NHS
University Hospital Southampton
NHS Foundation Trust



ANNUAL REPORT AND ACCOUNTS 2025/26

Incorporating the quality account

University Hospital Southampton NHS Foundation Trust

Annual Report and Accounts 2025/26

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Welcome from the Chair and Chief Executive Officer

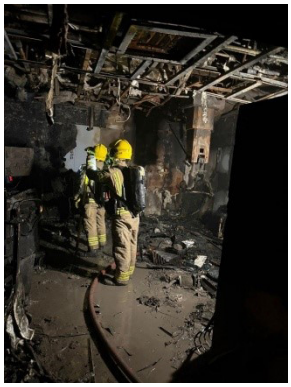
It has been a year of significant challenge for University Hospital Southampton NHS Foundation Trust ('UHS' or the 'Trust') but despite this, our organisation has continued to deliver high quality care to a growing number of patients across our region.

The last twelve months have seen efforts focussed on achieving financial sustainability, whilst meeting waiting list and performance targets.

It was a year in which our organisation responded to the most significant major incident fire to happen in a generation at an NHS site.

The response of our staff that day was exceptional, demonstrating remarkable dedication, resilience and an unwavering commitment to putting our patients first. The extent of the damage caused will continue to shape our future for months to come.

Major incident fire



In the early hours of Sunday 1 February 2026, an electrical fire broke out in the endoscopy department at Southampton General Hospital. Due to the remarkable efforts of staff, 502 patients were evacuated to other areas of the hospital, and nobody was seriously injured as a result of the fire. The courageous actions of staff during the evacuation undoubtedly saved lives. Trauma and wellbeing support services for staff were set up and remain in place for staff in need of wellbeing and psychological support.

Our immediate focus in the early stages of the major incident was to ensure that all patients were cared for safely. It is in these moments when we see the very best of the NHS and our staff, working alongside other NHS organisations, the emergency services and voluntary organisations, enabled all affected patients to go to sleep that night in a recognised bed space, something that seemed impossible in the immediate aftermath of the evacuation.

Over the following days, we were grateful for the response of partner organisations in health and social care to provide additional out-of-hospital capacity so that the number of patients ready, but unable to be discharged, nearly halved. Without this system-wide response, the impact of the fire on bed capacity would have led to significant bed shortages which would undoubtedly have had a devastating impact on our ability to maintain our elective surgery programme – putting more patients at risk of harm. A key challenge for the Trust in 2026/27 will be to maintain this reduced demand for beds, especially as the number of patients medically ready to leave but unable to be discharged has begun to increase.

The fire destroyed all seven endoscopy rooms and the associated equipment. Endoscopy is a key diagnostic procedure so steps were swiftly taken in the aftermath of the fire to create alternative temporary provision through other providers in the NHS and the private sector, and to

procure mobile endoscopy suites at both Southampton General Hospital and at Adanac Park.



Whilst the smoke and water damaged areas are being repaired, the Trust is working with far fewer beds than normal and many teams have needed to be relocated to other areas of the hospital, which has disrupted services and their day-to-day working. For example, the loss of important adjacencies, such as needing to separate ophthalmology eye theatres from the associated short-stay beds, has put pressure on efficiency and the number of patients who can be treated. Again the staff in affected teams have shown remarkable flexibility and resilience to ensure the care provided to patients remains at the highest quality.

The Trust expects the rebuild of a major section of the West Wing to take up to 18 months to be completed and is using the rebuild as an opportunity to review how and where services are delivered to improve both patient experience and the efficiency of the hospital.

A challenging financial plan

The Trust agreed a challenging financial plan for 2025/26 based on a breakeven position at year end, supported by the Trust's largest ever cost savings target of £110m, largely delivered through a reduction in workforce size, reducing dependency on agency and bank staffing and the non-replacement of a wide range of roles.

However, the Trust reported a deficit of £45m at year end, which, whilst in line with its mid-year re-forecast, still represented a significant variance to its 2025/26 plan. This variance was caused by a number of factors, including:

- Continued increased demand for services over and above the level of funding agreed in 'block' contracts – as a result, the Trust carried out significant levels of unfunded activity.
- Pay award pressures and the costs of industrial action.
- Consistently high numbers of patients having no criteria to reside and the need to employ additional staff to care for patients presenting with a mental health need who would be better cared for in an alternative setting.

Whilst the Trust was impacted by the factors above, it is acknowledged that there is more that the Trust can do in a number of these areas, such as length of stay and timeliness of discharges.

During the year, the Trust delivered savings of £95.1m which, despite being its highest ever level, fell short of the target.

Performance

Throughout the year, the Trust sought to balance delivery of its annual financial and workforce plans with the provision of high-quality services and compliance with constitutional targets like waiting times.

Due to the Board's decisions in late 2025 to permit some targeted additional recruitment and to buy additional capacity in the independent sector, the Trust was able to increase elective activity to reduce waiting lists. As a result, the Trust was successful in reducing the number of patients waiting over 52 weeks to 1,116, the number waiting over 65 weeks to 53, and the number of patients waiting over 78 weeks to zero at the end of March 2026. In addition, during March 2026, 63.5% of patients on 'referral to treatment' pathways were seen within the 18-week standard.



The Trust has continued to maintain strong performance against the key cancer metrics, especially against the 28-day standard and the 62-day standard. The Trust reported performance above the average for the NHS in England, with average performance reported for the year of 79.16% against the 28-day standard (NHS average: 77.10%), and an average for the year of 75.11% against the 62-day standard (NHS average: 71.44%). However, the loss of the endoscopy capacity following the fire has had a significant impact in this area due to the resultant loss of diagnostics capacity.

Demand for non-elective care remained high throughout the year. However, despite this, Emergency Department performance improved materially during 2025/26, recording performance against the four-hour standard in March 2026 at 70.25%, some 13% higher than in March 2025. This placed the Trust fourth against national teaching hospitals and also fourth against all hospitals in the South East region.

Our People

Our people are our greatest asset, without whom we would not be able to deliver for the communities we serve. The year has been extremely challenging for the Trust's workforce, as it has had to manage increasing demands for service with a need to reduce the overall size of the Trust's workforce to a more affordable level. The disappointing results in the 2025 Staff Survey, which showed a marked decline in engagement scores, are a clear indicator of the impact that 2025/26, and the difficult decisions which needed to be taken, have had on the Trust's workforce.

The challenging workforce targets notwithstanding, the Trust has continued with recruitment of newly qualified nurses and midwives during the year so there remains a pipeline for our future nursing and midwifery workforce. The Board made this decision ahead of the Government's announcement of the 'Graduate Guarantee' in summer 2025.

Similarly, the Trust has continued to strengthen its clinical workforce, including newly qualified doctors. The Trust meets almost all the requirements set out in the '10-Point Plan for Improving the Lives of Resident Doctors' and has worked hard to make further progress in this area.

The ongoing dispute between the Government and the British Medical Association and subsequent industrial action by resident doctors, caused disruption for patients, placed additional pressures on staff as well as additional costs on the Trust. Although the Trust has managed these episodes of industrial action well and with very limited impact on elective, emergency and out-patient services, we have been reliant on staff who are willing to take on additional work to cover vacant shifts. At the time of writing, the parties remained in dispute, and whilst the Trust cannot influence in this space, we would encourage an agreed settlement to be reached as soon as possible in the interests of our

patients and our people.

Looking Forward

It is likely that 2026/27 will be another challenging year, albeit the Trust is more confident it can achieve its targets than in 2025/26. The Trust has set itself challenging financial and performance targets in line with the expectations of Government and NHS England. The Trust will have to make significant savings to deliver a sustainable financial position, we believe that continual cutbacks is not a long-term solution to sustainability. Instead, the Trust must transform by embracing digital innovations and enabling clinicians and support services to radically change the way in which services are delivered. Aligning our work to the key themes of the NHS Ten Year Plan will guide our transformation, providing services in the community rather than hospital settings, focusing on improving the health of our population and adopting digital innovation will underpin our improvement.

Repairing and rebuilding the fire damaged areas of the building will be an ongoing challenge for 2026/27, but in doing so, we are excited by the opportunity to build back stronger and better for our patients and staff.

We would also like to take this opportunity to thank Gail Byrne, who retired in April 2026 having joined the Trust in 2010 and who served as the Trust's Chief Nursing Officer since 2015.

In closing, we would like to express our heartfelt gratitude to our outstanding people, who consistently go above and beyond to put our patients first and deliver outstanding care.



Jenni Douglas-Todd
Chair



David French
Chief Executive Officer

From the Chair:

In January 2026, the Trust's Chief Executive Officer, David French, announced his intention to stand down in the third quarter of 2026. I would like to thank David for his stewardship of the organisation over the last five years as Chief Executive Officer. Much has been achieved during that time, including the expansion of some of our services and major capital projects to improve the Trust's estate. His commitment and dedication to the organisation have been unwavering and we wish him all the best in his future endeavours.

Jenni Douglas-Todd
Chair

PERFORMANCE REPORT



Performance report

Introduction from the Chief Executive Officer

This year was another challenging year, with the Trust continuing to experience increased demand for its services against a backdrop of a significant financial challenge. The fire on 1 February 2026 placed further strain on the Trust's performance but did give rise to a reduction in the number of patients having no criteria to reside.

Throughout the year, the Trust had to balance the need to deliver quality patient care and significant financial savings at the same time that demand for services was increasing.

The Trust reported a deficit for the year of £45m, and whilst this was in line with its mid-year re-forecast, this figure was still a significant variance from its 2025/26 plan. The Trust had set itself a challenging savings target and achieved savings under its Cost Improvement Programme of £95.1m. However, this remained short of the £110m target.

A key driver of the Trust's deficit, as has been seen in previous years, was the number of patients having no criteria to reside. At times the number of such patients was approaching 300 and was typically c.250 at any one time throughout the year. In addition, patients presenting with a mental health need also required significant resources for their care, including use of agency staff.

Whilst the number of patients having no criteria to reside did reduce in the immediate aftermath of the fire, the number began to climb once again toward the end of the year and the loss of approximately 150 beds in the fire placed further strain on the Trust's capacity.

