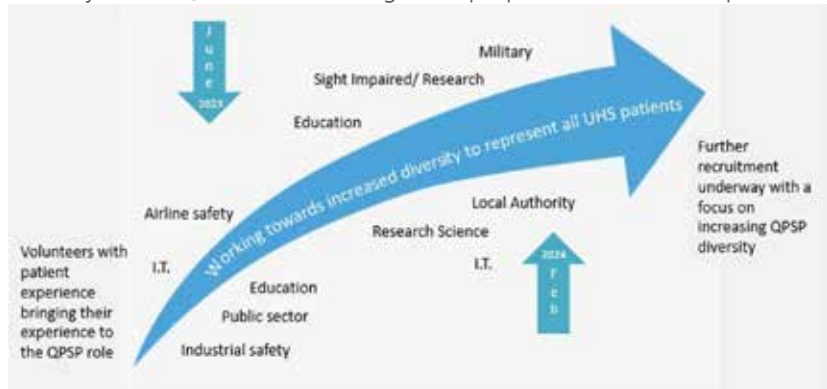
Following a successful pilot in 2021 the Trust has recruited six quality and patient safety partners (QPSPs) in 2022 and they have been embedding themselves and their workstreams throughout 2023. During 2023, the work we have completed to develop our QPSP programme has been shared nationally, including through

the national patient safety managers network and internationally at the Institute for healthcare Improvement conference in Copenhagen. We also hosted a day in collaboration with QPSPs from Oxford providers at the IHI conference in London April 2024 .

We have recruited a further six QPSPs this year who started their training with us in November 2023. The additional QPSPs have increased the diversity of our QPSPs to reflect a greater proportion of our UHS patients.

Our QPSPs have supported a wide range of workstreams including sitting on key Trust groups supporting patient safety; patient safety steering group and PSIOG as well as supporting the transition to PSIRF on the PSIRF implementation and oversight groups.

Other workstream this year include embedding our learning disability and autistic people (LeDeR) reviews which review the deaths of people with a learning disability. The reviews are led by the patient safety team, are multi professional and supported by one of the divisional clinical directors, a named nurse for adult safeguarding and the learning disability team. They aim to learn from events and take actions to improve services. Our ambition is to include the views and feedback from the families to address findings over the next year.



3.2 Our commitment to improve the quality of our patients' experience

We have already presented in the quality priorities section of this quality account some of the work we completed last year which aimed to improve the experience of the people who use our services. We have continued to build on previous work to grow engagement and support with several initiatives and workstreams during 2023/24.

Last year we reported on some of the progress we had made working with the Gypsy, Roma, and Traveller (GRT) communities. We have continued to develop this work over the last year with the introduction of our new GRT liaison post which focuses on providing support to patients, service users, family, and carers from the GRT community. We can now offer onsite support, telephone support, form filling, liaising with other health care professions and referrals on to other services.

We have developed a new GRT champion training to raise awareness across the Trust, with training days run in collaboration with the Margaret Clitherow Trust, which was founded in partnership with, and for the benefit of, the GRT communities. The training covers GRT history and culture, the challenges faced by the GRT community and how we can create a positive strategy for accessing services. We have had very positive feedback from our current champions, and now aim to have at least one champion in every clinical and non-clinical area so that there is always support when needed.

Our experience of care team also supports staff in meetings with GRT families and liaises with family and staff to ensure cultural needs are met when care and treatment is planned. The team helps staff to plan in collaboration with GRT patients and their families for elective admissions, focusing on how to plan for events such as accommodating large numbers of visitors from the travelling community (particularly in cases of end of life care or bereavement). The team will also offer additional support for the families in times of crisis, and liaise with other agencies including the police, education services in local authorities and the prison service.

We have expanded out to work with other professionals and the wider local community, giving advice on the GRT culture and healthcare needs, and run sessions at Kanes Hill Primary School, which is the local school to our nearest traveller site. These sessions are fun and interactive and focus on healthy living, what to expect should the children ever come into hospital, and where to access help for health including appropriate use of pharmacies, urgent or 111 care and ED. The team recently attended Weston community fun day hosted by Southampton City Council, to share information about GRT culture information and engage people with activities and prizes.

In addition to the work we do outside the Trust focusing on GRT communities, we have also expanded our community work to include attending public engagement opportunities in the area such as the young carers festival, the Southampton Mela festival, University 'freshers' fayres', carers listening lunches, Hoglands Park play days, events at local Temples, and Love Where You Live events.

We have grown our work with our local youth and young adult ambassadors who are passionate about improving the lives of young people and want to use their experience and knowledge to be the voice for effective, meaningful change. We have had ambassadors attending our Council of Governors and supporting a variety of hospital projects and are looking to grow this collaboration.

The bereavement care team provides support to families before and after a bereavement. The team works closely with our wards, responding if families need our support or other support such as the chaplaincy and spiritual care team or the carer and veteran leads. During the last year, our officers have expanded their service to cover support for anticipatory grief, which can be triggered by an impending loss.

As part of our commitment to support all our patients and meet their individual needs, we now have policies to support transgender patient pathways. The aim of these policies is to ensure that clinical responses are patient-centred, respectful, and flexible for people who are considering undergoing, have undergone, or are in the process of undergoing gender reassignment. The principle of respect applies to all, including people who choose to cross dress for reasons that are not associated with gender reassignment.

We have been working on raising awareness and increasing usage of interpreting, translation, and transcription services to support our patients. We can now offer on-demand or prebooked face to face sessions, or sessions via video or telephone. As 15.39% of people in the Southampton locality don't use English as their main or preferred language, we have a new interpreting policy, and staff are now able to request interpreters from a wide variety of languages, and sign language interpreters. We have introduced a Sonus interpreting service to improve the patient experience for our hearing-impaired patients. We also have available the top 26 most important phrases/requirements that patients wish to convey to their caregivers if they do not have the ability to speak. We have provided them in most languages including Croatian, Afrikaans, Bengali, Danish, Ruian, Swahili and Mandarin.

Other areas of quality improvement include introducing volunteer support to patients into ED and providing vital holistic care during inpatient and outpatient visits, running an equipment amnesty, collecting clothing donations to support patients in hospital that need clothes and celebrating our achievements through an experience of care Christmas advent calendar of services.



We celebrated our pets as therapy (PAT) dogs as part of the celebrations for 75 years of the NHS .

Our patient support hub (founded during the pandemic) is a volunteer led single point of access for patients and their carers to request practical support before, during or after their visit or stay at UHS. It has continued to provide a wide range of support over the last year, with 26,177 patients, service users, family, carers, and staff being helped in many ways.

What the people who use our services tell us





3.3 Our commitment to improve the quality of our patients' environment.

Patient-Led Assessments of the Care Environment (PLACE) programmes

The environment where we care for patients has a major influence on their experience, and in some cases, their clinical outcomes. We feel all patients should be confident that they will be cared for with compassion and dignity in a clean, safe environment.



PLACE is the system for assessing the quality of the patient environment from the patient's eyes, rather than technical audits. The assessments are led by patients and their representatives and supported by Trust staff. Patient assessors are a representative of the patient demographic in the Trust, and the programme provides a clear message directly from patients, about how the environment impacts upon them, and how our services might be improved or enhanced.

During 2023 assessments were completed at five UHS operational sites. These assessments were 'unannounced', with each one undertaken by teams of assessors balanced between staff and patient representatives. We were fortunate to have the continued support from Healthwatch Southampton, governors, independent representatives, and a strong representation of youth ambassadors. We were also joined with assessors who experience accessibility needs. This broad range of assessors presented a great blend of experiences. Our 2023 results were:

Cleanliness	Combined food	Organisational food	Ward food
97.51%	92.36%	99.26%	91.23%
Privacy, dignity and wellbeing	Condition appearance and maintenance	Dementia	Dementia
83.72%	95.55%	77.40%	80.36%

We now plan to use the information we gathered to improve the environment where this is feasible.

3.4 Our commitment to sustainability and the environment

Delivering world class quality care is more than just about offering the most advanced treatments or delivering the best outcomes, it is also about doing all these things in a sustainable, environmentally responsible way.

We understand the negative impact of some of our activities on the environment, and we strive to make a positive contribution in reducing it and support people to do the same.

Environmental sustainability and sustainable development are integral to what we do at UHS, and we feel it should factor into each decision we all make. As the largest employer in Southampton and with an energy consumption equivalent to all the households in Winchester combined, we recognise the influence it has on impacting the environment and population we serve.



UHS 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 Green Plan which we published to coincide with World Earth Day 2022. Since then we have continued to work towards improving the health of our local communities and lessening the burden on our organisation and the NHS. We are aiming to achieve carbon net zero to help our community and our people live healthier lives, and by taking a proactive role in lessening our impact and being a leading influence in our community, we can go some way to preventing people becoming ill in the first place.

Environmental change is a factor in some of the conditions that we treat our patients for, and we know quality and air pollution kills 40,000 people a year in the UK. When we surveyed UHS doctors we found they knew air pollution was bad, but never discussed it with their patients because they felt they didn't understand enough about the effects of air pollution and didn't know what to tell their patients. We have recently introduced air quality training led by a national clean air education specialist which covers the facts and figures and suggests ways of talking to our patients about it.

Carbon dioxide and medical gases (such as nitrous oxide and Entonox) contribute a substantial proportion of the NHS' already large carbon footprint. At UHS we use these potent gases which contribute more molecule for molecule than CO₂ to greenhouse gas effects. Anaesthetic gases are also incredibly significant in contributing to global warming. To reduce our use, we are moving away from gases to total intravenous anaesthesia. This has been made possible by the introduction of new equipment which enables anaesthetists to choose settings that use less nitrous oxide gas. We also have technology that can safely monitor and automatically adjust the amount given, therefore reducing waste. Our results, published in the Journal of Anaesthesia, show UHS significantly cut its use of nitrous oxide last year resulting in a drop in carbon dioxide equivalent emissions from 2,125 to 448 tonnes annually.

We are sense checking commonly used drugs such as ventolin inhalers which have propellant gas which is powerful. We are encouraging our clinicians to prescribe (where appropriate) inhaled dry powder corticosteroids which are a better treatment choice. One ventolin canister has 1,500 times as much CO₂ and is the equivalent to a car driving 200 miles. The equivalent dry powder is the equivalent of driving about 6 miles. We are also encouraging our patients to return used inhalers to their pharmacist for disposal.

This year we have looked at more ways of becoming a more sustainable Trust. We have focused on estates and facilities, supply chains and procurement, travel and transport, biodiversity, food and nutrition and digital transformation. The work of the sustainability board and its sub-groups sit within the foundations for the future strategic pillar.

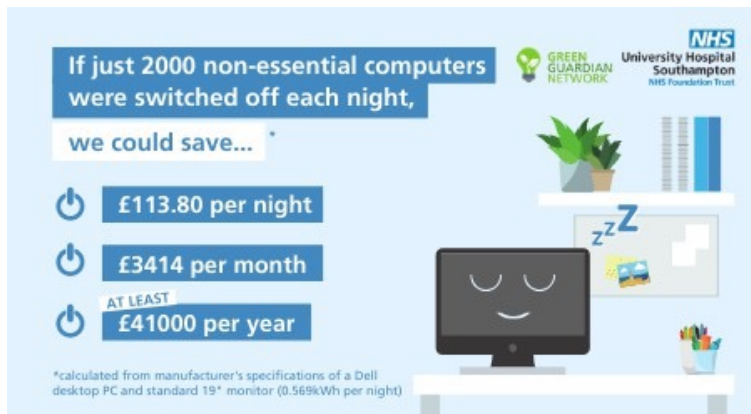
Making our buildings more efficient, we previously we received a £29.4m grant for a raft of energy efficiency projects including cladding the buildings, replacing old draughty windows, and installing new LED lighting.

We have started replacing the cladding on our laboratory and pathology buildings and replacing the windows with triple glazing. This is expected to reduce gas consumption and save on electricity usage. This year we have also delivered the UHS LED programme using a £823k grant. The thousands of lights being replaced should save the Trust thousands of pounds and dramatically reduce our carbon footprint.



The Trust now generates 60% of all the electricity it uses. This is achieved through our on-site combined heat and power systems (CHP's) which is a technology that produces electricity and thermal energy at high efficiencies using a range of technologies and fuels. With on-site power production, losses are minimized, and heat that would otherwise be wasted is applied to facility loads in the form of process heating, steam, hot water, or even chilled water.

A new solar panel array has been installed on the roof of a development called the Skywalk on the south side of the Trust. The Skywalk has been designed with skylights to support natural lighting during the day, and the solar panels will provide all the other electricity needed to light the Skywalk.



During January, February, and March in 2024, staff across the Trust took part in the switch off challenge to raise awareness about energy waste and reduce our carbon emissions.

Currently, the Trust spends around £9,500 a day on electricity to provide patient care. If every member of staff switches off non-essential equipment when it isn't being used, we can significantly reduce the energy wasted.



We invested in a cardboard bailer which crushes use cardboard enabling us to sell it on.

We have also been focusing on recycling. Every year we produce 15,000 tonnes of clinical waste, but we know correct segregation of waste is imperative to safe, sustainable waste management. When segregation is non-compliant the costs for disposal are charged at the highest disposal rate as contamination cannot compromise the safety of the environment and any threat to human life. We are developing a new waste strategy to ensure waste is managed and disposed of at the highest level of the waste hierarchy (higher category the more heat is required to incinerate it at greater cost). We are completing waste audits for all service areas, introducing food waste collection, and increasing measures to reduce single use plastics. Our theatres' sustainability group have led

a project designed to make it as easy as possible to recycle and we have made significant progress in our waste segregation in their departments, reducing the ratio of clinical to waste recycling from a ratio of 9:1 to around 6:4. We have invested in disposable sharps bins which have replaced the bins which needed to be incinerated, reducing the amount of CO2 we put into the environment

Sustainable travel is being supported by our own lift sharing app, so staff can connect with other staff that live near them, or on their commute, and share lifts. into work.

Going forward, we will continue to collaborate with our staff to develop innovative ideas and initiatives.

3.5 Our commitment to staff

UHS has made a commitment to create a truly inclusive workplace for our staff where everyone can belong. In 2023 we launched our inclusion and belonging strategy which provides the mandate for us to move to action and enable everyone to know what inclusion and belonging “feels like” at UHS. The themes in the strategy have been developed with staff, across a diverse range of groups. It sets out a clear intent to move us to an organisation beyond just being content to acknowledge if our staff are experiencing problems to a place where we take pro-active action to eliminate it.



During 2023/24 we have achieved some key milestones. Our Trust inclusion and belonging strategy has been successfully launched, and a ‘big conversations’ initiative has facilitated the launch of a ‘maturity matrix’ which is about understanding our culture of the experiential feel and visibility of equality, diversity, and inclusion (EDI) in all that we do. This has allowed us to understand where our people feel we are as an organisation in our EDI journey.

We are committed to having a workforce which reflects our communities, at all roles, at all levels, and safe and healthy working environments, free from all racism, aggression, hate and discrimination. We are focused on our recruitment processes which are free from bias and are inclusive, and inclusive leadership and management. Our inclusive recruitment programme is now underway with revisions to process, and practice being informed by feedback from our staff. We have recruited a cohort of 24 diverse Band 7 nurses for our Florence Nightingale Foundation positive action leadership programmes (PALP) for nursing and midwifery to commence in September 2024. Our career development workshops have launched and been successfully implemented for PALP candidates, with good feedback. EDI steering groups have been established for all divisions.

In addition, our strategy clearly states our intent to create a culture of anti-racism and anti-discrimination at UHS, and we have developed tools and resources to further support our teams with this. One of our tools is the Belonging Blueprint:

Belonging Blueprint.

NHS
University Hospital Southampton
NHS Foundation Trust

Your step by step guide to creating a culture of inclusion and belonging



SELF

It starts with you

- Self-reflect
- Self-educate
- Self-regulate



ACTION

Be the change

- Have co-operative conversations
- Champion learning over knowing
- Challenge behaviours not people



FOCUS

Identify what matters

- Identify 3 key things you want to improve
- Identify your why
- Take small measurable steps



ENGAGE

Reach out to others

- Share what's working
- Don't be afraid to ask questions
- Embrace engaging discussions



RESPECT

Celebrate your differences

- Acknowledge diversity
- Be aware of your biases
- Respect each others individuality

SUPPORTING
our people 
Championing individuality and belonging

S.A.F.E.R

We are developing networks that thrive and support creation of an inclusive and safe place to work. These include our long-term illness and disability network, our OneVoice Network pages, Proud Alliance LGBTQIA+ colleagues and their supporters and allies and our UHS Armed Forces Community (Workplace group).

We have created a UHS staff windows onto wellbeing pages which provide information as to what services and support there is at UHS for the wellbeing of our staff. The pages include information about UHS wellbeing plans and resources, psychological emotional and spiritual support, physical wellbeing support and wellbeing spaces such as a purpose-built wellbeing hub and the roof top garden at Princess Anne Hospital.

We also provide support for financial wellbeing, crisis support, menopause, and post incident support. There are wellbeing plans and a wellbeing steering group which published its first report in 2023. We have wellbeing champions who are peers on the ground, encouraging and supporting colleagues to have well-being conversations and signposting to appropriate support. We have a peer network of mental health first aiders as first line support and are establishing a network of peers trained in having well-being coaching conversation who we call safe space practitioners.

We have enjoyed celebrating the successes of our staff this year, introducing several awards to recognise their achievements. All our awards were based on our values and this year, for the first time, there were both clinical and non-clinical winners for each award category. Categories included patient safety, patient outcome award, patient improvement, organisational improvement, inspirational innovator, team player team leader, team of the year and the CEO award. There were also charity, volunteer, membership, and chairs awards for improving.



QUALITY ACCOUNT

To formally recognise a colleague or team in front of the organisation, staff can nominate them as a UHS Star. Each month we select two winners – clinical and non-clinical – and these are judged by our awards panel against our Trust values:

- Always improving
- Working together
- Patients first



Celebrating our champions

The winners of this year's We Are UHS Champions awards were announced at our ceremony in October 2023 at the Hilton Ageas Bowl.

This was the first time we had been able to hold this event since the pandemic, to celebrate all the incredible individuals and teams who make our Trust so special.

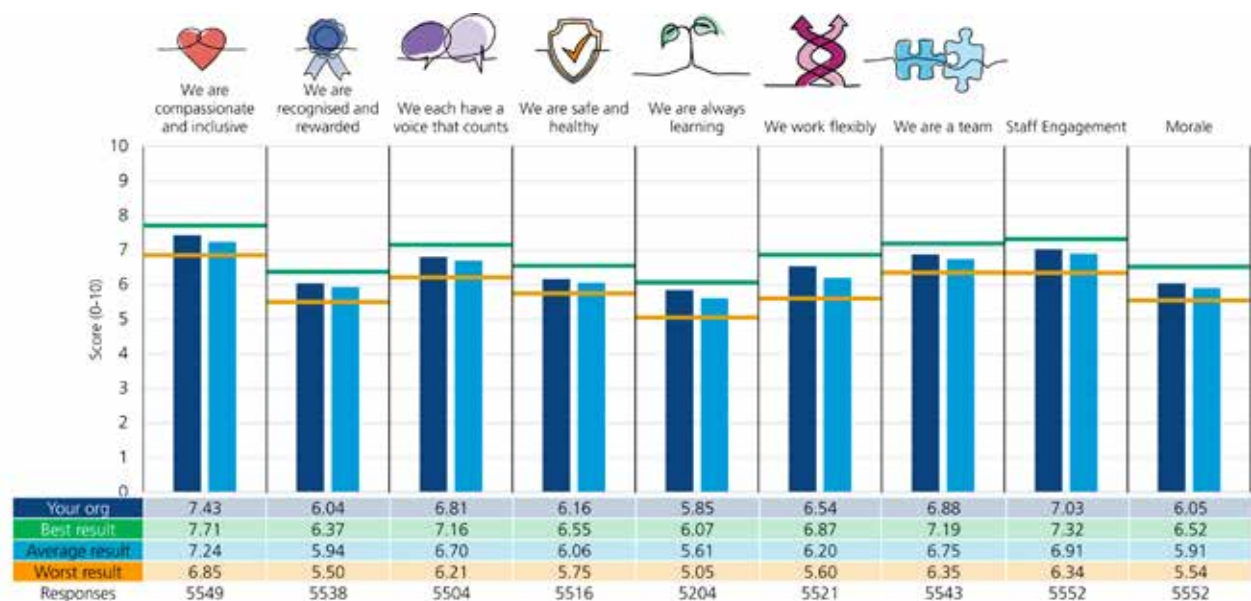
Staff can acknowledge and celebrate a colleague by sending them a High5. There are no set criteria or judging involved – instead this is a quick way they can show their appreciation for a colleague and in return they receive a simple surprise message in their inbox (or mailpoint) highlighting how they've helped to make their colleague's day.

Our spotlight event is a new series of in-person meetings, hosted by David French, CEO, which recognise and celebrate the achievements of our people.



There is now also a Spotlight publication, where we update on exciting projects and developments from across the Trust and celebrate and recognise our colleagues.

The annual NHS staff survey continues to be the largest mechanism which enables us to gauge how our staff are feeling.



Overall, despite the significant challenges, UHS remains above average across all people promise themes within the survey. UHS also remains in the top quartile of similar organisation for recommendation as a place to work and for staff engagement.

We were pleased to see we have seen improvements in several areas. This included how people can work more flexibly, access to learning and development, and generally an improved satisfaction with line managers and how they are supporting people. It was also good to see improved scores reflecting how teams continue to value each other and feel supported by one another.

3.6 Our commitment to education and training

UHS has always had a strong commitment to education and training. This year our Skills for Practice team have continued to deliver and support several established education programmes to both internal staff and external partners. These programmes include trustwide clinical skills programmes and development, training, and assessment for undergraduate medical students. A key achievement has been the delivery of objective structured clinical examinations (OSCE'S) to second, third and final year medical students in April, May, and July 2023.



Over the last 12 months we have worked to improve our simulation facilities and now have a wider range of manikins to support education, training, and the patient safety agenda.

Our biggest staffing challenge in 2023/2024 has been recruitment, and retention of health care support workers (HCSW). Trustwide focus continues to reduce turnover for HCSW's, including support for health and wellbeing, career opportunities, peer support, and education, training, and development. Centralised recruitment and onboarding have improved retention of newly appointed HCSW's. We have expanded the requirements of the Care Certificate to ensure all clinical support workers have a standardised entry level understanding of patient care. Completion of the Care Certificate remains high with completion rates of 85% trustwide. Skills for Practice continues to operate the health care support worker hub, which is a drop-in service available to all support workers across the Trust. It is made up of centre facilitators who teach the healthcare support worker induction and provide ongoing pastoral support.

There have been almost 1,000 apprenticeship starts since 2017. There are 415 apprenticeships in progress across the Trust of which 315 are clinical apprenticeships and these cover nursing, midwifery, occupational therapy, diagnostic radiology, operating department practitioners, advance clinical practice, and healthcare science. The remaining are business, leadership, improvement, estates apprentices.

Apprenticeships have provided opportunities for career development for all staff and is a component of the Trust's focus to improve retention and build a sustainable workforce. 389 staff have completed their apprenticeship with at least 81 of these have gone onto to start their second or even third apprenticeship in the Trust, these include nursing, finance, clinical engineering, leadership.

We continue to support the practice element of pre-registration programmes from universities across the HIOW footprint and beyond as well as an increasing number of staff who are undertaking clinical apprenticeships.

UHS continue to increase the overall capacity to UCAS/direct entry learners while maintaining a line of sight with regards to all the learners' groups that the organisation supports. This last year has enabled UHS to focus on formalising our capacity position particularly for AHPs while continuing to grow capacity especially in nursing.

UHS is involved in a project across the HIOW footprint through the ICB to establish a single IT approach to capture the utilisation of placements. This IT system will stand UHS in good stead in relation to understanding fully the way in which universities are using their placement allocations, while also giving data on the expansion required of placements linked to the expectations of the NHS Long Terms Workforce Plan.

Project around pre-placement requirements, evaluations, raising concerns and the development of the practice educator of the future are in progress and will soon be joined by the Safe Learning Environment Charter quality assurance process which launched in February 2024.

UHS is very proactive in relation to supporting universities with their curriculum development to ensure that practice has a voice and is enabling validated curricula to remain contemporary.

UHS have three return to practice nurses currently on programme with Bournemouth University – one being a member of staff who initially restarted her nursing career as an HCA. We also have a midwifery returner who is completing her programme on the distance learning programme through Plymouth University. All are expected to successfully complete later this year. Two of the three nursing returners from the previous cohort last year have gone on to take up Band 5 posts within the Trust.

Following our successful pilot with Eastleigh College to provide quality real-world placements to college students on healthcare level 3 programmes, including T Levels, we are now also working with Richard Taunton and Fareham Colleges and have this year 23-24 provided a total of 55 placements across multiple specialities including adult, child health, midwifery, and operating department practitioners (ODP) and therapies. The importance of partnership working with colleges to prepare their students for placement by providing specialist teaching and induction has been positively evaluated in student feedback. College students from previous cohorts have gone on to join both our Registered Nurse Degree apprenticeship and the ODP apprenticeship this year.

We continue to develop apprenticeship uptake in healthcare science and in September 2023 our first L6 apprentice in Neurophysiology started with University of the West of England (UWE).

Our scientist training programme continues to grow, and we are now supporting our first trainee in respiratory physiology, an in-service trainee. We are now officially partnered with the Wessex Genomics service in Salisbury and welcomed their trainees and training officer to our networks and support. We have also accepted two second year trainees transferring from other trusts into clinical immunology and nuclear medicine.

In the Autumn of 2023, we started supporting our first MPharm undergraduates on placements from Portsmouth, Reading and Bath University on the new revised programme. The pharmacy team has worked with the universities to ensure learning outcomes can be met. We continue to work with our networks, particularly community pharmacy and GP practices to consider how to develop the skills for prescribing which will be needed for the 2025 foundation training year for this group of students.

2023 saw the first science manufacturing technician in aseptic production complete her apprenticeship and register with the Science Council. This is the first of a new route of development for this group of specialist staff and gives them a career route comparable to pharmacy technicians in this area.

Work has continued to support the development of a stabilised capacity across all the AHP professions within UHS for students. For some of the AHPs this has resulted in a significant increase in capacity which will support the expected increase in students linked to the NHS Long Term Workforce Plan.

The number of apprentices undertaking AHP professional programmes has continued with staff becoming students in occupational therapy, operating department practitioner, radiotherapy, and diagnostic radiology. These programmes will be very important in supporting the increase demand for new starters into these professions.

Continual professional and personal development (CPPD) funding received from NHS England is key to supporting the development of staff both professionally and personally. This education and training support service delivery and development and the quality and safety of patient care and experience.

CPPD has been a challenging over the last four years in relation to the ability of UHS to fully utilise the funding available from HEE/NHSE. This is because of the COVID effect, (no courses being run, staff release, requirements attached to the funds) and so 2023/24 has been a year of consolidation of position and spend.

UHS is now able to close the last four years spend and focus on the 2024/25 training needs analysis (TNA) which underpins the CPPD spending. UHS is now planning for the next financial year which is likely to be challenging but there is continued focus on assuring that staff are educated and developed and have the knowledge, skills, values, and behaviours our patients and professions expect.

UHS has always supported a bespoke preceptorship for the newly registered staff joining the organisation. Since the launch of the national preceptorship framework for nursing in November 2022, UHS took the opportunity to streamline its preceptorship and developed a multi-professional approach and delivery of a structured agenda. Within this timeframe 557 preceptees have attended the new design preceptorship, a policy has been written and ratified, 427 preceptors across nursing, midwifery and AHPs have undertaken training, preparing them for the role. A preceptorship facilitator has been supporting the redesign and Schwartz rounds are included as a key priority in supporting preceptees. Since October 2022 there has also seen a reduction in the turnover rate of newly registered nurses, internationally educated nurses and AHPs.

In June 2023, UHS was successful in being awarded the Interim Quality Mark for nursing preceptorship, with ongoing work supporting AHP and midwifery in meeting the new framework and principles.

UHS has been participating in a University of Southampton research project in collaboration with the Wessex and IOW consortium. The project is running for a year from July 2023 and has seconded a small team (lead, facilitator, and administrator) to deliver rounds for preceptees. The rounds are evidence based, themed in correlation with our trust values and received consistently positive feedback from participants in relation to the impact on wellbeing, patient care, and teamwork.

In line with the requirements in the NHS contract, the Trust has continued its commitment to the development of professional nurse advocates (PNAs) who are qualified to provide restorative supervision, quality improvement support and education support for all registered nurses to strengthen wellbeing and staff retention. This approach mirrors the professional midwifery advocate (PMA) service provided across maternity services.

The funding for training is provided nationally and UHS has maximised the opportunity to support staff on this master's programme of study.

Since the initial group of six trainees started in 2021 the Trust now has 55 trainee and qualified PNAs across 15 specialities and a healthy waiting list of those wanting to train. Work is now focussed on embedding the service into the wellbeing, transformation and education strategies within the Trust and ensuring staff are enabled to access the growing development support.

Our advanced practice (AP) services have evolved organically over nearly 20 years. The organisation has been at the forefront of establishing this workforce and introducing advanced clinical practice (ACP) roles within services. Recently there have been changes in the national landscape surrounding advanced practice, namely the introduction of the multi-professional framework for advanced practice (HEE 2017) and the establishment of the centre for advancing practice. In November 2022 UHS commissioned an external benchmarking and evaluation project. The aim of the project was to assess the current maturity of the ACP service at UHS and benchmark them against these new national frameworks and landscape.

The recommendations from this exercise outlined, establishing a trust wide career pathway for ACPs, standardising the levels of academic requirements, scope of practice and level of decision making. In specialities where credentialing is not available, implementing a trustwide process and standard that is equitable to credentialing to demonstrate scope of practice, level of autonomy and capabilities is practice was recommended.

Currently we have 218 staff in advanced practice roles – 54 trainees on an apprenticeship pathway and 73 on a commissioned pathway to gaining their MSc in advanced clinical practice.

Workforce key performance indicators and workforce planning data are reported monthly to the Trust Executive Committee (TEC), People and OD Committee (PODC), and the UHS Trust Board in line with our governance requirements, highlighting any risk areas. A monthly staffing status and patient safety report is also submitted. A daily COVID-19-related staffing absence report was provided from mid-2020 to Jan 2023. COVID-19-related sickness data continues to be reported via the people report.

Successful recruitment of registered nurses, medics, and additional clinical service staff increased significantly this year, particularly overseas nurse recruitment.

From April-December 2023, there were increases in the following staffing groups:

- Registered nursing and midwifery workforce has increased by 221 WTE.
- Additional clinical services, including HCAs, has increased by 51 WTE.
- Medical and dental by 57 WTE.
- AHPs by 27 WTE.

Recruitment drives, including successful overseas recruitment, for registered nurses has reduced our vacancy rate from 12% to 5%.

Workforce key performance indicators and workforce planning data are reported monthly to the TEC, PODC and the UHS Trust Board in line with our governance requirements, highlighting any risk areas. There are also regular internal and external (to NHSE and HIOW ICB) reports that have been provided throughout the year on workforce trends, KPIs, and performance. Focus has turned to future forecasting, which we will continue to provide for the 2024/25 year.