Despite the challenges, the Trust was successful in improving performance in a number of areas, including Emergency Department waiting times, reducing its Referral To Treatment waiting list, addressing patients waiting more than 52 weeks, and in terms of its performance against the key cancer metrics.

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 approximately £1.5 billion in 2025/26. It is based on the coast in southeast England and provides services to 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
166,000
inpatients and day patients, including about 75,000 emergency admissions

sees over
770,000
people at outpatient appointments

deals with around
155,000
cases in its 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.
- **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.
- **Lymington New Forest Hospital** – a community hospital located in Lymington managed by Hampshire and Isle of Wight Healthcare NHS Foundation Trust. UHS manages surgical services at the hospital.

The services provided by the Trust are commissioned and paid for by the Hampshire and Isle of Wight Integrated Care Board (ICB) and, in the case of more specialised services (such as treatments for rare

conditions), by NHS England. 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.

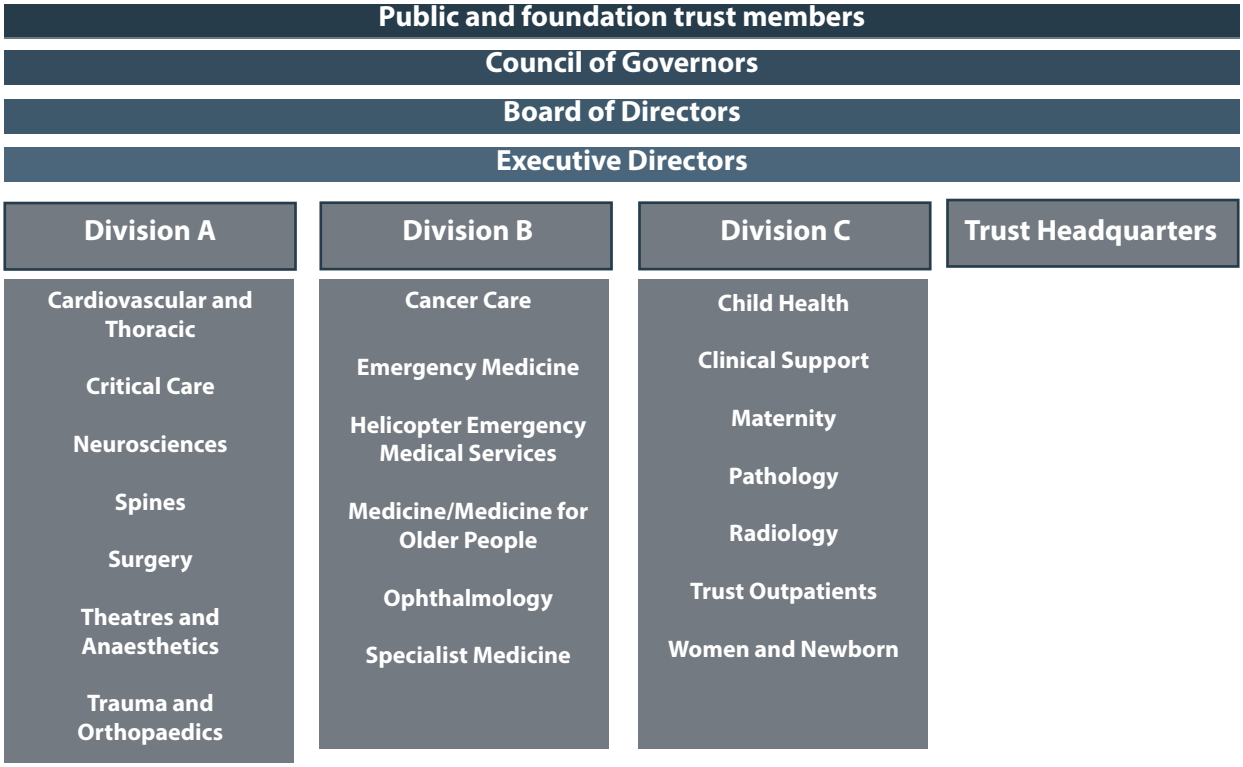
Since 1 July 2022, the Trust has been part of the Hampshire and Isle of Wight Integrated Care System when this was established through the Health and Social Care Act 2022. Each ICS has two statutory elements: an integrated care partnership (ICP) and an integrated care board.

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 FIRST

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

WORKING TOGETHER

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.

ALWAYS IMPROVING

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
Outstanding patient outcomes, experience and safety 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.	• 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.
Pioneering research and innovation 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.	• 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.
World class people 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.	• 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.
Integrated networks and collaboration We will deliver our services with partners through clinical networks, collaboration and integration across geographical and organisational boundaries.	• 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.

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.	• 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 2025/26 these objectives included:

Outstanding patient outcomes, experience and safety	Improve patient experience and outcomes through continued implementation of the 'Fundamentals of Care' programme.
	Deliver the quality priorities for 2025/26.
	Deliver the objectives of the elective programme, including achievement of national targets for Referral To Treatment (RTT) improvement.
	Deliver the objectives of the Urgent and Emergency Care programme, including achievement of national target for Emergency Department performance improvement.
Pioneering research and innovation	Deliver year five of the research and innovation investment plan.
	Deliver year two of the revised five-year research and development strategy implementation plan for Research for Impact.
World class people	Deliver a workforce plan for the Trust for 2025/26 which meets the national planning requirements and is safe, sustainable and affordable.
	Deliver targeted improvements in staff experience, engagement and culture.
Integrated networks and collaboration	Develop network relationships within the Integrated Care System, including progression of shared services work with partners.
Foundations for the future	Deliver the financial plan for 2025/26, supported by delivery of schemes within the Improving Value programme.
	Deliver the prioritised 2025/26 capital programme and set a prioritised capital plan for 2026/27, as well as setting aspirations for future year programmes.
	Progress key strategic objectives for the year.

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

At the end of 2025/26, the Trust had met the objectives set as follows:

Corporate Ambition	Number of objectives	Green	Amber	Red
Outstanding patient outcomes, safety and experience	4	2	2	0
Pioneering research and innovation	2	1	1	0
World class people	2	0	0	2
Integrated networks and collaboration	1	0	1	0
Foundations for the future	3	1	1	1
Totals	12	4	5	3

Note:
Green: achieved in full
Amber: partially achieved
Red: not achieved

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

- Improved patient experience and outcomes through continued implementation of the 'Fundamentals of Care' programme.
- Successful delivery of the Trust's quality priorities for 2025/26.
- Successful delivery of the Trust's 2025/26 capital programme and setting a prioritised capital plan for 2026/27.

The Trust did not meet its objectives in terms of the delivery of the financial and workforce plan for 2025/26, and in terms of delivery of improvements in staff experience, engagement and culture. Further details can be found on pages 20-23, 34 and 106-108.

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 2025/26 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 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.

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.

Capacity	As has been seen in previous years, the Trust continued to experience increased demand for its services. The number of patients who presented to the Emergency Department each month increased from 12,900 in April 2025 to 13,300 in March 2026 (3.2%). Despite this increased demand, the Trust was successful in improving its performance against the 4-hour standard from 60.7% in April 2025 to 70.25% in March 2026. Referrals for elective treatment remained broadly consistent throughout the year, with between 24,000 and 28,000 referrals being accepted each month. The Trust was successful in reducing the size of its Referral To Treatment waiting list to below 60,000 and in reducing the number of long-waiters, such that only 1,116 patients had waited more than 52 weeks in March 2026. Throughout most of the year, the Trust was operating with a high number of patients who had no clinical criteria to reside, with this number approaching 300 at times. This placed significant pressure on the Trust's available capacity at a time of high demand. In the immediate aftermath of the fire, the number of such patients reduced significantly, but the number is now beginning to increase once again. The loss of seven endoscopy suites and approximately 150 beds in the fire on 1 February 2026 has had a significant impact on the Trust's operations, as can be seen in the decline in performance in a number of areas since this incident occurred.
Quality and compliance	Throughout the year, the Trust's overriding priority has been to protect and enhance the quality of patient care. Safety, experience and outcomes were key considerations in terms of the Trust's decision-making, especially in terms of balancing the need to maintain quality and performance whilst delivering challenging financial savings. The Trust's Equality and Quality Impact Assessment process was an integral part of decision-making. The Trust continued to monitor quality through its established assurance programmes. In addition, clinical leaders monitored key quality, safety and patient experience indicators such as falls and pressure ulcers. Peer reviews were conducted, including Matron-led walkabouts centred around the CQC's five domains. As part of the Clinical Accreditation Scheme, clinical areas completed self-assessments of performance and review teams conducted on-site visits. The Fundamentals of Care programme - focusing on getting the basics right - continued to be embedded in the Trust. Particular areas of focus included hand hygiene, supported by audits, and management of intravenous cannulas. The Trust also continued to enhance the quality of its Mortality and Morbidity meetings, especially in terms of sharing of learning arising from these meetings. The roll out of the National Safety Standards for Invasive Procedures 2 (NatSSIPs 2) continued. In order to strengthen support for patients, families and carers, the Trust developed its Patient and Family Support Hub to provide a single, accessible source of practical and emotional assistance.

	Health inequalities and the addressing of these has been a core priority for the Trust, with embedded measures to tackle inequality, supported by strong executive leadership. The Trust further developed its implementation of Martha's Rule, with new clinical leadership, updated materials, and enhanced communications around the Call4Concern pathway. The Trust strengthened its mechanisms to empower patients and families to raise concerns around deterioration and the Trust has been invited to share its learning nationally. During the year, the Trust refreshed its approach to tackling violence, aggression and abuse directed at staff by patients or members of the public. The Trust established a Violence, Aggression and Abuse Board, chaired by the Chief Operating Officer, which has considered cases of violence, aggression and abuse, and has issued sanctions and restrictions against both patients and members of the public. This area is of key importance for the Trust in ensuring that its staff feel safe and able to work in a respectful environment. Further information can be found in the Quality Account.
Partnerships	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 Provider Collaborative Board and the Health and Wellbeing Board. The Trust develops and agrees its annual financial plans with the Integrated Care Board. 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. 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. 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.
Workforce	The Trust ended the year above its workforce plan by 539 whole-time-equivalents. During 2025/26, the Trust faced a significant challenge in delivering savings under its Cost Improvement Programme. This included a target to reduce the size of its workforce by 780 whole-time-equivalents. In order to do so, the Trust carried out a Mutually Agreed Resignation Scheme. In addition, the Trust implemented controls on recruitment, including prohibiting all non-clinical recruitment, as well as further restrictions on use of temporary staffing. The Trust continued to maintain a low level of use of agency staff throughout the year and indeed reduced its reliance on agency staff even further.