Regular (internal and external) workforce reports include the following:

- Vacancy report.
- Weekly workforce trends (substantive, bank, and agency).
- Monthly workforce trends (substantive, bank, and agency).
- Unavailability (headroom).
- Weekly HCSW tracker.
- Monthly appraisals.
- AHP monthly return.
- Monthly divisional breakdown by cost centre of workforce trends (substantive, bank, and agency).
- Care hours per patient day.
- HR reports.
- Monthly provider workforce return (PWR).

Overall, the picture for medical training at UHS has remained positive for 2023/2024. GMC survey feedback was generally good. We have been working on improving induction and have surveyed trainees on their local induction. A follow up survey is planned to include December and February inductions. Our Trust induction has recently been updated to include guidance on social media which follows the updated recommendations from the GMC.

We have many locally employed doctors (LED) and continue to collect feedback on their experience. We have a LED charter setting out what should be offered in terms of education and support. All doctors new to the NHS are given an extended shadowing period before they start. We are currently working towards creating a lead for certificate of eligibility for specialist registration (CESR) who could provide additional support and advice. We were awarded funding to run a CESR study day later in the year. We have updated our in-house educational supervisor course to include a session on locally employed doctors.

Our medical education research fellowship is now in its second full year. The fellowship is a joint project with NHSE. Our first fellow achieved a certificate in medical education and presented five posters and an oral conference presentation. The two current post holders (in a job share) are working on diverse projects including

inclusivity training for medical educators, widening participation in medical school, and regional specialty teaching in ophthalmology. The fellowship has been a catalyst for a culture of rigorously evaluating the education we provide. We now have regular meetings with the University of Southampton Faculty of Medicine to discuss medical education research projects in the trust and the university and to identify areas for collaboration.

The divisional medical education (DME) team is focused on the need to educate and support our trainers, since this is ultimately the best way to improve the experience of trainees. We have built up to a position where we can offer our supervisors a range of in-house educational supervisor update courses. Consultants doing CPPD (to maintain their GMC supervisor status) can choose from courses according to their needs and their areas of work. We evaluate all the supervisor update courses, and the feedback is outstanding. We are also constantly on the lookout for new areas of need.

Feedback from medical students on placement at UHS has continued to improve consistently. This is in large part due to having teaching fellows, who support students with ad hoc drop-in sessions, provide top up teaching and revision, and pastoral support. One of our teaching fellows identified that final year students did not feel well prepared for working on-call shifts. She set up a simulation course, during which students prioritise clinical tasks, answer bleeps, and take handover. This course is delivered jointly to medical and nursing students, hence modelling good multidisciplinary teamwork. The course has been evaluated and presented in poster format.

Preparing for the significant fluctuations in expected student numbers we will be facing over the coming five years remains a key concern and a focus for our planning.

Our challenges include foundation posts in surgery, and we had a recent visit from NHSE and the GMC. This has resulted in mandatory requirements to ensure that the behaviour of all staff is appropriate and to ensure that escalation processes are clear to all staff. The Trust executive and education teams have created a robust action plan to address these requirements and the other recommendations from the report.

Other areas where we were asked to provide feedback following the GMC survey include cardiology, local teaching in medical microbiology, induction in acute medicine and obstetrics and gynaecology. These areas were explored by the divisional DMEs, and feedback provided. Local teaching has now been reinstated within medical microbiology and they are regularly surveying their trainees for feedback. Cardiology has been exceptionally responsive to feedback and put an action plan in place.

The DDU has been running now for 3 years. 22% of consultant staff have accessed the coaching service. A detailed external service evaluation was completed in July 2023 which looked at the gains for those using the service, the experience of the coaches and the needs of the organisation. The service was set up in recognition of the need to provide support for our consultant staff who are under extreme pressure and on whom a functioning clinical team depends on to provide safe patient care. The evaluation shows that the investment is worth it. Consultants appreciate the space and coaching the provided for whatever reason they approach the service. Those interviewed by the evaluation team included consultants new to the Trust and new to the role, those taking on new leadership positions, those approaching retirement and those involved in disciplinary proceedings. The social return on investment of the service was calculated such that for every £1 spent and every 3 consultants who get coaching, the Trust generates £1.47 if those doctors stay in their jobs rather than leaving the Trust and £2.43 if those doctors do not go off sick or come back to work if they were – and these costs are saved to the budget.

3.7 Our commitment to clinical research

We are one of the largest and most prolific teaching hospitals for research in the NHS. We believe that every one of our patients and staff should have the opportunity to be a part of research. As a result, we celebrated over 250,000 people having taken part in UHS research to date which is enough people to fill St Mary's football stadium in Southampton eight times over.

Our commitment to driving research is changing lives and healthcare across the south. One such life is 20-year-old cystic fibrosis patient Luke Southey.

Median survival age for those with cystic fibrosis has gone from 4-5 years in the 1950s to 56 today. This is all thanks to research.

Luke entered a UHS trial for a new treatment aged 15.

"Last year, I asked my mum 'if I wasn't on this medication, where would I be now?'," he says, "and I know it sounds horrible to say, but we didn't think I'd be alive. So, it's had a massive impact."



"I actually remember saying 'it's better than winning the lottery'," says mum Vicki. "I was just absolutely ecstatic that he was getting the chance to start this new drug."

We are delivering research with impact to bring the future of healthcare closer to today. This year, we opened a landmark trial to reduce deaths from sudden cardiac arrests, looking at automatic defibrillators that are fitted under the skin of the chest. The study was led by a UHS cardiologist and 2,000 patients from across the UK took part in the study which aims to define who stands to benefit from this.

We are also striving to improve the lives of those living with multiple sclerosis (MS). This year saw a ground-breaking new trial, using patients' own cells to treat 'aggressive' MS. It builds on research showing the potential of stem-cell transplants in reversing disability.

Our commitment to research is changing lives. We have found a drug used to treat high blood pressure can help women with persistent acne, a 'functional cure' for the blood clotting disorder haemophilia A is gaining global approval based on our research and a drug preventing breast cancer is now available to 300,000 women in England, thanks to studies involving dozens of UHS patients. We also have a website developed by our researchers which is being used by tens of thousands of people to help manage their eczema.

Motorbike enthusiast Peter Garland, 71, was running out of options when his cancer returned after a brief period in remission. He became the first patient in the south to receive a revolutionary new cancer treatment.

"I feel incredibly lucky to have been offered this treatment and to have come through it so well," he says.

"It has already given me another year, and I have been able to get back on with my life and that's amazing."

That treatment, CAR T is a cellular therapy. It involves collecting the patients' own immune cells and modifying them to target



cancer cells. Returned to the body, they fight the cancer cells while avoiding the damage to the body. The treatment can only be offered to patients at UHS thanks to ongoing research.

Our pharmacy advanced therapy unit (PATU) prepares doses of potentially life-changing drugs. These products are being used to treat previously incurable cancers and genetic conditions. Most of these are given to patients in the hospital's specialist research facility.

Research innovations like these are being accelerated through our Southampton emerging therapies and technologies (SETT) centre.

Between 2020-22 our researchers and the public stepped up to test COVID-19 vaccines that forged a path out of the pandemic. We have maintained the momentum of this vital vaccine research during 2023. And are now targeting new global challenges such as mpox and paratyphoid fever.

Respiratory syncytial virus (RSV) is a leading cause of hospitalisation in babies. Most children will have caught it by the time they are two years old. We have led international research into a new immunisation. In a recently completed trial, the jabs reduced numbers needing hospital treatment by over 80%. It is now part of considerations for a national RSV immunisation programme.

Complex supply chains can limit vaccines' reach, and how well they protect us all. UHS's Professor Saul Faust is leading clinical trials for a fridge-free tetanus and diphtheria jab. This could save more lives worldwide, by reaching those without access to clinical facilities. UHS is at the heart of a new series of research hubs serving the region. And new research buses launched this winter are easing trial access for underserved communities.

UHS was also selected to host a major new research delivery network by the Department of Health and Social Care. Serving over four million people in the south, it will coordinate and support research across the NHS.

Our research is also revealing important public health insights for pregnancy and early life. One study has shown that modern diets don't give pregnant women and their babies the nutrients they need. It found nine out of ten women lack vitamins needed for a healthy pregnancy. It has prompted widespread media coverage and sparked continuing research. Babies in Southampton are also helping shape the future of UK newborn screening.

We are offering families the chance to screen for an extra condition during their blood spot test. Spinal muscular atrophy (SMA) is a rare genetic condition. Identifying and tackling it early could give babies affected much better long-term health.

The results from this research will help to determine if screening for SMA should be added to this test.

Hip dysplasia is another condition where early action is vital. It is where the 'ball and socket' joint of the hip does not properly form in babies and young children. Without early treatment, it can lead to debilitating long-term issues.

UHS has led research into this condition for decades. Key to this is a weekly 'hip clinic', held for affected families in our research facility.

At two weeks old, Athena was sent for a scan of her hips. The results set her and her mum, Alexa, on an emotional journey through two research studies.

Athena is now eight years old and is just as active as her friends - running, climbing trees, even doing yoga moves on her paddle board.



“Without this series of surgeries, she wouldn’t be able to any of this,” Alexa explains. “By now, she wouldn’t be able to walk properly. By twenty years old, she would have to have a double hip replacement. My little girl, she wouldn’t be able to be what makes her herself.

“How do you say thank you for that? There are no words. They’ve changed her life.” Alexa has written a book about their experience that is now given to other children receiving the same treatment in Southampton.

Research allows us to offer world-class care and it also helps us attract and grow the best people. Our unique research leaders programme (RLP) offers dedicated time and training. Open to nurses, midwives, pharmacists, allied health professionals, clinical scientists, and doctors, it has supported over 30 people in just three years.

Current RLP awardee Dr Sophie Fletcher was recognised this winter in the NIHR British Thoracic Society Clinical Research Network awards. That acknowledged her drive in the understanding and treating a rare lung disease. RLP has helped Sophie carve the time and skills to grow research within her clinical care.



Several of our biomedical research centre researchers also received awards this year:

- Professor Nicholas Harvey gained the prestigious 2023 OrtoMed Medal. This is selected by the Italian Society of Orthopaedics, Medicine, and Rare Skeletal Diseases.
- Professor Philip Calder was awarded the international Hagler Fellowship.
- Professor Cyrus Cooper received the Linda Edwards Award. This is the Royal Osteoporosis Society’s highest honour.

Our research nurses were also shortlisted for two Student Nursing Times Award. UHS was a finalist for Student Placement of the Year. Alice Martindale was shortlisted for Student Nurse or Midwife of the Year.

Having a diverse range of people in research is key to fighting health inequalities, by ensuring advances work for all. Because of this, we are committed to making our research as inclusive as possible. We have worked with our local ICB to develop this agenda. Together with an alliance of voluntary organisations, we piloted engagement with diverse communities. This is providing the basis for sustainable research access.

Over 2023/24 we continued work under the NIHR race equality framework. This is a national self-assessment tool to improve racial equality in public involvement in health and care research. Training on supporting others experiencing racism was rolled out to research staff. This ran alongside work improving diversity monitoring in trials, and piloting multi-lingual communications.

We also invested further in our patient public involvement and engagement team. Together with our dedicated research communications team they are expanding our engagement with diverse groups and building opportunities and support for public and patients to shape our research, supporting our researchers to involve patients and public at every stage.

Conclusion

We are proud of the advances we have made in the quality of services we provide. However, we are not complacent and know that we are still on a journey to achieve excellence in all areas.

This quality account enables us to qualify our progress comprehensively and agree the priorities for 2024/25 . Future reports will therefore present a quantitative delivery against a forecast.

We are confident that we have the necessary priorities, processes and plans in place to further improve our patients' care and hospital experience as we continue striving to deliver excellence throughout 2024/25.

Annex 1: Statements from relevant integrated care boards, local Healthwatch organisations and overview and scrutiny committees and Council of Governors

Response to the Quality Account from NHS Hampshire and Isle of Wight Integrated Care Board.

Hampshire and the Isle of Wight Integrated Care Board would like to thank University Hospital Southampton NHS Foundation Trust for the opportunity to comment on their Quality Account for 2023/2024. We are satisfied with the overall content of the Quality Account and believe it meets the mandated elements.

We have worked alongside University Hospital Southampton NHS Foundation Trust to seek assurances that the care provided by them meets the required standards for safe, effective care and that experience is key to those accessing it, taking action for improvement where necessary.

We supported University Hospital Southampton NHS Foundation Trust's 2023/24 quality improvement priorities. It is pleasing to note that having fully achieved five of the six key priorities, considerable improvements in several areas are evident, including; improving care for people with learning disabilities and autistic people across the Trust; supporting people to overcome their tobacco dependence and to become a smoke free site; creating more opportunities to hear and utilise the patient voice for continuous improvement; raising the profile and education programme to support all staff in diabetes care and management for inpatients and launching a new carers service with the continuation of this work into 2024/25. It is recommended that monitoring the impact the 2023/24 priorities have had on patient outcomes continues during 2024/25.

It is acknowledged that 2023/24 had more challenges for the NHS, Social Care and the Trust, with continued high emergency demand, patients waiting and operational flow against the ongoing management of Covid-19 and other infections.

Following a Care Quality Commission inspection, Hampshire and the Isle of Wight Integrated Care Board notes that the Princess Anne Hospital remains rated Good overall and has developed an appropriate improvement plan to address the recommendations from the report.

The Hampshire and the Isle of Wight Integrated Care Board note the 2024/25 priorities including exploring the provision of a support centre for all people using the Trust's services; continuing to improve keeping patients safe from harm and a focus on reducing the impact of health inequalities.

Hampshire and Isle of Wight Integrated Care Board welcomes the 2024/25 priorities outlined in the Quality Account and looks forward to University Hospital Southampton NHS Foundation Trust sharing improvements and examples of best practice/innovation at our System Quality Group.

QUALITY ACCOUNT

We would like to thank University Hospital Southampton NHS Foundation Trust for inviting us to participate in internal quality meetings and quality visits to support our assurances processes. Thank you for supporting local and system quality improvement by being an active, respected, and valued member of the:

- Southampton Local Quality Group
- Hampshire and Isle of Wight System Quality Group
- Hampshire and Isle of Wight Learning and Sharing Network
- Patient Safety Specialist Network
- Patient Experience Network.

Overall, we are pleased to endorse the Quality Account for 2023/24 and look forward to continuing to work closely with University Hospital Southampton NHS Foundation Trust during 2024/25 in further improving the quality of care delivered to our population.

Yours sincerely



Nicky Lucey
Chief Nursing Officer

Response to the Quality Report from Healthwatch Southampton

Healthwatch Southampton (HWS) is pleased once again to comment on the quality account of the Trust for the year. As in previous years, the account is well laid out and generally, easy to read.

The Chief Executives welcome is good to read. The statement that 2023/24 was once again a challenging year for both UHS and the wider NHS and social care system is undoubtedly true. We are particularly aware of the effect of heightened operational pressures which saw record levels of patients in the hospital who were medically fit for discharge causing a considerable backlog of patients in the emergency department, and a significant increase in ambulance handover delays and queues within the adult emergency department. The introduction to the report is very brief but gives a clear overview of the content and is very helpful.

The account is well set out with the results from the year under review (Section 2.1.1) clearly explained in good detail. The table showing the overview of success is helpful and is followed by detail for each topic. It is very good to read that the trust has set out to improve care for people with learning disabilities and autistic (LDA) people across the Trust. The priority to support patients, service users and staff to overcome their tobacco dependence via a smoking cessation programme is now having an effect and although there is still evidence of smoking near the front entrance is noticeably reduced. We regarded the third objective, to ensure carers are fully supported, involved, and valued across all our services, to be important and it is disappointing that the pandemic disrupted the progress.

Nevertheless, we are pleased with what has been achieved and the future plans. The concept to 'put patients at the centre of transforming the way the trust delivers care, was strongly supported by HWS and the examples given in the report are very clear and show the benefit of involving patients. Being a learning organisation that understands where it needs to improve is a very sound objective and it is good that a lot has been achieved under priority 5 and that this will be continued to link the effectiveness agenda and strategy as part of an integrated approach to quality across the organisation. The figures for diabetes amongst adult patients are quite alarming, and with it expected to increase it is important that all staff have a good awareness of the management of this illness.

As usual HWS was consulted on the quality priorities for the coming year which were considered to be important and appropriate for inclusion. The eight quality priorities were developed by reflecting on the continued operational pressures from the last year. HWS accepts that they are built around the trust's ambitions and intention to deliver well-led, safe, reliable, and compassionate care in a transparent and measurable manner.

The format of the presentation is good with the rationale for selection, an explanation of what is to be done and the timeline to monitor progress consistent for each of the priorities. The concept of a support centre is ambitious but well worth pursuing. There is little doubt that there is a strong relationship between staff behaviour and patient experience, and we completely support priority two and emphasise the importance of bringing nonclinical staff on board. Volunteers can provide valued support to the provision of services for patients and this objective is well supported. Issues around acuity and deteriorating patients has been raised as a national issue and it is good to see that the trust is responding by this quality priority. It is important that the trust is aware that coming out of the pandemic, increasing operation pressures and staffing challenges created a greater focus on transactional tasks, and away from personalised aspects of care. It is important to now re- establish fundamental care at the heart of what is done at UHS. The intention to improve the effectiveness of morbidity and mortality (M&M) meetings is important. Reducing health inequalities is an important objective and priority 7 is well laid out and should provide the basis for improvement. Finally, priority 8, to Develop a UHS quality management system approach, should provide the basis to improve the management of quality improvement.

Freedom to speak up is important concept in promoting an environment where mistakes are acknowledged, learned from, and prevented from happening again and we are pleased that this is recognised by UHS and actively encouraged. Similarly, emphasis on duty of candour also demonstrates the open nature adopted by the trust when dealing with patients. We are pleased that PLACE inspections were restarted this year and HWS played a full part in the inspection of UHS.

The CQC has rated the trust overall as 'good' with some aspects/areas rated as outstanding. This reflects our own view of the trust activities.

Healthwatch Southampton will continue to work with the Trust to maintain and improve patient experience.
Healthwatch Southampton

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.

Governors have continued to receive regular updates on quality and performance at council of governors' meetings and through our working group committee. Our patient and staff experience working group in particular has focused on both patient and staff survey results, complaints, the rollout of the new patient safety incident response framework, CQC inspection results and staff wellbeing (including the Trust's inclusion and belonging strategy). We have also continued to engage 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 2023-2024 and supported these as key areas on which to focus in improving the quality of care provided to patients. It is encouraging to see successful achievement of the six quality priorities set for that period and such attainment is testament to the hard-work and dedication of all UHS staff. Whilst financial uncertainty continues to be at the forefront of NHS planning, the eight quality objectives set for the 2024/2025 demonstrates UHS' commitment to achieving excellence in services that are aligned to the three core dimensions of quality; patient experience, patient safety and clinical effectiveness. Governors acknowledge the robust methods taken to generate the quality priorities and are pleased to see the use of feedback from patient surveys and complaints, in addition to consultations with stakeholders.

The quality account highlights the extensive quality improvement programme within the hospitals and the benefits being delivered through this. Of note, governors were delighted to see the development of approaches to reduce health inequalities within our diverse community. 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 and equitable way.

Governors continue to be in awe of the dedication of 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.

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

The Southampton Health Overview and Scrutiny Panel welcomes the opportunity to comment on the University Hospital Southampton NHS Foundation Trust Quality Account for 2023/24.

Reflecting comments made in previous years, we understand that 2023/24 has been a challenging year for both UHS and the wider NHS and social care system. The Trust has navigated periods of industrial action, managed a rise in winter infections and has experienced a period of heightened operational pressures which has caused a considerable backlog of patients in the emergency department, and has also resulted in an increase in ambulance handover delays.

The panel recognises the impact that the record level of patients in the hospital who were medically fit for discharge is having on the hospital and, in April 2024, convened a meeting to consider the issue with senior representatives from Adult Social Care, the ICB and UHS in attendance. Hospital discharge will remain a focus of the Southampton Health Overview and Scrutiny Panel in 2024/25.

We are encouraged by the Trust achieving five out of six quality priorities set for 2023/24, especially given the pressures outlined above. We also welcome the progress made by the Trust in partially achieving the priority relating to the support UHS provides to carers. It is evident and encouraging that the Trust is making significant progress in ensuring that carers are fully supported, involved, and valued across all UHS services. This aligns with Council policy firmly, as we also value the role of carers and recognise their importance.

The panel notes the quality priorities for 2024/25, and it supports the focus on addressing the operational pressures experienced by the Trust with a focus on the provision of high quality, patient-centred care. Of particular interest is the priority committing the Trust to reducing the impact of health inequalities and developing a shared understanding of the health inequalities faced by our local communities. The impact of Covid-19 has exacerbated existing disparities across Southampton, and we support efforts that seek to address this issue and we encourage the Trust to engage with the Council's Public Health Team to maximise the impact that can be achieved.

However, we continue to be concerned that with the extensive waiting lists for diagnosis and treatment that the Trust has too many priorities and would benefit from focusing more on this issue without spreading its aspirations too widely. It is vital to concentrate on the area that is arguably causing greatest concern, as remedying it will be the most effective measure of the Trust's success.

The committee looks forward to working closely and positively with UHS to explore how the Trust will be working as part of the Integrated Care System to reduce the number of patients medically fit for discharge and the backlog of people requiring treatment, whilst ensuring that the quality of health services for the people of Southampton improves.

We greatly appreciate and value the work of UHS and your dedicated staff in our city.

Yours sincerely



CLlr Warwick Payne
Chair of the Health Overview and Scrutiny Panel
Southampton City Council

ANNUAL ACCOUNTS



Statement from the chief financial officer

The financial environment has remained extremely challenging throughout 2023/24. The Trust entered the year with an underlying financial gap as a result of a number of recurrent financial pressures, including high levels of unfunded activity above block contract levels. Continued periods of industrial action, coupled with increasing service demand, has put a further significant strain on the organisation and its finances.

Industrial action has not only had a direct financial impact of increased backfill costs (particularly for consultants needing to cover junior doctor rota gaps) and lost income (due to suppressed elective activity) but there has been an opportunity cost of clinical and management time whereby significant planning has been required to ensure the hospital could continue to function safely. The ongoing national dispute over pay and conditions has also had a significant impact on the morale of our staff.

Surge capacity (unfunded extra beds) has been required across all months of the financial year which has been particularly driven by high numbers of patients who no longer meet the criteria to reside in the hospital, with numbers peaking above 250 beds. The number of patients attending hospital for a primary mental health need, who would be better cared for in an alternative care setting, has also increased noticeably from 2022/23. These patients require enhanced levels of support, often at a significant cost premium as we require specialist skills from agency staff.

As a result of financial pressures across the healthcare system, all organisations within the Hampshire and Isle of Wight Integrated Care System were placed within the NHSE Recovery Support Programme. This has generated a number of system transformation programmes, which the Trust continues to support.

The Trust has delivered a number of financial improvement actions throughout the year, delivering increasing levels of efficiencies. This has resulted in a Trust record of £63m (5%) savings being reported, with a particular focus on transforming services under three workstreams of theatre optimisation, outpatient transformation and inpatient flow.

The Trust also continues to overperform on the elective recovery target which supports financial sustainability via increased tariff income and also helps supports waiting list reduction targets. 118% of 2019/20 levels of elective, daycase and outpatient first attendances has been delivered in 2023/24 compared to a target of 109%, generating over £19m of additional income for the Trust.

The Trust has therefore mitigated significant levels of financial risk in the year, resulting in a deficit position of £29.1m (£3.1m worse than plan). As a result of these actions, NHSE has granted UHS additional one-off cash support of £24.6m, resulting in an improved deficit position of £4.5m. This one-off cash injection will enable continued investment in capital in future years although does not remove the Trusts underlying challenge which will continue into 2024/25.

Further to this, the Trust continued its programme of significant capital investment, spending a total of £75m in 2023/24:

- We finalised the staff wellbeing programme funded by the Trust charity (supported by the Banksy sale), with the Wellbeing hub and Princess Anne Hospital roof garden opened and a number of staff rooms refurbished.
- We opened 2 new wards and completed a connecting sky bridge.
- We completed and opened 2 new theatres and started work on the next 2 theatres to open in 2024/25.
- We secured funding for a Neonatal Unit expansion, expected to complete in 2024/25.
- We began construction of a new Sterile Service and Aseptics facility at Adanac Park.
- We completed refurbishment of G3 children's ward.
- We spent £8m on improvements to infrastructure to reduce our highest backlog maintenance risks.

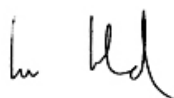
- We spent £8m on investments to our digital infrastructure.
- We delivered the first year of the Trusts £33m decarbonisation programme, spending £12m (utilising grant funding).
- We commenced the Community Diagnostics Centre programme, to be delivered in 2024/25 and 2025/26.
- We purchased new and replacement equipment, including MRI and CT scanners, to an overall value of £12m.

Despite this level of investment, we continue to face challenges with both our digital and estate infrastructure, with funding available not able to keep pace with demand. Our independently surveyed estate backlog maintenance cost estimate has grown to £156m, of which £60m is categorised as Critical Infrastructure Risk.

We are striving to continue investing in capacity, digital and estate infrastructure to reduce risk, improve efficiency and financial sustainability to provide foundations for the future. However, we are also challenged to prioritise programmes within finite cash and capital limit resources available.

Looking ahead to 2024/25, we start the year with a sizeable underlying deficit. This position, combined with NHS efficiency targets and real-terms funding reductions, mean we are again facing a significant financial headwind.

Our focus therefore continues to be one of financial recovery and supporting the system transformation programmes, whilst maintaining the quality of care we are proud to deliver and continuing our activity levels to ensure patients are not waiting too long for their care



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 2024, which comprise the Consolidated Statement of Comprehensive Income, the Consolidation Statement of Financial Position, the Consolidated Statement of Changes in Taxpayers' Equity, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

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 2024 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 2023-24; 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 2023-24 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United

Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust and the group and Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report and Accounts 2023/24, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with NHS Foundation Trust Annual Reporting Manual 2023/24; and
- based on the work undertaken in the course of the audit of the financial the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the Accounting Officer of University Hospital Southampton NHS Foundation Trust, 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 2023/24, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).
- 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.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with NHS Foundation Trust Annual Reporting Manual 2023/24; and
- based on the work undertaken in the course of the audit of the financial the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

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- 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.

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Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).

- We enquired of management and the Audit and Risk committee, concerning the group and Trust's policies and procedures relating to:
 - the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit and Risk committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, fraudulent expenditure recognition and significant accounting estimates. We determined that the principal risks were in relation to:
 - improper revenue recognition
 - completeness of year end expenditure and accruals
 - management override of controls
 - revaluation of land and buildings
- Our audit procedures involved:
 - Testing of income and year end receivables to invoices and cash payment or other supporting evidence;
 - testing of year end payments made and invoices received to ensure liabilities have been recorded in the correct year
 - testing of year end accruals to ensure that are fairly stated;
 - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
 - journal entry testing, with a focus on high risk and unusual journals meeting a range of criteria defined as part of our risk assessment;
 - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations;
 - testing of arrangements that contain the right to use an asset to ensure that they had been treated in line with the new leasing standard;
 - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to land and building valuations.. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- Our assessment of the appropriateness of the collective competence and capabilities of the group and Trust's engagement team included consideration of the engagement team's:
 - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
 - knowledge of the health sector and economy in which the group and Trust operates

- understanding of the legal and regulatory requirements specific to the group and Trust including:
 - the provisions of the applicable legislation
 - NHS England's rules and related guidance
 - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
 - The group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.
 - The group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in respect of the above matter except on 27 June 2024 we identified:

- a significant weakness in arrangements to deliver financial sustainability. This was in relation to the proportionately high value of unidentified and high-risk savings. In May 2024, the Trust revised its budget and included a plan to deliver efficiencies of £81.9 million in 2024/25. Within this plan, £55.5 million of the revised efficiencies were deemed by the Trust to be high risk with £17.4 million of these still to be identified. We recommended that the Trust:
 - work to develop granular plans at pace for those 2024/25 efficiencies which are either unidentified or assessed as high-risk
 - once plans are agreed to high risk elements, it will be important to assign the plans to owners and to introduce arrangements for monitoring and reporting on progress with delivery
- a significant weakness in the Trust's governance arrangements. This was in relation to the Trust missing its deadline for submitting its Month 12 FPR form due to technical difficulties. The audit of the financial statements was delayed due to delays in preparing a set of draft accounts with supporting data. When the accounts were received, multiple issues were identified. We recommend that the Trust:
 - strengthen the financial reporting process for 2024/25

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 January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of University Hospital Southampton NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Barrie Morris

Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

19 July 2024

Foreword to the Accounts

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



David French
Chief Executive Officer
19 July 2024

ANNUAL ACCOUNTS

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2024

	Note	Group		Trust	
		Year ended 31 March 2024	Year ended 31 March 2023	Year ended 31 March 2024	Year ended 31 March 2023
		£000	£000	£000	£000
Operating income from patient care activities	2.1	1,159,770	1,082,432	1,159,770	1,082,432
Other operating income	2.1	193,730	163,159	194,106	163,144
Operating income from continuing operations		1,353,500	1,245,591	1,353,876	1,245,576
Operating expenses of continuing operations	3	(1,346,129)	(1,256,746)	(1,344,181)	(1,248,262)
OPERATING SURPLUS/(DEFICIT)		7,371	(11,155)	9,695	(2,686)
FINANCE COSTS					
Finance income	6	4,626	2,752	6,476	4,435
Finance expenses	7	(5,025)	(4,724)	(5,072)	(4,846)
Public Dividend Capital dividend payable		(11,528)	(8,782)	(11,528)	(8,782)
NET FINANCE COSTS		(11,927)	(10,754)	(10,124)	(9,193)
Share of profits/(losses) of joint ventures/associates accounted for using the equity method		89	(31)	89	(31)
Gains from transfers by absorption		0	359	0	359
Other (losses)		(105)	(214)	(331)	(3)
Corporation tax expense		(5)	(90)	0	0
(DEFICIT) FOR THE YEAR		(4,576)	(21,885)	(670)	(11,554)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	9	(36,944)	0	(36,944)	0
Revaluations	9	12,175	31,631	12,175	31,631
Other recognised gains and losses		(11)	0	(11)	0
TOTAL COMPREHENSIVE (LOSS)/INCOME FOR THE YEAR		(29,356)	9,746	(25,450)	20,077

Note on NHS Improvement Performance reconciliation – additional to Statement of Comprehensive Income

A reconciliation of the reported position according to NHS England and NHS Improvement regulations to the surplus/(deficit) for the year is as follows:

	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000
(Deficit) for the year	(4,576)	(21,885)
Add: net impact of consumables donated from other Department of Health and Social Care (DHSC) bodies	(160)	0
Add: Disposal/return of DHSC-donated equipment	0	0
Remove: absorption gain	0	(359)
Remove: difference between donated income and donated depreciation	(12,617)	(1,014)
Add: Charity deficit	6,062	8,396
Add: below the line items	6,804	3,825
(Deficit) for the year according to NHS England regulations	(4,487)	(11,037)

The notes on pages 222 to 260 form part of these accounts.