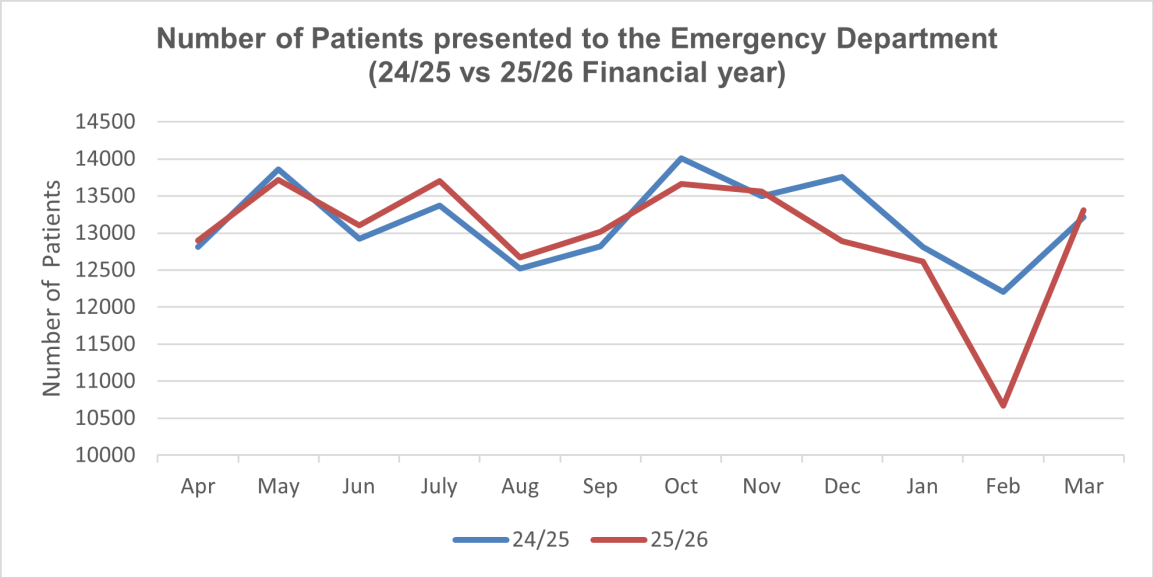
Workforce	This environment placed significant challenges on the Trust's workforce at a time of increasing demand for services, and the impact of this can be seen in the results of the 2025 Staff Survey, which showed lower levels of engagement. In addition, the rolling 12-month sickness absence rate of 4.1% was higher than the Trust's target of 3.7%. Toward the end of 2025, the Trust carried out some recruitment to support the delivery of its elective targets to address patients waiting in excess of 65- and 52-weeks. In common with the rest of the NHS in England, the Trust had to manage a number of episodes of industrial action by resident doctors as part of the ongoing dispute by the British Medical Association. The Trust made significant progress in increasing the number of signed-off consultant job plans as well as in terms of compliance with the actions outlined in the 10 Point Plan to improve resident doctors' working lives.
Estates	The Trust invested £69m in 2025/26, covering new estate, backlog maintenance, digital infrastructure, and new and replacement equipment. The investment included circa £10m to reduce the level of backlog maintenance, supported by the NHS Estates Safety Fund, as well as decarbonisation initiatives. The Trust commenced investment in a new Urgent Treatment Centre, as well as modernisation of Histopathology and investment in digital. The Trust also incurred additional capital expenditure in relation to fire recovery, in particular with endoscopy equipment and mobile units. The level of backlog maintenance within the Trust, as with many NHS organisations, continues to grow despite financial support from both the Trust and NHS England, creating pressures of keeping clinical services live against the requirement for critical maintenance and replacements.
Innovation and technology	Over 2025/26 the Trust continued to drive better health and care through research and innovation. Its strategic partnerships with the University of Southampton and Wessex Health Partners were core to this. The year saw life-changing treatments enter the NHS, developed through pivotal UHS studies. These included: • Vaccination against a life-threatening respiratory virus for pre-term babies. • A paperclip-sized sensor enabling at-home monitoring of heart conditions • New 'prehabilitation' guidelines to improve cancer outcomes by getting patients fit for surgery • A new Cystic fibrosis treatment tackling specific genetic mutations In September 2025, the Trust became host for the new £16m National Institute for Health and Care Research (NIHR) Applied Research Collaboration Wessex. This builds on a previous award, driving research in the NHS regionally and nationally.

Sustainable financial model	The Trust reported an end-of-year deficit of £45m in 2025/26. This was despite achieving £95.1m of savings under the Trust's Cost Improvement Programme. Although the Trust made progress during the year in reducing its underlying deficit, this was not achieved at the rate necessary to deliver a breakeven position for 2025/26. This underlying deficit also placed pressure on the Trust's cash position and as a result the Trust required additional cash support from NHS England during the year. The demand for services funded via a 'block' contract, such as urgent and emergency care, was also a key contributor to the Trust's deficit, as the Trust carried out significant levels of unfunded activity. The number of patients no longer meeting the criteria to reside and patients presenting to the Trust with a primary mental health need placed further pressure on the Trust's finances. The fire on 1 February 2026 had a major impact on the Trust's operations and the assessment of the total impact on the Trust's financial position is ongoing.

Performance analysis

Emergency access through the emergency department

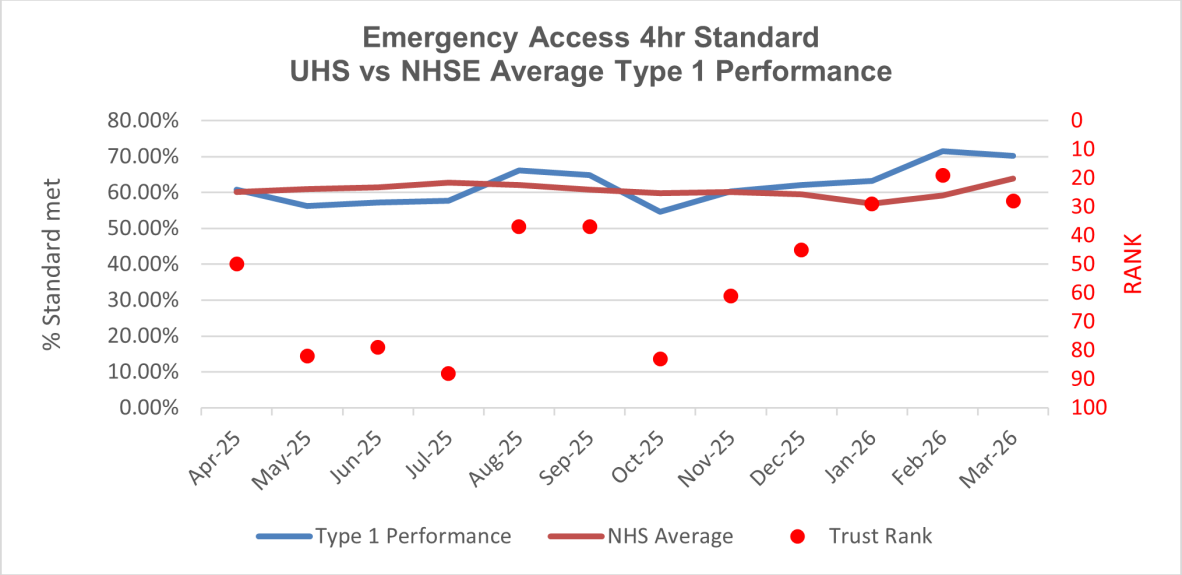
The Trust continued to experience high demand from patients during 2025/26. This demand remained above 13,000 patients per month during the period between September and November 2025, with an average of approximately 12,983 patients per month during the year. Due to the fire on 1 February 2026 and the steps taken by the Trust in the immediate aftermath, which included temporarily shutting its Emergency Department and other steps to reduce demand, the number of patients reduced significantly to 10,670. However, the following month, demand again increased back up to previous levels.



This high demand impacted the timeliness of care, and the Trust failed to meet the national target of 95% of main emergency department/type 1 attendances being seen within four hours.

The Trust's performance in this area fluctuated during the year but did improve from 60.7% in April 2025 (50th best-performing trust in England) to 70.25% in March 2026 (28th best-performing trust in England).

Throughout much of the year, there was a high number of patients with no clinical criteria to reside – typically in excess of 250 at any one time – which placed additional pressure on the Trust's capacity, as patients were unable to move from the Emergency Department onto other areas of the hospital. The number of such patients reduced significantly following the fire on 1 February 2026 to approximately 130. However, the number has steadily increased since that time.