ANNUAL ACCOUNTS

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AT 31 MARCH 2024

	Note	Group		Trust	
		31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Non-current assets					
Intangible assets	10	27,951	22,156	27,951	22,156
Property, plant and equipment	11	462,667	478,474	463,782	468,501
Right of use assets	12	136,619	119,480	133,089	127,866
Investment property	13.1	311	313	0	0
Investments in joint ventures and associates	13.3	421	332	421	332
Other investments	13.2	3,342	3,114	36,840	36,840
Trade and other receivables	15	5,127	5,638	85,975	47,025
Total non-current assets		636,438	629,507	748,058	702,720
Current assets					
Inventories	14	20,110	15,753	11,276	7,925
Trade and other receivables	15	74,772	91,602	75,552	105,785
Cash and cash equivalents	17	83,119	115,343	79,025	103,164
Total current assets		178,001	222,698	165,853	216,874
Current liabilities					
Trade and other payables	18	(176,153)	(200,145)	(199,111)	(193,661)
Borrowings	19	(12,774)	(14,145)	(14,954)	(16,373)
Provisions	22.1	(2,478)	(2,493)	(2,478)	(2,493)
Other liabilities	21	(36,547)	(29,010)	(36,547)	(29,017)
Total current liabilities		(227,952)	(245,793)	(253,090)	(241,544)
Total assets less current liabilities		586,487	606,412	660,821	678,050
Non-current liabilities					
Trade and other payables	18	(13,178)	(1,327)	(83,528)	(72,136)
Borrowings	19	(104,065)	(113,878)	(115,551)	(126,115)
Provisions	22.1	(4,909)	(5,797)	(4,909)	(5,797)
Other liabilities	21	(8,051)	(17,854)	(8,051)	(17,854)
Total non-current liabilities		(130,203)	(138,856)	(212,039)	(221,902)
Total assets employed		456,284	467,556	448,782	456,148
Financed by					
Public Dividend Capital		304,293	286,213	304,293	286,212
Revaluation reserve		40,953	65,729	40,950	65,726
Income and expenditure reserve		103,559	102,073	103,540	104,210
Charitable fund reserves		7,479	13,541	0	0
Total taxpayers' equity		456,284	467,556	448,783	456,148

The financial statements on pages 218 to 260 were approved by the Board on 16 July 2024 and signed on its behalf by:



David French
Chief Executive
19 July 2024

ANNUAL ACCOUNTS

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2024

Group	Charitable Funds Reserves £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000	Total £000
Taxpayers' and Others' Equity at 1 April 2023	13,541	286,213	65,729	102,073	467,556
(Deficit) for the year	(6,062)	0	0	1,486	(4,576)
Revaluations - property, plant and equipment	0	0	12,175	0	12,175
Impairments - property, plant and equipment	0	0	(36,944)	0	(36,944)
Other recognised gains and losses	0	0	(7)	(4)	(11)
Public Dividend Capital received	0	18,080	0	0	18,080
Taxpayers' and Others' Equity at 31 March 2024	7,479	304,293	40,953	103,555	456,280
Taxpayers' and Others' Equity at 1 April 2022	21,937	261,921	34,098	115,562	433,518
(Deficit) for the year	(8,396)	0	0	(13,489)	(21,885)
Revaluations - property, plant and equipment	0	0	29,339	0	29,339
Revaluations - right of use assets	0	0	2,292	0	2,292
Public Dividend Capital received	0	24,292	0	0	24,292
Taxpayers' and Others' Equity at 31 March 2023	13,541	286,213	65,729	102,073	467,556
Trust		Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000	Total £000
Taxpayers' and Others' Equity at 1 April 2023		286,213	65,726	104,210	456,149
(Deficit) for the year		0	0	(670)	(670)
Revaluations - property, plant and equipment		0	12,175	0	12,175
Impairments		0	(36,944)	0	(36,944)
Other recognised gains and losses		0	(7)	0	(7)
Public Dividend Capital received		18,080	0	0	18,080
Taxpayers' and Others' Equity at 31 March 2024		304,293	40,950	103,540	448,783
Taxpayers' and Others' Equity at 1 April 2022		261,920	34,095	115,764	411,779
(Deficit) for the year		0	0	(11,554)	(11,554)
Revaluations - property, plant and equipment		0	29,339	0	29,339
Revaluations - right of use assets	12.1/12.2	0	2,292	0	2,292
Public Dividend Capital received		24,292	0	0	24,292
Taxpayers' and Others' Equity at 31 March 2023		286,212	65,726	104,210	456,148

The notes on pages 222 to 260 form part of these accounts.

ANNUAL ACCOUNTS

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2024

	Note	Group		Trust	
		Year ended 31	Year ended 31	Year ended 31	Year ended 31
		March 2024	March 2023	March 2024	March 2023
		£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus/(deficit)		7,371	(11,155)	9,695	(2,686)
Operating (deficit)/surplus		7,371	(11,155)	9,695	(2,686)
Depreciation and amortisation	10/11/12	36,507	33,570	36,231	33,410
Net impairments	9	6,804	3,825	43,564	3,825
Income recognised in respect of capital donations		(15,242)	(3,028)	(15,242)	(3,028)
(Increase)/decrease in receivables and other assets	15	18,248	(39,124)	(7,945)	(53,251)
Decrease/(increase) in inventories	14	(4,357)	1,254	(3,351)	7,245
Increase in trade and other payables	18	(16,867)	15,842	(125)	20,386
Increase in other liabilities	21	(2,266)	1,692	(2,273)	1,699
(Decrease)/increase in provisions	22.1	(1,036)	(4,302)	(1,036)	(4,302)
Corporation tax (paid)		(85)	(90)	0	0
Movements in charitable fund working capital		38	(91)	0	0
NHS charitable funds: other movements in operating cash flows		279	193	0	0
Other movements in operating cash flows		(41)	0	83	(2)
Net cash (used in)/generated from operating activities		29,353	(1,414)	59,601	3,296
Interest received	6	4,347	2,559	6,476	4,435
Purchase of financial assets		0	(250)	0	(17,249)
Purchase of intangible assets	10	(10,676)	(4,352)	(10,586)	(4,352)
Purchase of property, plant and equipment	11.1	(55,466)	(45,820)	(36,398)	(32,641)
Sales of property, plant and equipment	8	29	188	(25)	6,797
Receipt of cash donations to purchase capital assets		15,048	0	15,048	0
Net cash (used in) investing activities		(46,718)	(47,675)	(25,485)	(43,010)
Public Dividend Capital received		18,080	24,292	18,080	24,292
Loans repaid to DHSC	19	(1,533)	(1,533)	(1,533)	(1,533)
Other loans repaid	19	0	(211)	0	(211)
Capital element of finance lease rental payments		(14,032)	(12,103)	(13,744)	(11,931)
Capital element of lease obligations		0	(454)	(2,636)	(3,238)
Interest on DHSC loans	20.1	(132)	(167)	(132)	(167)
Interest element of finance leases	7	(4,656)	(4,605)	(4,427)	(4,449)
Interest element of concession contract/PFI obligations	7	0	(14)	(277)	(291)
Public Dividend Capital dividend paid		(12,586)	(7,476)	(12,586)	(7,476)
Loans issued within Group		0	0	(41,000)	0
Net cash (used in) financing activities		(14,859)	(2,271)	(58,255)	(5,004)
(Decrease)/increase in cash and cash equivalents		(32,224)	(51,360)	(24,139)	(44,718)
Cash and cash equivalents at 1 April 2023		115,343	166,703	103,164	147,882
Cash and cash equivalents at 31 March 2024		83,119	115,343	79,025	103,164

The notes on pages 222 to 260 form part of these accounts.

Notes to the Accounts

1 Accounting Policies

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

1.2 Accounting convention

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

1.3 Basis of consolidation

In addition to the Trust itself, the Trust has consolidated into its group accounts the following entities: Southampton Hospitals Charity, UHS Pharmacy Limited and UHS Estates Limited. The Trust and subsidiary accounts are prepared separately and then intra-group transactions are manually netted off.

NHS Charitable Fund

The trust is the corporate trustee to Southampton Hospitals Charity (SHC). The trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

As trustee of SHC, the Trust is legally obliged to act exclusively in the interests of the charity's beneficiaries - NHS patients - and not (insofar as they diverge) in the interests of the Trust itself or its staff. The balance of funds of SHC at 31 March 2024 was £0.1 million (restricted) and £7.4 million (unrestricted). In the period ended 31 March 2024 the Charity had a net movement in funds of £(6.1) million. The reduction was due to spending on charitable activities of the residual balance of a large donation received, but not fully spent, in the 21/22 which was part of the reserves at 31 March 2023. The most significant transactions that the Charity funded in-year were £2.0 million for staff wellbeing projects utilising funds provided by a major donor to the Trust and £1.5m for a ward refurbishment.

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 2024 was £23.7 million, with a surplus for the period of £0.5 million. Its gross assets at 31 March 2024 totalled £4.6 million and its liabilities totalled £2.4 million. UHS Estates Limited provides building management services to the Trust for buildings that the company develops. Completed developments include Minerva House, Compton House and the Southampton Children's Hospital and the GICU development. During the year it took over the running of the Trust's endoscopy and critical care units. Its turnover for the period ended 31 March 2024 was £77.9 million, with a deficit for the period of £0.1 million. Its gross assets at 31 March 2024 totalled £447.6 million and its liabilities totalled £412.4 million.

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation. The amounts consolidated are drawn from the financial statements of Southampton Hospitals Charity, UHS Pharmacy Limited and UHS Estates Limited. Intra-entity balances, transactions and gains/losses are eliminated in full on consolidation.

1.4 Joint arrangements

Arrangements over which the Trust has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the Trust is a joint operator it recognises its share of assets, liabilities, income and expenses in its own accounts.

A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

The Trust has two joint ventures: Southampton CEDP LLP, which is a commercial partnership with Partnering Solutions (Southampton) Limited for undertaking various developments, the latest of which relates to a new multistorey car park which opened in 2022/23; and Wessex NHS Procurement Limited, in partnership with Hampshire Hospitals NHS Foundation Trust, for the provision of procurement and materials management services to the two Trusts. The Trust accounts for its joint ventures using the net equity method at its financial year end which is 31 December for Southampton CEDP LLP and 31 March for Wessex NHS Procurement Limited. Southampton CEDP LLP broke even for the year up to 31 December 2023; Wessex NHS Procurement Limited made a profit of £186,000 for the year ended 31 March 2024 (2022/23: deficit of £61,000).

1.5 Associates

Associate entities are those over which the trust has the power to exercise a significant influence. Associate entities are recognised in the trust's financial statement using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the trust's share of the entity's profit or loss or other gains and losses (eg revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, eg, share dividends are received by the trust from the associate.

Associates which are classified as held for sale are measured at the lower of their carrying amount and "fair value less costs to sell".

1.6 Revenue

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

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2023/24 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differs from the agreed level set in the fixed payments, the variable element either increases or reduces the income earned by the Trust at a rate of 100% of the tariff price.

Elective recovery funding provides additional funding for the delivery of elective services. In 2023/24 elective recovery funding was included within the aligned payment and incentive contracts. Income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2023/24 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

Revenue from research contracts

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

NHS injury cost recovery scheme

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

Revenue from other contracts

Where other contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment

for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some income alternatively falls within the provisions of IAS 20 for government grants.

1.7 Other forms of income

Grants and donations

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

Apprenticeship service income

The value of the benefit received when accessing funds from the government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit. The Trust used £2.2 million of the sum available within its account for the financial year 2023/24 (2022/23: £1.8 million).

1.8 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Pension costs

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

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

1.9 Other expenses

Other operating expenses are recognised when and to the extent that the goods or services have been received. They are measured at the fair value of the consideration payable.

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the Trust recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 Value Added Tax

Most of the activities of the Trust are outside the scope of value added tax (VAT). Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.11 Corporation Tax

Section 987 of the Corporation Tax Act 2010 provide power to HM Treasury to make certain non-core activities of foundation trusts potentially subject to corporation tax. In determining whether or not an activity is likely to be taxable a three-stage test may be employed:

- The provision of goods and services for purposes related to the provision of healthcare authorised under section 14(1) of the Health and Social Care Act 2003 (HSCA) is not treated as a commercial activity and is therefore tax exempt;
- Trading activities undertaken in-house which are ancillary to core healthcare activities are not entrepreneurial in nature and not subject to tax. A trading activity that is capable of being in competition with the wider private sector will be subject to tax;
- Only significant trading activity is subject to tax. Significant is defined as annual taxable profits of £50,000 per trading activity.

The majority of the Trust's activities are related to core healthcare and are not subject to tax. However, the Trust's commercial subsidiaries are subject to corporation tax. Amounts included in the accounts are based on best estimates as these are only finally calculated once the subsidiary accounts have been audited.

1.12 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

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

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written down and charged to operating expenses.

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets are measured subsequently at valuation. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided. The site used for the Trust's valuation is adjacent to the M27. A full revaluation was last carried out at 31 March 2020, as is required every five years. A full revaluation will be carried out next year for the Group. An interim valuation has been completed for the current year.

The freehold property known as the University Hospital Southampton estate was valued at 31 March 2024 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 assessed annually and may vary depending on a number of factors. In reassessing asset lives, factors such as technological innovation and maintenance programmes are taken into account. Residual value assessments consider issues such as the remaining life of the asset and projected disposal values. Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the tables below.

The range of asset lives for intangible assets is as follows:

	Min Life Years	Max Life Years
Software	4	10

The ranges of asset lives for property, plant and equipment are as follows:

	Min Life Years	Max Life Years
Buildings excluding dwellings	25	50
Dwellings	25	50
Plant & Machinery	5	20
Transport Equipment	5	7
Information Technology	3	10
Furniture & Fittings	10	25

Depreciation

Freehold land, assets under construction or development, investment properties and assets held for sale are not depreciated/amortised.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 11.1.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.13 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

1.14 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.15 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

Trust as lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease

The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

The Trust as a lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as a lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

1.16 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.

1.17 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential will be provided to, the Trust and where the cost of the asset can be measured reliably and the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

1.18 Inventories

Inventories are valued at the lower of cost and net realisable value, using the weighted average cost method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.19 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.

ANNUAL ACCOUNTS

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.

1.20 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Year ended 31 March 2024	Year ended 31 March 2023
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
	Exceeding 40 years	4.40%	3.00%

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 from 31 March 2024, although it should be noted that at present the Trust has no specific provisions that apply these rates:

	Year ended 31 March 2024	Year ended 31 March 2023
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 2.45% in real terms (2022/23: 1.7%).

Clinical negligence costs

NHS Resolution (formerly the NHS Litigation Authority) operates a risk pooling scheme under which the Trust pays an annual contribution, and in return NHS Resolution settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust.

The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 22.3 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.21 Financial assets and liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest

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, 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

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

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.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the obligation is discharged, cancelled or Loans from the Department of Health and Social Care are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

Public Dividend Capital (PDC) and PDC dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received. A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.22 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 is required to surrender to the Government an allowance for every tonne of CO₂ it emits during the financial year. As a result there is a charge of £0.5 million in the accounts for the year ended 31 March 2024.

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.

1.23 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

1.24 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.

1.25 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.

1.26 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts.

1.28 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.

1.29 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make various judgments, estimates and assumptions. These are regularly reviewed. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Critical judgements in applying accounting policies

The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

VAT on building valuations

HM Treasury adapts IAS 16 Property, Plant and Equipment to state that assets held for their service potential and which are in use must be measured at current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the asset's remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential.