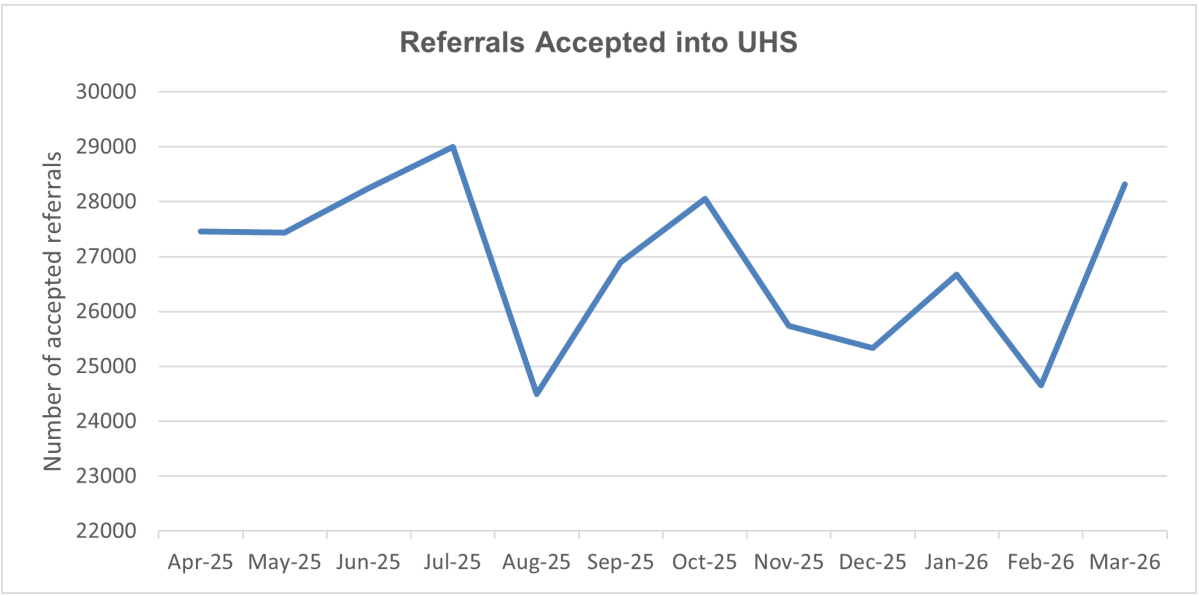


Ambulance handovers are an area of focus for NHS England, with a target of all handovers having to take place within 15 minutes and none waiting more than 30 minutes. The Trust continues to monitor ambulance handover performance via its monthly performance report.

Elective waiting times

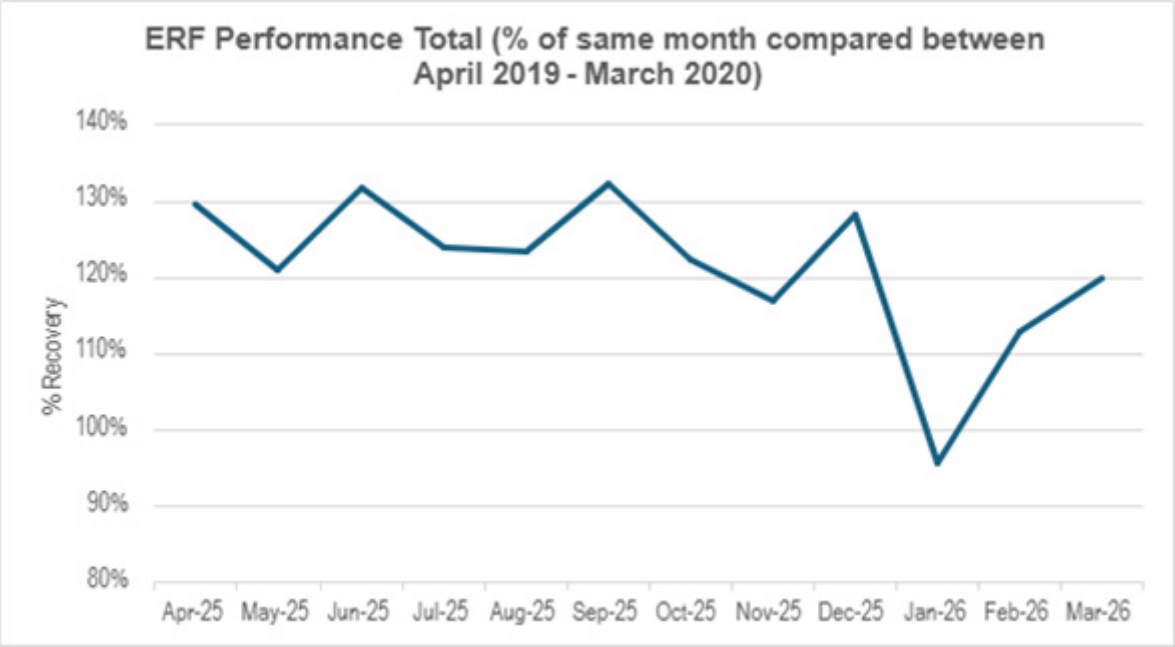
Demand

Demand for elective treatment remained high, as has been seen in previous years. July 2025 saw the highest number of referrals at 29,001 patients, with an average of 26,858 referrals being accepted each month.



Activity

For much of the year, the Trust continued to deliver activity above that in 2019/20 under the Elective Recovery programme, with an average of 121%.



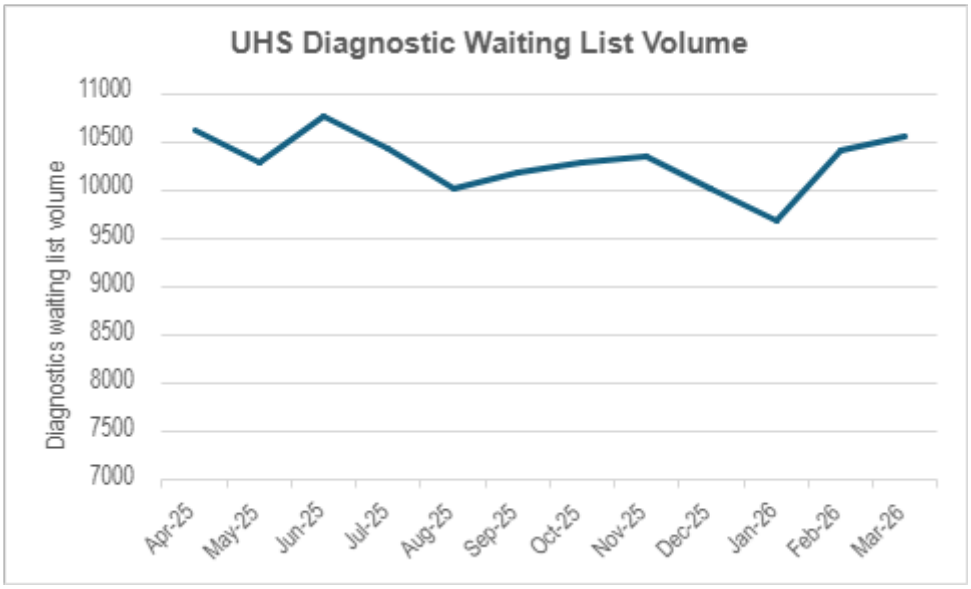
Note: the Trust's ERF performance above is the overall combined performance for daycases, elective spells, outpatient first attendances and outpatient procedures.

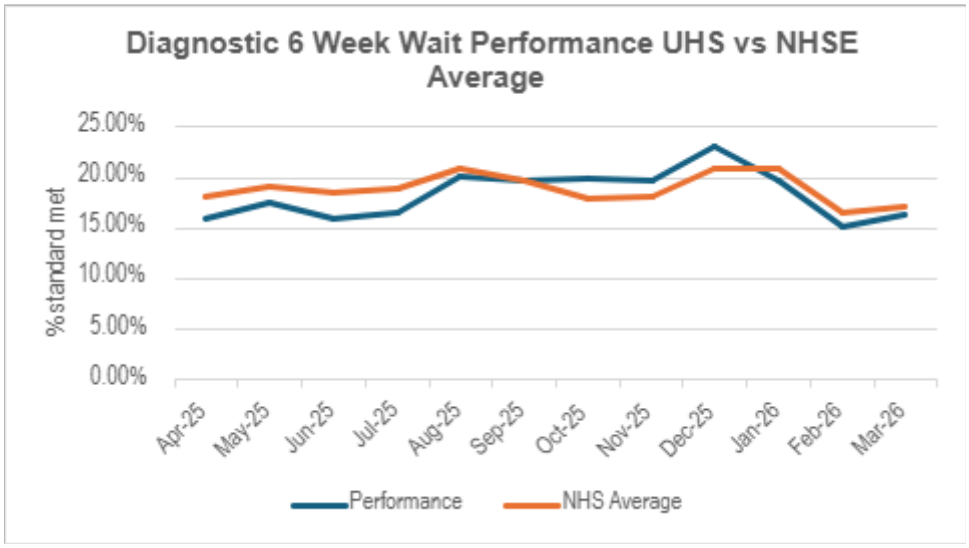
Diagnostics

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

During the year an average of 18.3% of patients were waiting more than six weeks for a diagnostic test to be performed compared to the NHS England average of 18.9%. Whilst over the course of the year the Trust reported a gradual increase in the percentage of patients waiting more than six weeks, peaking in December 2025, the period since this point saw a reduction in the percentage toward the Trust's starting point for 2025/26.

The size of the waiting list gradually reduced over the course of the year until February 2026. The loss of significant diagnostics capacity in the fire on 1 February 2026 caused an increase in the waiting list, as the Trust took steps to introduce alternative arrangements, including mobile endoscopy units.





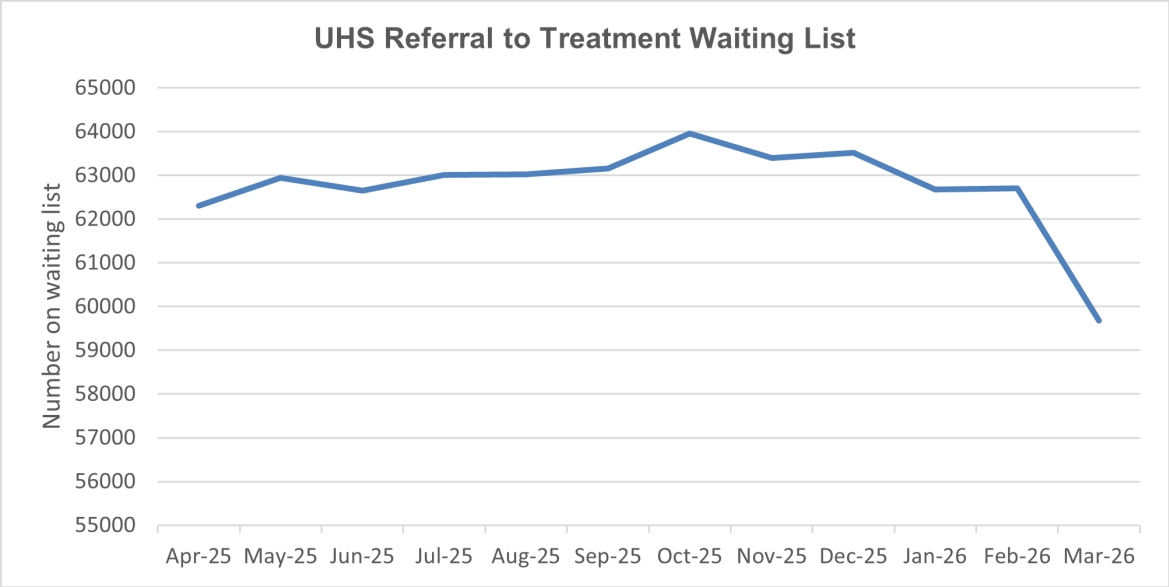
Referral to Treatment (RTT)

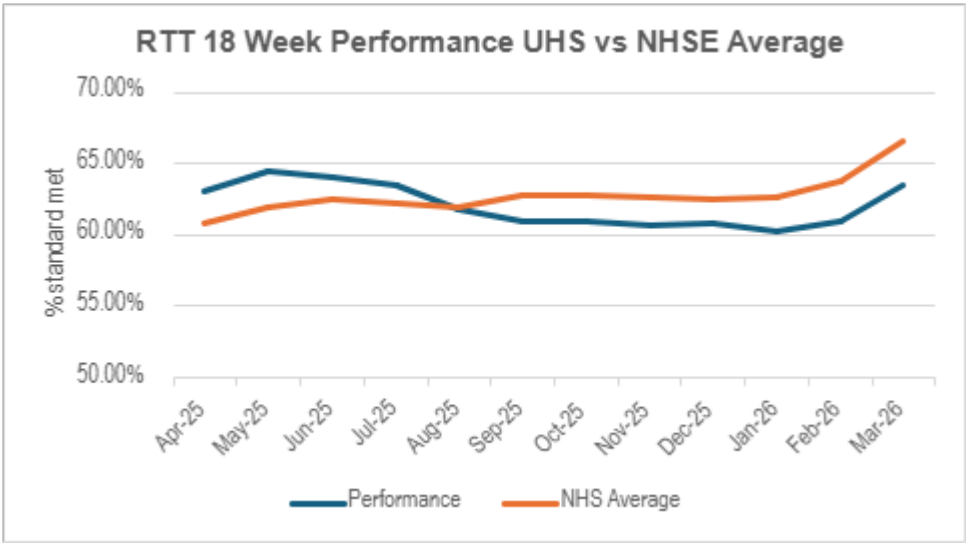
The number of patients being referred for treatment continued to increase throughout much of 2025/26, with around 63,000 patients being referred each month. The number of patients being referred for treatment declined significantly in March 2026 due to the impact of the fire.

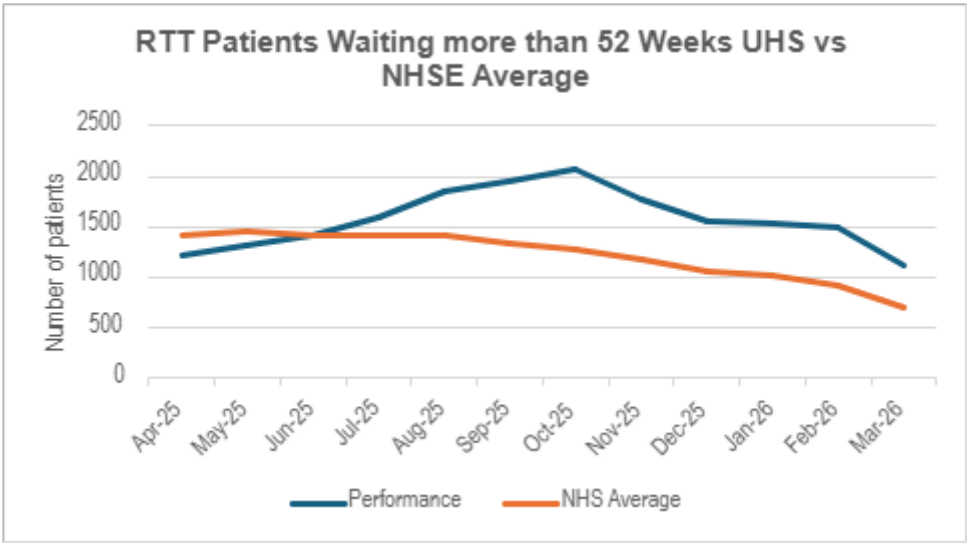
The Trust's performance against the Referral To Treatment 18-week standard remained relatively consistent throughout the year at 62%, with a range of between 60% and 64% each month.

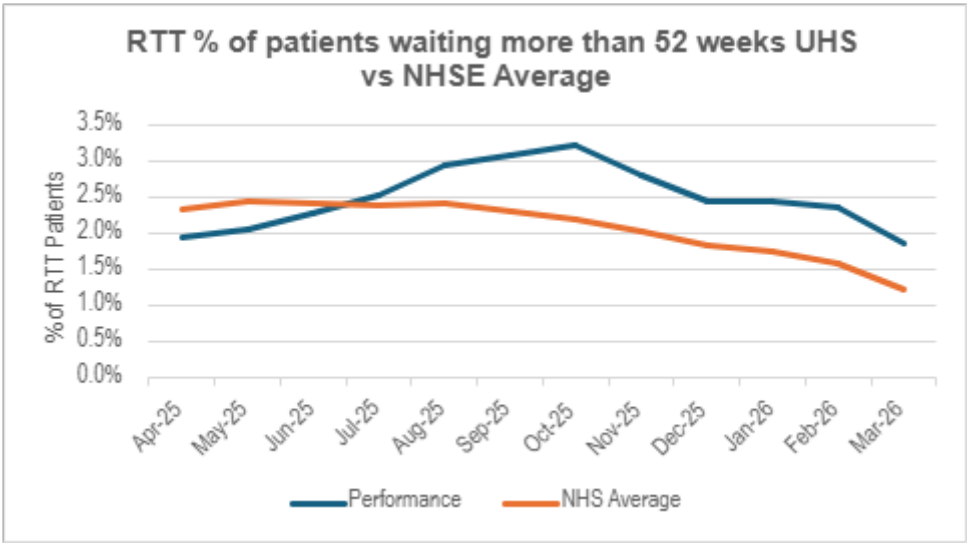
The Trust saw a steady increase in the number of patients waiting over 52 weeks for treatment between April and October 2025. The Board took the decision to increase the Trust's capacity, including use of available capacity in the independent sector, in order to address the number of patients waiting over 65 and 52 weeks, which the Government had set as one of its priorities. As a result, by the end of March 2026, the Trust successfully reduced the number of patients waiting over 65 weeks to 53 and the number waiting over 52 weeks to 1,116.

There have been no reported two-year waits since November 2022 and there are no patients reported as having been waiting more than 78 weeks.









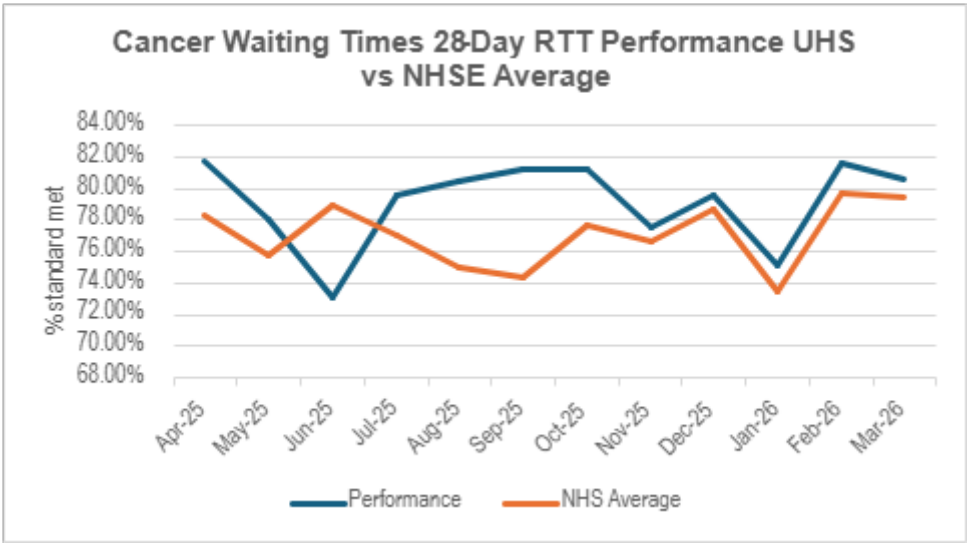
Cancer waiting times

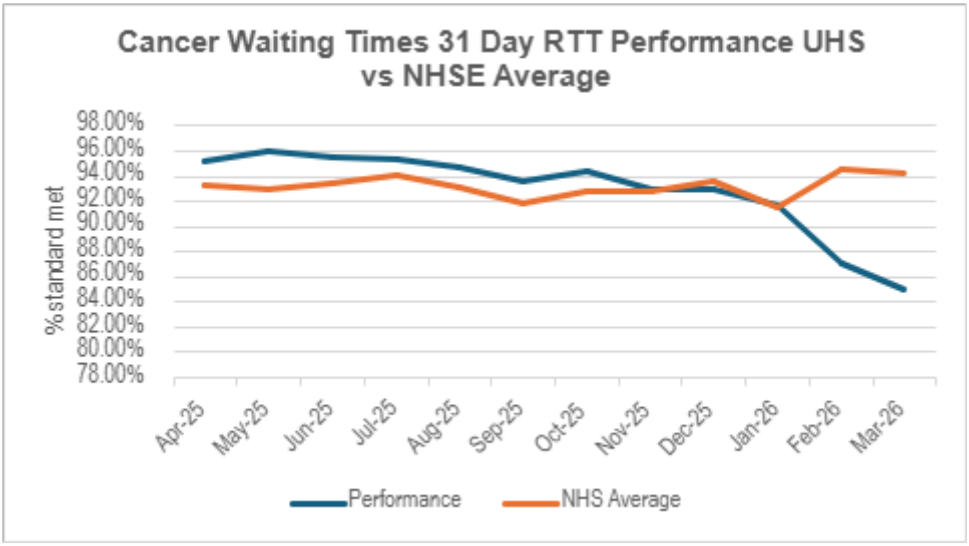
The Trust is one of 12 regional cancer centres in the UK offering treatment for rare and complex cancers as well as cancer in children and brain cancer.