The Trust's judgment is that the cost of replacing the service potential of its operational buildings would exclude VAT. The Trust's buildings have been valued on a modern equivalent asset basis and net of recoverable VAT based on the Trust's assessment that if its buildings required replacement that it would use its subsidiary, UHS Estates Ltd, to construct and manage these buildings, as it has done with all other major projects since the inception of the subsidiary. UHS Estates Ltd invoices the Trust on the basis of a combined charge for the management and construction of buildings over a contract length of 30-40 years and the Trust is able to recover this VAT under the Contracted Out Service rules for NHS organisations. Therefore, the asset value should be stated net of recoverable VAT. See note 11 Property, Plant and Equipment.

1.30 Other accounting judgements and sources of estimation uncertainty

Impairment of assets

At each balance sheet date, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually. From 2015/16, the Trust has adopted a basis of valuation for building assets which excludes VAT from the cost of rebuilding assets.

Sources of estimation uncertainty

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

The Trust seeks professional advice from its valuers annually in determining the value of its land and buildings. The values in the valuer's report have been used to inform the measurement of property assets at valuation in these financial statements. The valuer exercised their professional judgement in providing the valuation and it remains the best information available to the Trust. However, the valuer uses informed assumptions regarding obsolescence, rebuild rates and the area of the sites required to accommodate modern equivalent assets with the same service potential which could change and have a material impact on the valuation.

The March 2024 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 2024 of the Trust's Property Plant & Equipment valued by professional valuers and reflected in these financial statements is £378.5 million (2022/23: £398.5 million).

A reduction in the estimated values would result in reductions to the Revaluation Reserve and/or a greater loss recorded as appropriate in the Statement of Comprehensive Income. If the value of land and buildings were to reduce by 10% this would result in an increased charge to the Statement of Comprehensive Income of approximately £29.8 million and a reduction in the Revaluation Reserve of £8.1 million. Depreciation of the assets in 2024/25 would be £1 million lower.

An increase in the estimated values would result in increases to the Revaluation Reserve and/or a smaller loss recorded as appropriate in the Statement of Comprehensive Income. If the value of land and buildings were to increase by 10% this would result in a reduced charge to the Statement of Comprehensive Income of approximately £9 million and an increase in the Revaluation Reserve of £19.6 million. Depreciation of the assets in 2024/25 would be £1 million higher.

Lives of Right of Use assets

Included within right of use assets capitalised under the IFRS16 accounting standard, there are a number of areas evaluated as property assets managed by NHS Property Services where no contract is in place, particularly in the Lymington and Royal South Hants hospitals. It is recognised that NHS services are likely to be continued

on these sites indefinitely, and although these may not always be services supplied by the Trust it was considered most prudent to assume a continued use for a period of 25 years at present.

1.31 Transfers of functions from other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

1.32 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

ANNUAL ACCOUNTS

2.1 Operating Income by activity

	Group		Trust	
	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Income from patient care activities				
Aligned payment & incentive (API) income - Variable	348,029	0	348,029	0
Aligned payment & incentive (API) income - Fixed	612,773	855,404	612,773	855,404
High cost drugs income from commissioners	159,599	121,997	159,599	121,997
Other NHS clinical income	431	3,382	431	3,382
Private patient income	4,404	5,003	4,404	5,003
Additional pension contribution central funding	29,337	26,784	29,337	26,784
Agenda for change pay offer central funding	651	22,471	651	22,471
Elective recovery fund*	0	29,000	0	29,000
Other clinical income	4,546	18,391	4,546	18,391
Total income from patient care activities	1,159,770	1,082,432	1,159,770	1,082,432
* Elective recovery fund income is included within API - Variable income in 2023/24.				
Other operating income				
Research and development	45,890	45,808	45,890	45,808
Education and training	49,577	48,098	49,577	48,098
Cash donations for the purchase of capital assets - received from other bodies	15,048	3,028	15,048	3,028
Donations/grants of physical assets (non-cash) - received from NHS charities	194	0	194	0
Charitable and other contributions to expenditure - received from other bodies	18	12	18	12
Non-patient care services to other bodies	21,110	16,799	24,097	19,505
Reimbursement and top up funding	0	7,223	0	7,223
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	1,256	2,749	1,256	2,749
NHS Charitable Funds: Incoming Resources excluding investment income	2,518	2,666	0	0
Car parking	3,891	3,895	3,891	3,895
Staff accommodation rentals	3	13	3	13
Crèche services	1,883	1,751	1,883	1,751
Clinical excellence awards	3,260	3,331	3,260	3,331
Other	49,082	27,786	48,989	27,731
Total other operating income	193,730	163,159	194,106	163,144
Total Operating Income	1,353,500	1,245,591	1,353,876	1,245,576

Of total operating income, £1,106.9 million was for commissioner requested services (2022/23: £1,032.0 million) and £246.6 million was for non-commissioner requested services (2022/23: £213.6 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 £52.7 million (2022/23: £77.6 million). Other income relates to many smaller contracts for services rendered such as laboratory testing.

ANNUAL ACCOUNTS

2.2 Analysis of income from activities by source

	Group		Trust	
	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
NHS Foundation Trusts	166	215	166	215
NHS England	621,362	590,848	621,362	590,848
Clinical Commissioning Groups	0	110,263	0	110,263
Integrated Care Boards	514,899	357,712	514,899	357,712
Non NHS: Private patients	4,404	5,003	4,404	5,003
NHS injury cost recovery scheme	1,781	1,000	1,781	1,000
NHS injury scheme (was Road Traffic Act scheme)	3,991	2,972	3,991	2,972
Devolved administrations and Channel Islands	13,167	14,419	13,167	14,419
Total income from patient care activities	1,159,770	1,082,432	1,159,770	1,082,432

2.3 Overseas Visitors

	Group		Trust	
	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Income recognised this year	1,781	1,000	1,781	1,000
Cash payments received in-year	1,814	333	1,814	333
Amounts added to provision for impairment of receivables	494	791	494	791
Amounts written off in-year, previously already provided for	593	0	593	0

2.4 Fees and charges - aggregate of all schemes that, individually, have a cost exceeding £1m (Group and Trust)

	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
	Income	4,369
Full cost	(2,816)	(2,568)

ANNUAL ACCOUNTS

3 Operating expenditure

	Year ended 31	Year ended 31	Year ended 31	Year ended 31
	March 2024	March 2023	March 2024	March 2023
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	14,857	12,235	14,835	12,210
Purchase of healthcare from non-NHS and non-DHSC bodies	21,597	19,278	20,704	18,478
Staff and executive directors costs	744,924	694,716	741,826	692,411
Non-executive directors	189	173	189	173
Supplies and services – clinical (excluding drugs costs)	129,502	119,430	71,113	71,619
Supplies and services - general	29,353	25,195	26,059	21,448
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	1,096	2,749	1,096	2,749
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	195,367	186,741	197,844	187,065
Consultancy	27	1,263	27	1,246
Establishment	8,069	7,980	7,673	7,616
Premises - business rates collected by local authorities	3,112	3,933	2,885	3,755
Premises - other	54,475	44,570	49,062	44,812
Transport - other (including patient travel)	2,984	2,653	2,964	2,647
Depreciation	32,072	29,219	31,796	29,059
Amortisation	4,435	4,351	4,435	4,351
Impairments net of (reversals)	6,804	3,825	6,804	3,825
Movement in credit loss allowance: contract receivables/assets	(3,401)	(1,600)	(3,401)	(1,600)
Provisions arising / released in year	1,603	0	1,603	0
Change in provisions discount rate	(480)	(999)	(480)	(999)
Audit services - statutory audit	208	174	154	130
Other auditor remuneration (payable to external auditor only)	7	0	7	0
Charitable fund audit	14	14	0	0
Internal audit - non-staff	171	117	171	117
Clinical negligence - amounts payable to NHS Resolution (premium)	28,981	27,203	28,981	27,203
Legal fees	182	812	180	800
Insurance	1,003	883	935	793
Research and development - staff	18,436	17,188	18,436	17,188
Research and development - non-staff	20,616	24,053	20,616	24,053
Education and training - staff costs	12,049	11,074	12,049	11,074
Education and training - non-staff	2,895	5,256	2,892	5,257
Redundancy costs - non-staff	40	50	40	50
Charges to operating expenditure for on-Statement of Financial Position (SoFP) IFRIC 12 schemes on IFRS basis	0	1,158	0	1,158
Car parking and security	1,520	1,344	1,520	1,344
Other losses and special payments - non-staff	10	55	9	55
Other services (e.g. external payroll)	598	936	598	936
Other NHS charitable fund resources expended	9,071	11,030	0	0
Other	3,742	(313)	80,558	57,239
Total	1,346,129	1,256,746	1,344,181	1,248,262

The joint venture with Southampton CEDP LLP did not require auditing, this is not part of the scope of Grant Thornton's work. Other expenditure in the Trust relates to services received from UHS Estates Limited and are eliminated on consolidation.

3.1 Group and Trust Losses and Special Payments

	Year ended 31 March 2024		Year ended 31 March 2023	
	No	£000	No	£000
Included within note 3 are:				
Losses				
Bad debts and claims abandoned				
a. private patients	42	15	1	0
b. overseas visitors	157	593	0	0
c. other	76	45	4	0
Loss of cash due to overpayment of salaries etc.	55	35	0	0
Total Losses	330	688	5	0
Special Payments				
Loss of personal effects	36	20	43	26
Special severance payments	0	0	1	17
Total Special Payments	36	20	44	43
Total Losses and Special Payments	366	708	49	43

ANNUAL ACCOUNTS

4.1 Employee Expenses

	Group		Trust	
	Year ended 31 March 2024	Year ended 31 March 2023	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000	£000	£000
Salaries and wages	574,610	530,157	571,437	528,478
Social security costs	64,199	56,786	63,987	56,658
Apprenticeship levy	2,955	2,545	2,947	2,544
Pension cost - employers contributions to NHS Pensions	67,355	61,436	67,097	61,325
Pension cost - other contributions	0	115	0	100
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	29,337	26,784	29,337	26,784
Temporary staff - external bank	47,839	48,245	48,678	48,129
Temporary staff - agency/contract staff	10,984	15,489	10,697	15,233
Recoveries from Other bodies in respect of staff costs netted off expenditure	(16,517)	(16,814)	(16,517)	(16,814)
Total Net Staff Costs	780,762	724,742	777,664	722,437
Costs capitalised as part of assets	(5,353)	(1,764)	(5,353)	(1,764)
Total Employee benefits excluding capitalised costs	775,409	722,978	772,311	720,673
Analysed into Operating Expenditure:				
Employee Expenses - Staff	744,924	694,716	741,826	692,411
Education and training	12,049	11,074	12,049	11,074
Research and Development	18,436	17,188	18,436	17,188
Total Employee benefits excluding capitalised costs	775,409	722,978	772,311	720,673

The difference between net staff costs and total employee benefits relates to capitalised staff costs. Total remuneration paid to executive directors for the year

4.2 Average number of employees (WTE basis)

	Group		Trust	
	Year ended 31 March 2024	Year ended 31 March 2023	Year ended 31 March 2024	Year ended 31 March 2023
	Number	Number	Number	Number
Medical and dental	1,959	1,869	1,959	1,869
Ambulance staff	22	25	22	25
Administration and estates	2,751	2,746	2,701	2,703
Healthcare assistants and other support staff	2,086	2,045	2,086	2,045
Nursing, midwifery and health visiting staff	4,308	3,957	4,304	3,957
Scientific, therapeutic and technical staff	1,525	1,458	1,511	1,446
Healthcare science staff	314	275	314	275
Social care staff	2	0	2	0
Total	12,967	12,374	12,899	12,319
Number of Employees (WTE) engaged on capital projects	119	58	119	58

4.3 Early retirements due to ill health

During 2023/24 there were seven (2022/23: three) early retirements from the organisation agreed on grounds of ill health. The estimated additional pension liabilities of these ill health retirements is £593,000 (2022/23: £671,000). 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 nil compulsory departures in 2023/24 (2022/23: 1) with a cost of £nil.

There were seven other departures agreed in 2023/24, five related to contractual payments in lieu of notice (£76,000), two related to voluntary redundancy and contractual payments in lieu of notice (£81,000) and none relating to a special severance payment (£nil) (2022/23 £185,000: five in total; two payment in lieu of notice, two one voluntary redundancy and one special severance payment).

There was no other departure in the year 2023/24 (2022/23: 1) where a special payment has been made totalling £nil (2022/23: £17,000).

5 Pensions

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

ANNUAL ACCOUNTS

6 Finance revenue

	Group		Trust	
	Year ended 31 March 2024	Year ended 31 March 2023	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000	£000	£000
Interest on bank accounts	4,347	2,559	4,347	2,559
Interest on other investments / financial assets	0	0	2,129	1,876
NHS charitable fund investment income	279	193	0	0
Total finance revenue	4,626	2,752	6,476	4,435

Finance income represents interest received on assets and investments in the period.

7 Finance expenditure

	Group		Trust	
	Year ended 31 March 2024	Year ended 31 March 2023	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000	£000	£000
Interest on capital loans	125	162	125	162
Interest on lease obligations	4,657	4,607	4,427	4,451
Concession/PFI finance costs	0	13	277	291
Total interest expense	4,782	4,782	4,829	4,904
Unwinding of discount on provisions	134	(58)	134	(58)
Other finance costs	109	0	109	0
Total finance costs	5,025	4,724	5,072	4,846

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

8 Other gains and (losses)

	Group		Trust	
	Year ended 31 March 2024	Year ended 31 March 2023	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000	£000	£000
(Losses)/gains on disposal of assets	(331)	(3)	(331)	(3)
Total (losses) on disposal of assets	(331)	(3)	(331)	(3)
Fair value (losses)/gains on charitable fund investments and investment properties	226	(211)	0	0
Total other (losses)	(105)	(214)	(331)	(3)

9 Impairments

	Group and Trust	
	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000
Net impairment		
Impairments charged to operating expenses	6,804	3,825
Impairments charged to the revaluation reserve	36,760	0
Total impairments	43,564	3,825

In 2023/24 the net impairment charged to operating expenses consisted of £6.8 million of impairments, of which £5.4 million related to Property, Plant & Equipment and £1.5 million related to Intangible assets. A revaluation of £36.8 million was credited to the Revaluation Reserve. These movements can be seen in the Statement of Changes in Equity.

10 Intangible assets

Group and Trust	Movements for year ended 31 March 2024		Movements for year ended 31 March 2023	
	Software licences (purchased) £000	Total £000	Software licences (purchased) £000	Total £000
Valuation / gross cost at 1 April 2023	48,942	48,942	46,995	46,995
Reclassification of opening balances	(5,769)	(5,769)	0	0
Restated valuation / gross cost at 1 April 2023	43,173	43,173	46,995	46,995
Transfers by absorption	0	0	29	29
Additions	10,586	10,586	4,352	4,352
Reclassifications	0	0	(2,290)	(2,290)
Grants and donations	90	90	450	450
Impairments charged to operating expenses	(1,544)	(1,544)	0	0
Disposals	0	0	(594)	(594)
Valuation / gross cost at 31 March 2024	52,305	52,305	48,942	48,942
Amortisation at 1 April 2023	26,786	26,786	21,780	21,780
Reclassification of opening balances	(6,867)	(6,867)		
Restated amortisation at 1 April 2023	19,919	19,919	21,780	21,780
Provided during the year	4,435	4,435	4,351	4,351
Impairment charged to operating expenses	0	0	1,249	1,249
Disposals	0	0	(594)	(594)
Amortisation at 31 March 2024	24,354	24,354	26,786	26,786
Net Book Value at 31 March 2024	27,951	27,951	22,156	22,156

In 2023/24 the opening balance reclassifications are to align the note in the accounts to the reconciliation from historic movements between asset categories, classes and accumulated cost and depreciation variances.