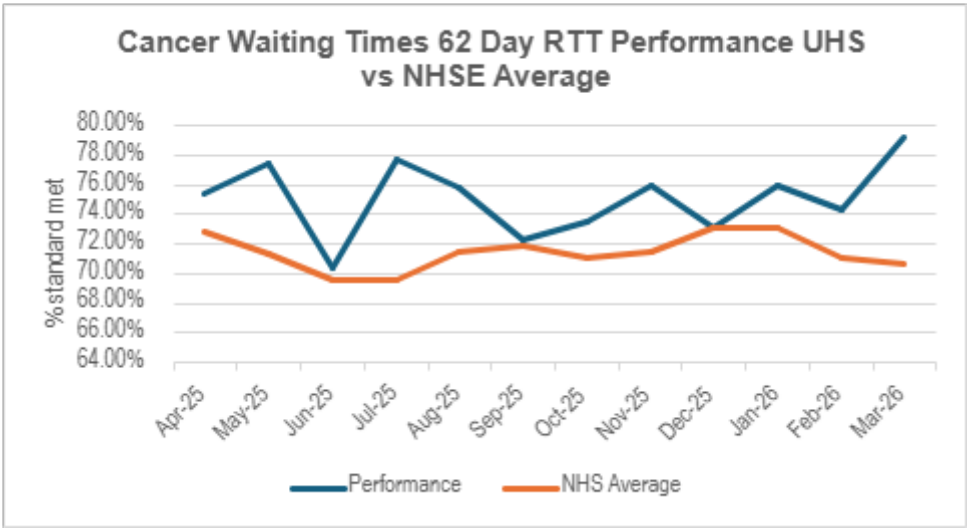
The Trust saw a decline in its performance against the 28-day faster diagnosis standard for cancer during the first quarter of the year, but then saw performance improve such that the Trust remained generally above the average for the NHS in England and achieved 80.57% at year end.

The national target was for 96% of patients to commence treatment within 31 days of diagnosis. The Trust's performance declined slightly over the course of the year from 95.21% in April 2025 to 91.67% in January 2026. However, its performance was generally above the average for the NHS in England. The fire on 1 February 2026 and consequent loss of diagnostics equipment has caused a reduction in performance to 84.96% in March 2026 as the Trust sought to introduce alternative arrangements.

The Trust has continued to make progress against the target for treatment of cancer within 62 days of an urgent GP referral, with performance consistently above the average for the NHS in England, peaking at 79.19% in March 2026.


Cancer Waiting Times 28-Day RTT Performance UHS vs NHSE Average
% standard met
84.00%
82.00%
80.00%
78.00%
76.00%
74.00%
72.00%
70.00%
68.00%
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
Mar-26
Performance
NHS Average


Cancer Waiting Times 31 Day RTT Performance UHS vs NHSE Average
% standard met
98.00%
96.00%
94.00%
92.00%
90.00%
88.00%
86.00%
84.00%
82.00%
80.00%
78.00%
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
Mar-26
Performance
NHS Average


Cancer Waiting Times 62 Day RTT Performance UHS vs NHSE Average
% standard met
80.00%
78.00%
76.00%
74.00%
72.00%
70.00%
68.00%
66.00%
64.00%
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
Mar-26
Performance
NHS Average

Quality priorities

Priorities for improvement 2025/26

Every year all NHS hospitals in England must prepare and publish an annual report for the public about the quality of their services. This Quality Account is intended to make trusts more accountable to patients and the public which helps drive improvement in the quality of services. The Trust's quality account for 2025/26 can be found on pages 134-260.

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 provided?

Last year, the Trust upheld its commitment to delivering the highest standard of care, influenced by various national, regional, local, and trust-wide factors. Throughout the year, there was unprecedented demand on services and the need to contend with challenges related to operations, capacity, patient flow, infection prevention, and safety. Despite these difficulties, the Trust was confident in its ability to maintain focus on quality priorities. Teams worked diligently to achieve their goals under these challenging circumstances.

The Trust achieved all six of the quality priorities set.

Quality Priority One	
Establishing and developing the patient and family support hub to address disease inequalities and meet the needs of all our patients, families, and carers (Year Two)	**Achieved**
A soft relaunch of the Patient and Family Support Hub has been completed following the end of the Macmillan partnership. Funding secured from the League of Friends is now enabling phased estates improvements, with the first project of the installation of a Carers' Shower, which opened in April 2026. In addition, unpaid-carer monthly drop-in sessions have been introduced, alongside the integration of Volunteer Responders who provide support with patient discharge and the repatriation of equipment.	

Quality Priority Two	
Improving the care of the dying patient and those important to them.	**Achieved**
The UHS 5 Year End of Life Care Strategy was successfully launched, alongside the introduction of new family information booklets and an end of life discharge checklist to better support patients and their families. A symptom observation chart and accompanying clinical guidance were also implemented to improve care quality and consistency. In addition, the Butterfly Volunteer service has been expanded, with further recruitment planned to strengthen support provision.	

Quality Priority Three	
Acuity and deteriorating patients across UHS: Adults/paediatrics/maternity and neonatal	**Achieved**
Deterioration surveillance has been strengthened through the introduction of monthly acuity reporting and a NEWS2/biochemistry dashboard, supporting more proactive patient monitoring. Insights from ICU and cardiac arrest reviews are now actively informing both education and governance processes. Call 4 Concern and Martha's Rule processes have been enhanced with updated materials and the appointment of a dedicated clinical lead. Education provision has been expanded to build staff capability. In Neonatal services, NEWTT2 has been launched with strong audit compliance, while also identifying key areas for further improvement. Progress is being measured through metrics such as observation frequency compliance, accuracy of early warning scores, reductions in unplanned ICU admissions and deterioration related incidents, cardiac arrest rates, sepsis screening compliance, and training completion rates across clinical teams, alongside NEWTT2 audits demonstrating correct identification and monitoring of most eligible babies.	

Quality Priority Four	
Fundamentals of Care (year two)	**Achieved**
The Fundamentals of Care board has maintained strong governance, with over 100 staff trained and the delivery of new learning disability and autism focused training to enhance inclusive care. The GRACE mobility and rehabilitation trial has been launched, incorporating "What Matters to Me" boards to support personalised care planning. Outpatients have also joined the Fundamentals of Care programme, supported by the launch of a self assessment tool and increased visibility through website updates and onsite materials. These efforts have contributed to a reduction in related incidents and a significant decline in patient care complaints, alongside consistently strong patient experience feedback.	

Quality Priority Five	
Implementation of the national safety standards for invasive procedures (NatSSIPs)	**Achieved**
Strong governance arrangements have been established through the creation of NatSSIPs oversight and invasive procedures committees. Safer surgery and minor procedure policies have been updated, including the introduction of harmonised stop points checklists to standardise practice. More than 2,200 staff have completed training, alongside the expansion of simulation and teamwork training to further enhance safety culture. Compliance has been strengthened through audits, safety walkabouts, and greater patient involvement. In addition, the Trust has participated in the national CHECKPOINT study and delivered a Trust wide workshop to support learning and improvement.	

Quality Priority Six	
Fundamentals of Care (year one)	**Achieved**
Over the past year, good progress has been made across five improvement themes, particularly in addressing health inequalities through tobacco dependency, obesity, and hypertension. Key achievements include expanding smoking cessation support, development of obesity services, and improved hypertension identification. The Trust has strengthened data and measurement through a new health inequalities dashboard, while organisational enablement has progressed via targeted support and governance despite training constraints. Engagement has improved through increased patient and staff involvement and wider sharing of learning. Strategically, health inequalities are now embedded in Trust priorities, supported by strong governance, improved organisational maturity, and ongoing collaboration with partners.	

Further details on how the Trust delivered and measured its quality priorities, alongside feedback from patients and staff, and the improvement aims and priorities for 2026/27, are available in the Trust's 2025/26 Quality Account.

Financial performance

The Trust delivered a deficit of £45m from a revenue position of £1.5bn.

The Trust commenced the year with an underlying deficit. This was due to cost pressures such as demand for services above block contract levels, additional costs associated with the numbers of patients who no longer meet the criteria to reside, and additional costs for supporting patients with a primary mental health need. Although the Trust's underlying deficit did improve during the year, it did not do so at the necessary pace to deliver the Trust's 2025/26 annual financial plan.

The Trust delivered savings of £95.1m (>6%) under its Cost Improvement Programme. Whilst this was a significant achievement, this amount still fell short of the target of £110m. The Trust also faced a number of unexpected cost pressures during the year.

The Trust's total capital expenditure for 2025/26 was £69m, which included investment in strategic maintenance, digital programmes, and decarbonisation schemes. The Trust also commenced works to deliver a new Urgent Treatment Centre, located alongside the Emergency Department, as well as significant investment in the development of Histopathology services.

Trust cash and cash equivalents finished the year at £46m. However, the Trust faced periods in the year where additional cash support was required from NHS England to maintain a positive cash balance, with £28m received.

The fire on 1 February 2026 has had a significant impact on the Trust, the financial impact of which is still being assessed. It is anticipated that the costs of recovery will be covered by the Trust's insurers.

Sustainability

The climate emergency is a health emergency, with climate change posing a significant threat to both human health and the planet. The World Health Organisation identifies it as the greatest health challenge facing humanity. The NHS, contributing around 5% of the UK's carbon footprint, must act urgently to mitigate its impact. Many aspects of care, such as surgery and intensive care, are resource-intensive, requiring a shift towards more sustainable healthcare delivery.

Sustainable healthcare means helping people stay well, empowering patients to manage their conditions, reducing unnecessary interventions, optimising resource use and switching to lower carbon alternatives, where possible. These changes not only improve health outcomes but can also reduce costs. In October 2020, the NHS became the world's first health service to commit to achieving net zero carbon emissions, reinforcing the need for urgent action. This commitment was further emphasised by Lord Darzi in his independent review of the NHS in England, highlighting that health and climate goals are often mutually reinforcing and that the NHS must remain committed to its net zero ambitions. The Fit for the Future 10-year health plan for England also stipulates that the NHS's commitments to delivering a Net Zero health service must be prioritised.

The Trust set out its response to the net zero challenge via its Green Plan, updated in 2025. It outlines how the organisation is planning to help address environmental and sustainability issues at a local level, the metrics that are being measured and the progress made since the first Trust Green Plan was published in 2022.

During 2025, the Trust continued to work towards becoming a more sustainable trust, with progress on ambitions declared in its Green Plan reported against each of the ten key areas covered within the document:



Delivery of the Green Plan is overseen by a reporting structure that ensures clear visibility of both progress and challenges across all priority areas and allows for both strategic and operational decisions to be made in a timely and effective manner.

UHS is committed to meeting national NHS sustainability targets and delivering on its own Green Plan commitments. Embedding sustainability across all Trust activities is essential to protecting current and future health. Below is an update on the Trust's progress in delivering net zero and environmental sustainability objectives structured to report on compliance against the Task Force on Climate-related Financial Disclosures (TCFD) framework.

Requirements and Targets

The Health and Care Act 2022 requires all NHS trusts to contribute to statutory emissions and environmental targets. Trusts must align with the Delivering a Net Zero NHS report and support:

- NHS Net Zero targets, achieving net zero by 2040 for direct emissions (with an 80% reduction by 2028-2032) and by 2045 for indirect emissions (with an 80% reduction by 2036-2039).
- Environmental targets in the Environment Act 2021, and 2024 biodiversity net gain requirements.
- Adaptation to climate change impacts identified in the 2008 Climate Change Act.

Additional sustainability requirements are outlined in key NHS policies and reports, including:

- Delivering a 'Net Zero' National Health Service Report.
- NHS Long Term Plan.
- NHS Standard Contract, Service Conditions SC18.
- NHSEI Guidance on updating the Joint Forward Plan – duty as to climate change.
- NHS Estates Net Zero Carbon Delivery Plan and Technical Annex.
- NHS Net Zero Travel and Transport Strategy.
- NHS Net Zero Building Standard.
- NHS Net Zero Supplier Roadmap and related guidance, and Procurement Policy Notices PPN 06/20, PPN 002, PPN 06/21, PPN 006, and the Public Services (Social Value) Act 2012.

The Care Quality Commission (CQC) includes environmental sustainability as part of their assessment under the Well-Led section of the single assessment framework. Trusts must demonstrate that staff and leaders:

- Understand that climate change is a significant threat to the health of people who use services, their staff, and the wider population.
- Empower their staff to understand sustainable healthcare and how to reduce the environmental

impact of healthcare activity.
- Encourage a shared goal of preventative, high quality, low carbon care which has health benefits for staff and the population the providers serve, for example, how a reduction in air pollution will lead to significant reductions in coronary heart disease, stroke, and lung cancer, among others.
- Have Green Plans and take action to ensure the settings in which they provide care are as low carbon as possible, ensure energy efficiency, and use renewable energy sources where possible.
- Take active steps towards ensuring the principles of net zero care are embedded in planning and delivery of care. Low carbon care is resource efficient and supports care to be delivered in the right place at the right time.

Meeting these targets is challenging but essential. Addressing climate change protects public health and ensures a sustainable, cost-effective healthcare system for the future. Transitioning to low-carbon healthcare is vital for the NHS to fulfil its net zero commitment.

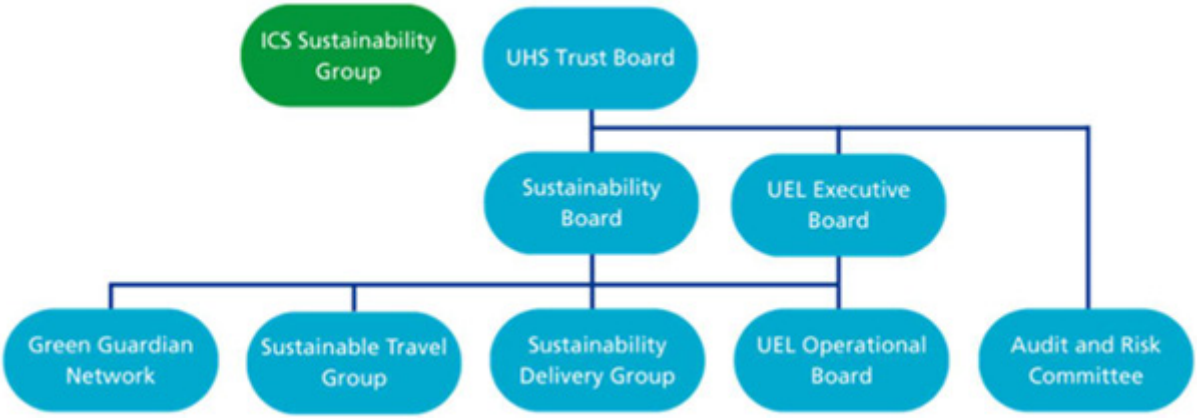
Compliance with Task Force on Climate-related Financial Disclosure (TCFD)

Reporting: Principal Risk Assessment Compliance Statement
UHS has reported on climate related financial disclosures consistent with HM Treasury's TCFD aligned disclosure application guidance, which interprets and adapts the framework for the UK public sector. UHS considers climate to be a principal risk and has therefore complied with the TCFD recommendations for Governance, Risk Management, Strategy and Metrics & Targets, covered within the following sections.

TCFD Pillar 1: Governance
Board Oversight
Since introduction of the first Green Plan, sustainability has been embedded in reporting structures within the Trust, with bespoke committees introduced to support delivery of specific elements of the Plan. This structure is subject to periodic change and ensures that sustainability action and climate risk is visible at all levels of the Trust.

The updated UHS Green Plan published in October 2025 sets the direction for the Trust over the next three years (2025-28) as it works towards the delivery of a sustainable healthcare system. It has been developed with a broad range of stakeholders and reflects their aspirations and ambitions for a sustainable future. The current team composition and reporting structure is summarised below.

Management Roles
The Trust Sustainability Board is led by the Chief Medical Officer and Board level lead for Sustainability, supported by a dedicated Sustainability Team to oversee compliance with Green Plan requirements, report progress towards targets and engagement across the Trust on sustainability actions. The Sustainability Board is supported by clinical sustainability leads, and representatives from operational functions across the Trust. Group meetings were held four times during 2025/26, with formal progress reports presented to the Trust Board and Trust Investment Group. There are a number of different sub-groups that cover different sections of the Green Plan that report into the Sustainability Board, as set out in the diagram below and within the Trust Green Plan.



The Trust recognises that climate change considerations need to be strengthened within capital investment decision making and prioritisation, in terms of the long-term estates strategy and procurement strategy. Green Plan delivery ambitions and dashboard metrics influence executive objectives, and sustainability deliverables are also embedded within Trust priorities and the board dashboard.

The Trust continues to work with colleagues across the regional Greener NHS network and to collaborate with other NHS trusts in the region and other stakeholders and local organisations, such as University of Southampton, University of Winchester and local authority partners to progress key workstreams and to share information and good practice.

TCFD Pillar 2: Risk Management

Risk Identification and Assessment

Climate related risk identification is integrated within existing risk management processes. Risks are recorded via the SafeGuard Incident Management System and Ulysses Risk Register. Risks can be highlighted as actions from business continuity plans or arising from climate change as well as lessons learned from incidents. Risks are also captured from regularly held Operational Safety Meeting Groups, e.g. ventilation, water hygiene, electrical safety, asbestos management, fire safety.

Risks are managed through the Board Assurance Framework and assessed using an impact and likelihood matrix outlined in the risk assessment guidance document. Risk management is monitored through the Audit and Risk Committee, Compliance and Governance, Senior Manager Team Briefs, Corporate Health and Safety Committee, Facilities Governance Meetings, and Safety Groups (to collect updates on progressing risks).

Risk Management

As part of the established risk management and emergency planning cycle, the Estates Compliance team ensures that Trust-wide business continuity plans and relevant departmental plans consider climate change related risks, such as severe weather events (including heatwaves, cold and ice, storms, and flooding). These risks are documented on the Estates, Facilities and Capital Development Risk Register and an associated action plan is in place to minimise these effects. Prioritisation of the Green Plan and progress towards Net Zero targets is recognised as a risk at an organisation level via the Board Assurance Framework, although climate risk and adaptation are not specifically referenced at present.

The Hampshire and Isle of Wight Local Resilience Forum also has a Community Risk Register as required by legislation. This risk register considers climate related risks. As part of the Local Resilience Forum work programme, exercises are planned around risk as identified on the community risk

register and plan reviews.

In terms of risk monitoring, the NHS and other responders receive frequent updates directly from the Met Office and from UKHSA relating to the potential impact on public health. This information supports planning updates and response preparedness for all local resilience forum partners. Additionally, all relevant teams identified in both the Heatwave Response Plan and Severe Weather: Storms, Flooding, Cold and Snow Response Plan are signed up to both UKHSA Heat Health Alerts, UKHSA Cold Health Alerts and all Met Office Severe Weather Warnings.

Risks are evaluated and assessed in accordance with the Trust's risk management processes and framework. Once risks have been assessed, any identified control weaknesses and gaps are documented and appropriate mitigation strategies agreed. Actions developed to further mitigate the risk are documented in an action plan and tracked until complete.