ANNUAL ACCOUNTS

11.1 Property, plant and equipment for year ended 31 March 2024 - Group

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
Group	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023	35,390	352,513	1,439	31,730	106,355	792	23,007	38	551,264
Reclassification of opening balances	(30)	(13,403)	(42)	(1)	(31,094)	(345)	(79)	(7)	(45,002)
Restated valuation / gross cost at 1 April 2023	35,360	339,110	1,397	31,730	75,261	447	22,928	31	506,262
Additions	0	15,069	0	17,951	11,298	0	976	53	45,347
Additions - donations of physical assets (non-cash)	0	0	0	0	194	0	0	0	194
Additions - assets purchased from cash donations/grants	0	3,699	0	11,259	0	0	0	0	14,958
Impairments charged to operating expenses	0	(5,442)	0	0	0	0	0	0	(5,442)
Impairments charged to the revaluation reserve	(7)	(36,813)	(39)	99	0	0	0	0	(36,760)
Reversal of impairments credited to operating expenses	0	182	0	0	0	0	0	0	182
Reclassifications	0	22,893	0	(22,857)	0	0	0	0	36
Disposals / derecognition	0	0	0	0	(3,777)	0	0	0	(3,777)
Valuation / gross cost at 31 March 2024	35,353	338,698	1,358	38,182	82,976	447	23,904	84	521,001
Accumulated depreciation at 1 April 2023	0	12,994	40	0	51,823	763	7,147	23	72,790
Reclassification of opening balances	0	(12,994)	(40)	0	(5,947)	(344)	742	(1)	(18,584)
Restated accumulated depreciation at 1 April 2023	0	0	0	0	45,876	419	7,889	22	54,206
Provided during the year	0	12,147	28	0	4,825	19	2,700	1	19,720
Revaluations	0	(12,147)	(28)	0	0	0	0	0	(12,175)
Disposals / derecognition	0	0	0	0	(3,417)	0	0	0	(3,417)
Accumulated depreciation at 31 March 2024	0	0	0	0	47,284	438	10,589	23	58,334
Net Book Value at 31 March 2024	35,353	338,698	1,358	38,182	35,693	9	13,315	60	462,667

In 2023/24 the opening balance reclassifications are to align the note in the accounts to the reconciliation from historic movements between asset categories, classes and accumulated cost and depreciation variances.

11.2 Property, plant and equipment for year ended 31 March 2023 - Group

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
Group	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022	38,720	305,129	1,929	5,959	170,765	792	17,422	36	540,752
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	0	(8,032)	0	0	(69,487)	0	0	0	(77,519)
Transfers by absorption	0	0	0	0	319	0	11	0	330
Additions	0	17,506	0	28,145	10,315	0	5,591	2	61,559
Grants and donations	0	239	0	2,282	57	0	0	0	2,578
Other revaluations	(3,181)	33,010	(490)	0	0	0	0	0	29,339
Reclassifications	0	4,661	0	(4,656)	1,130	0	1,155	0	2,290
Disposals / derecognition	(149)	0	0	0	(6,744)	0	(1,172)	0	(8,065)
Valuation / gross cost at 31 March 2023	35,390	352,513	1,439	31,730	106,355	792	23,007	38	551,264
Accumulated depreciation at 1 April 2022	0	0	0	0	93,121	744	6,291	22	100,178
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	0	0	0	0	(40,502)	0	0	0	(40,502)
Provided during the year	0	10,418	40	0	5,906	19	2,028	1	18,412
Impairments charged to operating expenses	0	2,576	0	0	0	0	0	0	2,576
Disposals / derecognition	0	0	0	0	(6,702)	0	(1,172)	0	(7,874)
Accumulated depreciation at 31 March 2023	0	12,994	40	0	51,823	763	7,147	23	72,790
Net Book Value at 31 March 2023	35,390	339,519	1,399	31,730	54,532	29	15,860	15	478,474

ANNUAL ACCOUNTS

11.3 Property, plant and equipment for year ended 31 March 2024 - 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 2023	35,391	352,108	1,439	28,791	100,902	496	21,689	30	540,846
Reclassification of opening balances	(1)	(13,097)	(42)	3,008	(19,844)	(49)	1,255	6	(28,765)
Restated valuation / gross cost at 1 April 2023	35,390	339,011	1,397	31,799	81,058	447	22,944	36	512,081
Additions - purchased	0	15,072	0	17,951	4,514	0	962	0	38,499
Additions - grants/donations	0	3,699	0	11,259	194	0	0	0	15,152
Impairments charged to operating expenses	0	(3,342)	0	0	0	0	(2)	0	(3,344)
Impairments charged to the revaluation reserve	(7)	(37,255)	(39)	0	0	0	0	0	(37,301)
Reversal of impairments credited to operating expenses	0	182	0	0	0	0	0	0	182
Reclassifications	0	22,893	0	(22,893)	0	0	0	0	0
Disposals/derecognition	0	0	0	0	(3,724)	0	0	0	(3,724)
Derecognition - COVID equipment returned to DHSC	(30)	0	0	0	133	0	0	0	103
Valuation / gross cost at 31 March 2024	35,353	340,260	1,358	38,116	82,175	447	23,904	36	521,649
Accumulated depreciation at 1 April 2023	0	12,979	40	0	51,938	467	6,904	17	72,345
Reclassification of opening balances	0	(12,979)	(40)	0	(6,285)	(48)	985	2	(18,365)
Restated accumulated depreciation at 1 April 2023	0	0	0	0	45,653	419	7,889	19	53,980
Provided during the year	0	12,147	28	0	4,585	19	2,700	1	19,481
Reversal of Impairments charged to operating expenses	0	(12,147)	(28)	0	0	0	0	0	(12,176)
Disposals/derecognition	0	0	0	0	(3,417)	0	0	0	(3,417)
Accumulated depreciation at 31 March 2024	0	0	(0)	0	46,821	438	10,588	21	57,867
Net Book Value at 31 March 2024	35,353	340,260	1,358	38,116	35,355	9	13,316	15	463,782

In 2023/24 the opening balance reclassifications are to align the note in the accounts to the reconciliation from historic movements between asset categories, classes and accumulated cost and depreciation variances.

Property, plant and equipment for year ended 31 March 2023 - Trust

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Trust									
Valuation / gross cost at 1 April 2022	38,721	305,078	1,929	3,020	172,398	496	17,179	30	538,851
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	0	(8,032)	0	0	(69,487)	0	0	0	(77,519)
Transfers by absorption	0	0	0	0	319	0	11	0	330
Additions - purchased	0	17,152	0	28,145	8,763	0	5,591	0	59,651
Additions - grants/donations	0	239	0	2,282	57	0	0	0	2,578
Other revaluations	(3,181)	33,010	(490)	0	0	0	0	0	29,339
Reclassifications	0	4,661	0	(4,656)	1,130	0	1,155	0	2,290
Disposals/derecognition	(149)	0	0	0	(12,278)	0	(2,247)	0	(14,674)
Valuation / gross cost at 31 March 2023	35,391	352,108	1,439	28,791	100,902	496	21,689	30	540,846
Accumulated depreciation at 1 April 2022	0	0	0	0	93,091	448	6,050	17	99,606
IFRS 16 implementation - reclassification of existing finance	0	0	0	0	(40,502)	0	0	0	(40,502)
Provided during the year	0	10,403	40	0	6,051	19	2,026	0	18,539
Impairments charged to operating expenses	0	2,576	0	0	0	0	0	0	2,576
Disposals/derecognition	0	0	0	0	(6,702)	0	(1,172)	0	(7,874)
Accumulated depreciation at 31 March 2023	0	12,979	40	0	51,938	467	6,904	17	72,345
Net Book Value at 31 March 2023	35,391	339,129	1,399	28,791	48,964	29	14,785	13	468,501

11.4 Property, plant and equipment financing - net book values

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction / Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Group									
Owned	35,353	302,220	1,358	26,862	30,519	2	12,256	59	408,628
Donated	0	36,478	0	11,320	5,174	7	1,059	1	54,039
Net Book Value Total at 31 March 2024	35,353	338,698	1,358	38,182	35,693	9	13,315	60	462,667
Owned	35,390	304,676	1,399	29,448	48,596	5	15,028	14	434,556
Donated	0	34,843	0	2,282	5,936	24	832	1	43,918
Net Book Value Total at 31 March 2023	35,390	339,519	1,399	31,730	54,532	29	15,860	15	478,474
Trust									
Owned	35,353	303,782	1,358	26,796	30,181	2	12,257	14	409,743
Donated	0	36,478	0	11,320	5,174	7	1,059	1	54,039
Net Book Value Total at 31 March 2024	35,353	340,260	1,358	38,116	35,355	9	13,316	15	463,782
Owned	35,391	304,286	1,399	26,509	43,028	5	13,953	12	424,583
Donated	0	34,843	0	2,282	5,936	24	832	1	43,918
Net Book Value Total at 31 March 2023	35,391	339,129	1,399	28,791	48,964	29	14,785	13	468,501

ANNUAL ACCOUNTS

12 Leases

This note details information about leases for which the Trust is a lessee. The Trust enters into contractual agreements for property and limited vehicles. It also holds a number of managed service contracts which also contain the right to use medical equipment.

From the 1 April 2022 the Trust applied IFRS 16 to account for lease arrangements

12.1 Right of use assets 2023/24 - Group

	Property (land and buildings)	Plant & machinery	Transport equipment	Information Technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023	81,855	88,896	38	0	170,789	51,199
Reclassification of opening balances	(418)	34,909	17	1,082	35,589	0
Restated valuation / gross cost at 1 April 2023	81,437	123,805	55	1,082	206,378	51,199
Additions - lease liability	1,989	0	0	0	1,989	0
Disposals	0	(1,002)	0	0	(1,002)	0
Reclassifications	(54)	0	0	0	(54)	0
Remeasurements of the lease liability	1,950	449	0	0	2,399	0
Impairments charged to the revaluation reserve	(184)	0	0	0	(184)	0
Revaluations	0	0	0	0	0	0
Valuation / gross cost at 31 March 2024	85,138	123,252	55	1,082	209,527	51,199
Accumulated depreciation at 1 April 2023	3,149	48,160	0	0	51,309	2,165
Reclassification of opening balances	(424)	10,441	18	214	10,248	0
Restated accumulated depreciation at 1 April 2023	2,725	58,601	18	214	61,557	2,165
Provided during the year - right of use asset	2,978	9,158	9	207	12,352	2,166
Disposals	0	(1,002)	0	0	(1,002)	0
Revaluations	0	0	0	0	0	0
Accumulated depreciation at 31 March 2024	5,703	66,757	27	421	72,908	4,331
Net Book Value at 31 March 2024	79,435	56,495	28	661	136,619	46,868

In 2023/24 the opening balance reclassifications are to align the note in the accounts to the reconciliation from historic movements between asset categories, classes and accumulated cost and depreciation variances.

12.2 Right of use assets 2023/24 - Trust

	Property (land and buildings)	Plant & machinery	Transport equipment	Information Technology	Total
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023	80,490	98,396	0	0	178,886
Reclassification of opening balances	(417)	25,409	17	1,082	26,091
Restated valuation / gross cost at 1 April 2023	80,073	123,805	17	1,082	204,977
Additions - lease liability	0	1,989	0	0	1,989
Disposals	0	(1,056)	0	0	(1,056)
Revaluations	(465)	0	0	0	(465)
Valuation / gross cost at 31 March 2024	79,608	124,739	17	1,082	205,445
Accumulated depreciation at 1 April 2023	3,013	48,007	0	0	51,020
Reclassification of opening balances	(424)	10,594	14	214	10,397
Restated accumulated depreciation at 1 April 2023	2,589	58,601	14	214	61,417
Provided during the year - right of use asset	2,854	9,158	2	207	12,221
Disposals	0	(1,002)	0	0	(1,002)
Revaluations	(281)	0	0	0	(281)
Accumulated depreciation at 31 March 2024	5,162	66,757	16	421	72,356
Net Book Value at 31 March 2024	74,446	57,982	1	661	133,089

In 2023/24 the opening balance reclassifications are to align the note in the accounts to the reconciliation from historic movements between asset categories, classes and accumulated cost and depreciation variances.

13.1 Investment property

NHS Charitable funds: Investment property

	Movements for year ended 31 March 2024	Movements for year ended 31 March 2023
	£000	£000
Carrying value at 1 April	313	286
Additions	0	27
Disposals	(2)	0
Carrying value at 31 March	311	313

The Trust has no investment property.

13.2 Other Investments/financial assets (non-current)

	Group		Trust	
	Movements for year ended 31 March 2024	Movements for year ended 31 March 2023	Movements for year ended 31 March 2024	Movements for year ended 31 March 2023
	£000	£000	£000	£000
Carrying value at 1 April	3,114	3,352	36,840	19,841
Additions	0	0	0	16,999
Fair value gains/(losses) taken to income and expenditure	228	(238)	0	0
Carrying value at 31 March	3,342	3,114	36,840	36,840

13.3 Investments in joint ventures and associates

Group and Trust

	Movements for year ended 31 March 2024	Movements for year ended 31 March 2023
	£000	£000
Carrying value at 1 April	332	112
Additions	0	250
Share of (loss)/profit	89	(30)
Carrying value at 31 March	421	332

ANNUAL ACCOUNTS

14 Inventories

	Group		Trust	
	Total	Total	Total	Total
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Drugs	10,180	6,186	8,835	4,903
Consumables	9,930	9,567	2,441	3,022
Total	20,110	15,753	11,276	7,925

15 Trade and other receivables

	Group		Trust	
	Total	Total	Total	Total
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Contract receivables (IFRS 15): invoiced	38,944	36,300	34,200	35,508
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	28,701	47,823	36,012	67,057
Allowance for impaired contract receivables/assets	(5,098)	(7,899)	(5,098)	(7,899)
Clinician pension tax provision reimbursement funding from NHSE	49	47	49	47
Prepayments (revenue) (non-PFI)	6,846	7,025	5,809	4,944
PDC dividend receivable	772	0	772	0
VAT receivable	4,392	8,275	2,378	5,308
Loans receivable	0	0	1,430	820
NHS charitable funds: trade and other receivables	166	31	0	0
Total current	74,772	91,602	75,552	105,785
Non-current				
Contract receivables (IFRS 15): invoiced	4,548	5,234	4,548	5,234
Allowance for impaired contract receivables / assets	(1,049)	(1,649)	(1,049)	(1,649)
Clinician pension tax provision reimbursement funding from NHSE	1,628	2,053	1,628	2,053
Loans receivable	0	0	80,848	41,387
Total non-current	5,127	5,638	85,975	47,025
Total trade and other receivables	79,899	97,240	161,527	152,810

16 Allowances for credit losses (doubtful debts)

	Group		Trust	
	Movements for year ended 31 March 2024	Movements for year ended 31 March 2023	Movements for year ended 31 March 2024	Movements for year ended 31 March 2023
	£000	£000	£000	£000
Allowance for credit losses at 1 April	9,548	11,148	9,548	11,148
New allowances arising	1,094	7,310	1,094	7,310
Reversals of allowances (where receivable is collected in-year)	(4,495)	(8,910)	(4,495)	(8,910)
credit losses at 31 March	6,147	9,548	6,147	9,548

ANNUAL ACCOUNTS

17 Cash and cash equivalents

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
At 1 April	115,343	166,703	103,164	147,882
Net change in year	(32,224)	(51,360)	(24,139)	(44,718)
Total cash balance at 31 March	83,119	115,343	79,025	103,164
Cash at commercial banks and in hand	6,975	13,005	133	93
Cash with the Government Banking Service	76,144	102,338	78,892	103,071
Total cash and cash equivalents	83,119	115,343	79,025	103,164

Of this balance £4.1 million relates to Southampton Hospitals Charity (2022/23: £10.3 million).

18 Trade and other payables

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Trade payables	51,461	77,054	56,322	75,261
Capital payables (including capital accruals)	15,499	21,077	15,459	9,598
Accruals (Revenue costs only)	40,278	30,582	57,623	42,504
Annual leave accrual	10,129	10,244	10,100	10,233
Social security costs	7,595	7,136	7,575	7,123
Other taxes payable	8,017	6,993	8,063	6,977
PDC dividend payable	0	286	0	286
Pension contributions payable	9,598	8,682	9,569	8,664
Other payables	33,161	37,849	34,400	33,015
NHS Charitable funds: Trade and other payables	415	242	0	0
Total current	176,153	200,145	199,111	193,661
Non-current				
Capital payables (including capital accruals)	11,339	922	83,123	71,731
Other payables	1,839	405	405	405
Total non-current	13,178	1,327	83,528	72,136
Total trade and other payables	189,331	201,472	282,639	265,797

ANNUAL ACCOUNTS

19 Borrowings

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Capital Loans from DHSC	1,559	1,566	1,559	1,566
Obligations under finance leases	11,215	12,125	10,682	12,246
Obligations under concession contracts	0	454	2,713	2,561
Total current	12,774	14,145	14,954	16,373
Non-current				
Capital Loans from DHSC	3,769	5,302	3,769	5,302
Obligations under finance leases	100,296	108,576	98,057	105,522
Obligations under concession contracts	0	0	13,725	15,291
Total non-current	104,065	113,878	115,551	126,115
Total borrowings	116,839	128,023	130,505	142,488

The Foundation Trust has the following loans with the Department of Health detailed below:

Principal values	Original Loan	Balance	Balance	Interest Rate
	£000	outstanding at 31 March 2024	outstanding at 31 March 2023	
Original Advance Date	£000	£000	£000	%
September 2010	8,000	791	1,325	2.74%
June 2013	15,000	4,510	5,509	1.91%
Total balance outstanding		5,301	6,834	
Repaid in year		1,533		

20.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2023/24	Loans from DHSC	Other loans	Finance leases	PFI schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2023	6,868	0	121,155	0	128,023
Financing cash flows - principal	(1,533)	0	(14,032)	0	(15,565)
Financing cash flows - interest (for liabilities measured at amortised cost)	(132)	0	(4,656)	0	(4,788)
Additions	0	0	1,989	0	1,989
Lease liability remeasurements	0	0	2,399	0	2,399
Interest charge arising in year (application of effective interest rate)	125	0	4,656	0	4,781
Carrying value at 31 March 2024	5,328	0	111,511	0	116,839
Group - 2022/23	Loans from DHSC	Other loans	Finance leases	PFI schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2022 - brought forward	8,406	211	42,278	454	51,349
Impact of implementing IFRS 16 on 1 April 2022	-	-	68,677	-	68,677
Financing cash flows - principal	(1,533)	(211)	(12,103)	(454)	(14,301)
Financing cash flows - interest (for liabilities measured at amortised cost)	(167)	0	(4,605)	(13)	(4,785)
Additions	0	0	22,301	0	22,301
Interest charge arising in year (application of effective interest rate)	162	0	4,607	13	4,782
Carrying value at 31 March 2023	6,868	0	121,155	0	128,023

ANNUAL ACCOUNTS

20.2 Reconciliation of liabilities arising from financing activities

Trust - 2023/24	Loans from	Other loans	Finance leases	Service	Total
	DHSC			concession	
	£000	£000	£000	schemes	£000
Carrying value at 1 April 2023	6,868	0	117,768	17,852	142,488
Financing cash flows - principal	(1,533)	0	(13,744)	(2,636)	(17,913)
Financing cash flows - interest (for liabilities measured at amortised cost)	(132)	0	(4,427)	(277)	(4,836)
Additions	0	0	5,695	1,221	6,916
Interest charge arising in year (application of effective interest rate)	125	0	4,426	278	4,829
Carrying value at 31 March 2024	5,328	0	109,718	16,438	131,484

Trust - 2022/23	Loans from	Other loans	Finance leases	PFI and	Total
	DHSC			service	
	£000	£000	£000	concession	£000
Carrying value at 1 April 2022	8,406	211	40,979	10,732	60,328
Impact of implementing IFRS 16 on 1 April 2022	-	-	67,313	-	67,313
Financing cash flows - principal	(1,533)	(211)	(11,931)	(3,238)	(16,913)
Financing cash flows - interest (for liabilities measured at amortised cost)	(167)	0	(4,449)	(291)	(4,907)
Additions	0	0	21,406	10,357	31,763
Interest charge arising in year (application of effective interest rate)	162	0	4,450	292	4,904
Carrying value at 31 March 2023	6,868	0	117,768	17,852	142,488

21 Other liabilities

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Deferred income	30,736	22,955	30,736	22,962
Deferred grants	5,811	6,055	5,811	6,055
Total current	36,547	29,010	36,547	29,017
Deferred income	8,051	17,854	8,051	17,854
Total non-current	8,051	17,854	8,051	17,854
Total Other liabilities	44,598	46,864	44,598	46,871

22.1 Provisions for liabilities and charges

Group and Trust	Current		Non-current	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£'000	£'000	£'000	£'000
Pensions- Early departure costs	60	61	310	384
Pensions - Injury benefits	175	175	2,971	3,360
Legal claims	394	550	0	0
Clinician pension tax reimbursement	49	47	1,628	2,053
Other	1,800	1,660	0	0
Total	2,478	2,493	4,909	5,797

The movement in provisions on the cashflow differs from the movement by £243k, which relates to the unwinding of the discount, which is treated as a non-cash transaction.

Pensions - Early departure costs relates to future costs of early retirements where the Trust agreed in earlier years to fund the employee for full pension benefits; the "Other" provision relates to provisions for contractual obligation relating to specific projects.

22.2 Movements in Provisions for liabilities and charges

Group and Trust	Pensions- Early departure costs £'000	Legal claims £'000	Clinician pension tax reimbursement £'000	Pensions - Injury benefits £'000	Other £'000
At 1 April 2023	445	550	2,100	3,535	1,660
Change in the discount rate	(27)	0	(361)	(453)	0
Arising during the year	26	120	0	148	1,560
Utilised during the year - cash	(59)	(55)	(171)	(203)	(1,420)
Reversed unused	(30)	(222)	0	0	0
Unwinding of discount	15	0	109	118	0
At 31 March 2024	370	394	1,677	3,146	1,800
- not later than one year	60	394	49	175	1,800
- later than one year and not later than five years	240	0	116	608	0
- later than five years	71	0	1,512	2,362	0
Total	370	394	1,677	3,146	1,800

22.3 Clinical Negligence liabilities

Group and Trust	31 March 2024 £'000	31 March 2023 £'000
Amount included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust	353,010	442,706

23 Contingent liabilities

Group and Trust	31 March 2024 £'000	31 March 2023 £'000
Gross value of contingent liabilities	0	0
Net value of contingent liabilities	0	0

24.1 Related Party transactions

University Hospital Southampton NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health. It falls within the Department of Health and Social Care's (DHSC) consolidation boundary. DHSC is regarded as a related party. The DHSC is the parent department of the Trust. During the year University Hospital Southampton NHS Foundation Trust has had a number of material transactions with the DHSC and with other entities for which the DHSC is regarded as the parent department as listed below:

- NHS Foundation Trusts
- NHS Trusts
- Department of Health and Social Care
- Public Health England
- UK Health Security Agency
- Health Education England
- Integrated Care Boards and NHS England
- Special Health Authorities
- Non-Departmental Public Bodies
- Other Department of Health and Social Care bodies

The Trust has taken advantage of the exemption provided by IAS 24 'Related Party Disclosures', where the parent's own financial statements are presented together with the consolidated financial statements and any transactions or balances between group entities have been eliminated on consolidation.

ANNUAL ACCOUNTS

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 £0.3 million (2022/23: £0.2 million) receivables and £0 million (2022/23: £0.01m) with Southampton Hospital Charity. It has share capital of £0.8 million (2022/23: £0.8 million), receivables of £0 million (2022/23: £0.1 million) and payables of £0.2 million (2022/23: £0.04 million) with UHS Pharmacy Ltd. It has share capital of £36.0 million (2022/23: £36.0 million) and receivables of £0.2 million (2022/23: £52.8 million), payables of £132.6 million (2022/23: £114.5 million) and borrowings of £82.3 million (2022/23: £17.9 million) with UHS Estates Ltd. Transactions with related parties are on a normal commercial basis and are outlined below.

	Year ended 31 March 2024		Year ended 31 March 2023	
	Income £000	Expenditure £000	Income £000	Expenditure £000
Transactions with UHS Estates Ltd	1,563	104,491	15,279	64,064
Transactions with UHS Pharmacy Ltd	201	23,564	510	23,817
Transactions with Southampton Hospitals Charity	6,971	0	1,886	0

The most significant transaction that the Charity funded in-year was £1.5 million for various projects funded by a single major donor to the Trust.

24.2 Related Party transactions - Joint Ventures

As referred to in Note 1.4 of the accounts, the Trust has two joint ventures. The first, Southampton CEDP LLP, is jointly controlled by the Trust and Partnering Solutions (Southampton) Ltd. The latter is a wholly owned subsidiary of Prime Partnering Solutions Ltd. The Trust received £0.1 million (2022/23: £0.0 million) and was charged £1.4 million (2022/23: £1.8 million) from its joint venture for services rendered relating to capital projects and other developments. The second is jointly controlled by the Trust and Hampshire Hospitals NHS Foundation Trust, Wessex NHS Procurement Limited. The Trust received £0.0 million (2022/23: £0.7 million) and was charged £3.1 million (2022/23: £2.3 million) for services rendered. UHS Estates Ltd was charged £0.4 million (2022/23: £0.7m) for services rendered.

25 Capital Commitments

Group and Trust	31 March 2024 £000	31 March 2023 £000
Property, Plant and Equipment	5,938	12,460
Intangible assets	17,713	1,152
Imaging Infrastructure Support Service	18,618	17,647
Total	42,269	31,259

ANNUAL ACCOUNTS

26 Finance Lease obligations

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	12,701	16,586	12,084	16,648
- later than one year and not later than five years;	36,371	47,203	34,301	45,642
- later than five years.	84,256	91,523	83,813	89,793
Total gross future lease payments	133,328	155,312	130,198	152,083
Finance charges allocated to future periods	(21,817)	(34,611)	(21,459)	(34,315)
Net lease liabilities	111,511	120,701	108,739	117,768
Of which:				
- Current - invoiced / due but not yet paid	0	0	0	0
- Current - not yet invoiced / not relating to current year	11,215	12,125	10,682	12,246
- Non-Current	100,296	108,576	98,057	105,522

27 On-Statement of Financial Position (SOFP), PFI, LIFT and other service concession arrangements

The Trust identifies the following as service concession arrangements:

The various schemes entered into with its subsidiary, UHS Estates Ltd for the building and subsequent management of self-contained properties. These contracts are normally for 40 years. Cash flows are likely to be most affected by any decisions made about additional equipment to be incorporated into the building and then to be charged through the unitary charge. These are all buildings used for Trust services. The buildings include some major items of equipment which the Trust accounts for as embedded finance leases.

The buildings have been accounted for as Trust assets and therefore within Property, Plant and Equipment financed by capital payables. These capital payables are then written down against a portion of the unitary charge. These are accounted for as owned assets. The major pieces of clinical equipment within the buildings are accounted for as embedded leases within a service concession arrangement.

27.1 Imputed Finance Lease obligations

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Gross service concession liabilities				
- not later than one year	0	0	3,007	2,817
- later than one year and not later than five years	0	0	10,689	10,758
- greater than five years	0	0	4,409	6,053
Finance charges allocated to future periods	0	0	(1,667)	(1,775)
Net Concessions obligation	0	0	16,438	17,853
- not later than one year	0	454	2,713	2,561
- later than one year and not later than five years	0	0	9,690	9,781
- greater than five years	0	0	4,035	5,511
Total	0	454	16,438	17,853

ANNUAL ACCOUNTS

27.2 Total on-Statement of Financial Position (SOFP), LIFT and other service concession arrangements

Total future obligations under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
- not later than one year	0	0	86,804	75,761
- later than one year and not later than five years	0	0	347,216	303,044
- greater than five years	0	0	6,163,084	5,410,111
Total	0	0	6,597,104	5,788,916

The increase from the prior year is due to the contract for operation of Trust theatres.

27.3 Analysis of amounts payable to service concession operator

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
- Interest charge	0	13	146	159
- Repayment of finance lease liability	0	454	2,636	3,238
- Service element: chargeable to Statement of Comprehensive Income (SOC1)	0	1,158	77,637	59,870
- Service element: repayment re capital	0	0	3,178	1,955
Total	0	1,625	83,597	65,222

This note provides an analysis of the unitary payments made to the service concession operator.

28.1 Imaging Infrastructure Support Service commitments

Group and Trust	31 March 2024			31 March 2023		
	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	4,254	8,158	12,412	3,912	7,059	10,971
- later than one year and not later than five years	2,126	4,080	6,206	5,878	10,588	16,466
Total	6,380	12,238	18,618	9,790	17,647	27,437

The figures for finance lease interest and payments are also reflected in note 26.

28.2 Other Financial Commitments

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
- not later than one year	21,547	4,249	21,547	4,249
- later than one year and not later than five years	27,998	10,563	27,998	10,563
- greater than five years	38,166	31,762	38,166	31,762
Total	87,711	46,574	87,711	46,574

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements), analysed by the period during which the payment is made.

29 Post balance sheet events

The University Hospital NHS Foundation Trust Charity became an independent charity as of the 1 April 2024.

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.

Cash and cash equivalents at bank and in hand

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.

Interest rate 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 2024 are in receivables from customers, as disclosed in the trade and other receivables note 15.

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 2024 are in receivables from customers, as disclosed in the trade and other receivables note 15.

Liquidity risk

The Trust's operating costs are incurred under contracts with commissioners, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated funds together with funds obtained from external government borrowing when necessary, along with commercial sources through its finance lease and PFI arrangements.

30.1 Carrying value and fair value of financial assets

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Trade and other receivables (excluding non financial assets) - with NHS and DHSC bodies	27,466	47,391	27,466	47,391
Trade and other receivables (excluding non financial assets) - with other bodies	40,257	24,010	125,102	84,658
Other investments/financial assets	421	332	37,261	37,174
IAS 37 provisions which are financial liabilities	79,044	105,018	79,025	103,164
NHS Charitable fund financial assets	7,583	13,470	0	0
Total	154,771	190,221	268,854	272,387

All financial assets are held at amortised cost.

ANNUAL ACCOUNTS

30.2 Carrying value and fair value of financial liabilities

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
DHSC loans	5,328	6,868	5,328	6,868
Obligations under finance leases	111,511	121,155	108,739	117,768
Obligations under PFI, LIFT and other service concession contracts	0	0	16,438	17,852
Trade and other payables (excluding non financial liabilities) - with NHS and DHSC bodies	27,885	19,977	27,885	20,213
Trade and other payables (excluding non financial liabilities) - with other bodies	135,290	156,581	229,016	221,190
IAS 37 provisions which are financial liabilities	0	1,661	0	1,661
NHS Charitable funds: financial liabilities	415	242	0	0
Total	280,429	306,484	387,406	385,552

30.3 Maturity of Financial liabilities

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
- not later than one year	177,509	197,402	191,146	193,626
- later than one year and not later than five years	40,278	52,743	49,881	69,761
- greater than five years	84,256	91,523	135,000	166,655
Total	302,043	341,668	376,027	430,042

31 Limitation on auditor's liability

The liability of the Trust's external auditor Grant Thornton UK LLP, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1.0 million, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