The Trust has not yet been able to quantify financial exposure to climate risk, such as the costs related to overheating incidents, flooding, storm damage or service interruptions. The changing climate and related increase in extreme weather events may cause supply chain interruptions. Transition risks also need to be taken into consideration; these include high capital costs to upgrade the aging estate in terms of increasing insulation, improving building airtightness and moving away from fossil fuels to low carbon heating and renewable energy generation. Failure to meet the mandated emission reduction targets could also lead to the risk of regulatory or legal penalties and reputational damage.

Overall Integration

Climate related risks are integrated into existing risk management processes and are assessed and managed within the risk processes. There is a climate related risk on the UHS Board Assurance Framework. This is the risk of failing to reduce our environmental impact and contribution to climate change and air pollution (including supporting the NHS carbon net zero targets) which will impact the long-term sustainability of services.

However, from a strategic perspective more work needs to be done to further integrate climate risk awareness into finance and commercial functions, to ensure consideration of these risks in future investment and spending decisions.

TCFD Pillar 3: Strategy

Risks and Opportunities over time horizons

UHS is reviewing how it undertakes climate-related risk assessment and mitigation, recognising that to date, actions have been primarily reactive (i.e. taking local action for immediate short-term impact) rather than proactive and adaptive. It is recognised that there is a need for actions that also support mid- and long-term improvement and have incorporated climate risk as a fundamental consideration for estate master-planning.

Between December 2025 and March 2026, the Sustainability Team hosted a policy placement from the University of Southampton, to help move adaptation (and climate risk assessment) forward as part of the Trust Green Plan. This placement resulted in a policy briefing and delivery actions set out in following sections.

From a strategic perspective, many of the actions required to mitigate the risks relating to climate change do bring significant opportunities, including energy cost savings, innovation, improved digital care and lower-cost procurement. They also introduce opportunities to bid for central decarbonisation funding to drive forward positive change and realise energy efficiency, carbon and cost savings.

Impacts

The policy briefing identified the following impacts and actions:

- The dominant climate change related threat likely to impact Hampshire is rising temperatures, including more frequent heatwaves, with predicted temperature increases of 3.4°C by 2070.
- Adaptation to enhance climate resilience is the least progressed element of the UHS Green Plan.
- The main challenges to effective adaptation strategies, as outlined by The Climate Change Committee and the Extreme Heat Risk Governance Toolkit are:
  - o Limited and disconnected financial mechanisms that do not facilitate multi-year financial planning
  - o Fragmented, uncoordinated policies, and lack of enabling legislative or regulatory support
  - o Reactive, short-term management approaches
  - o Lack of clear roles and responsibilities
  - o Data gaps and lack of information integration and a clear and common taxonomy
  - o Inequitable impact on vulnerable populations
- An exploratory thematic analysis was conducted on overheating incident data recorded across the Trust estate during Summer 2025. Incident reports were examined and risk implications highlighted. The main themes identified are summarised in the table below:

Key Theme	What is happening (Work as Done)	Risk Implications
Risk predictability	Overheating incidents cluster in summer periods with clear seasonality.	Overheating is predictable and recurrent, requiring anticipatory action.
System vulnerability	Frequent incidents where internal temperatures reach ≥30°C in clinical and treatment rooms.	Confirms significant estate vulnerabilities and increased patient safety risks.
Monitoring & detection	Incidents triggered through recorded temperatures, alerts, or staff observations.	Monitoring works but early warning may still be constrained by local capacity.
Preventive controls	Recurring incidents in similar rooms indicate inconsistent control effectiveness.	Preventive measures insufficient under sustained heat, raising operational risk.
Response & escalation	Actions are mainly local and reactive (fans, ventilation, estates escalation).	Reactive approaches raise risk of delayed escalation during severe heat events.
Staff & patient welfare	Environmental issues recorded; welfare actions not consistently visible in data.	Reactive approaches raise risk of delayed escalation during severe heat events.
Learning & debrief	Recurring overheating incidents suggest only partially closed learning loops.	Persistent risks without full integration of learning into estate processes.

- Overall, the case study highlights that UHS has strong detection and response processes in place, but sustained heat events repeatedly expose structural and systemic limitations – underscoring the need for more proactive, long-term adaptation supported by clearer national governance, mandated expectations for heat-risk management, and sustained top-down investment to ensure the estate remains safe, resilient, and able to withstand future climate pressures.

Scenario Analysis

Formal scenario modelling has not yet been completed, e.g. to demonstrate the resilience of the Trust's strategy in respect of various scenarios such as a 2 degree or lower scenario where strong mitigation is achieved, or a high emissions scenario of 3 degrees or higher over the short (to 2030), medium (2050) or longer term (2100 +). This requires more time, additional expertise and resource to develop.

However, the policy briefing identified the following recommendations for increasing focus and action on climate related risk and estate adaptation:

Strengthen NHS Climate Adaptation Support and Guidance

- Lobby for clear, detailed national guidance on climate adaptation beyond the high-level commitments in the NHS Green Plan, with financial mechanisms to support action.
- Embed adaptation requirements into core health policies, annual planning guidance, and ICS assurance processes to increase organisational buy-in.
- Clarify roles, responsibilities, and minimum standards for Trust-level adaptation planning, supported by practical tools for risk assessment and anticipatory action.

Establish Dedicated, Ring-Fenced Funding for Adaptation

- Create multi-year, ring-fenced funding streams for climate-resilient estates and overheating mitigation to reduce reliance on reactive, high-cost interventions
- Enable innovative financing models (e.g., public-private partnerships, matched funding) to accelerate large-scale estate upgrades.

Enhance Workforce Preparedness for a Changing Climate

- Integrate climate-risk management, heat-health awareness, and adaptation competencies into clinical and non-clinical training pathways.
- Prioritise UEL teams in adaptation training to ensure ageing buildings are upgraded and new builds avoid overheating risks.
- Strengthen workforce resilience to protect patient safety, maintain service continuity, and reduce productivity losses during climate-related events.
- Formalise reporting and benchmarking across Trusts to support consistent data collection and measurement of the impact of corrective actions.

TCFD Pillar 4: Metrics and Targets

Metrics

UHS continues to roll out a package of energy efficiency improvements via funding awarded through the Public Sector Decarbonisation Scheme (PSDS), to ensure that its buildings can cope with the impact of the changing climate and reduce environmental impact. Works are progressing to deliver a heat pump facility aimed at replacing the old gas boilers, expected to reduce carbon footprint by approximately 2,000 tonnes CO2e, and a solar car port has been installed on top of the multi storey car park to provide additional on-site energy generation. Once fully commissioned, the project will generate approximately £83,000 financial savings and reduce carbon emissions by approximately 47 tonnes.

In January 2025, the Trust received £100,000 from the NHS Energy Efficiency Fund to expand the electricity live sub-monitoring system at Southampton General Hospital. This system enhances visibility and understanding of power usage in buildings, enabling targeted actions to reduce energy waste. It also provides insights into essential and non-essential loads, which is crucial as service demand increases.

Across clinical pathways the Trust has continued to make good progress in terms of reducing environmental impact as a result of its activities and adopting triple bottom line principles in decision making. Notable impacts include:

- Appointment of a clinical lead with oversight of net zero clinical transformation.
- Engagement with patient pathways, including the recognition of sustainability priorities in Quality and Patient Safety Partnerships.
- Support for direct action by clinical teams to implement operational change projects, for example reducing the use of printers in the endoscopy department.
- Decommissioning of nitrous oxide manifolds, transitioning to cylinders.
- Improved waste segregation compliance in theatres, and ICUs.
- Cessation of single use inhalers in the paediatric emergency department, and transition from Ventolin to Salamol branded inhalers, halving related greenhouse gas emissions/CO2e.
- RCN-led 'Gloves Off' campaign to reduce unnecessary single use glove use.
- Stopped routine use of the anaesthetic gas desflurane and switched to lower carbon alternatives (currently 0.4% of total volatile anaesthetic gas use across the Trust).
- Implemented reusable fabric gowns and hats in theatres.
- Introduced systems and processes to reduce medication waste and return any unused medication to the pharmacy.
- Implemented a walking aid reuse scheme across all three sites reducing waste and saving money.
- Introduced remanufactured catheters in cardiac treatment pathways.

The majority of these interventions have reduced operational costs as well as improving sustainability outcomes. Further details on progress are available in the Trust's Green Plan.

The Trust updated its travel plan in January 2026, setting objectives and targets relating to staff, patient and visitor travel options and working closely with local authority partners. The 2025 Travel Survey indicated that 37% of Trust staff currently drive as their primary mode of transport, which is a significantly lower percentage than other trusts as a result of good connectivity via other modes. The updated travel plan therefore focuses on further improvements to facilities for sustainable travel and increasing use of the Park & Ride facility at Adanac Park, for those with no option other than driving.

The Trust has taken additional steps to electrify its fleet vehicles, with the addition of charging facilities and electric vehicles for our Estates Team. Planning is also underway to support the migration of the ambulance fleet to full electric, working with regional partners. This switch to electric vehicles will contribute to the reduction in air pollution from the Trust's transport fleet, and associated vehicle movements, benefitting staff, patients and the environment.

Overall, the Trust continues to make good progress towards its sustainability objectives and has a robust structure in place to report and measure impact, aligned with its updated Green Plan. The early focus for 2026 is to add resource to the delivery team, with recruitment of a Sustainability Manager and development of cross-trust relations to support increased impact and visibility.

Emissions

UHS energy and emission data is reported at regular intervals via Estates Returns Information Collection (ERIC) submissions, ensuring a robust and consistent dataset and allowing for open comparison across trusts.

Following NHS England guidance, the Trust does not calculate its carbon footprint independently. Key metrics of the Trust Green Plan link back to ERIC data and reporting outputs on the Greener NHS Dashboard and Green Plan Support Tool, which are used to generate NHS-wide carbon reporting and comparison data for trusts.

NHS bodies are not required to disclose or develop processes to disclose scope 1, scope 2 and scope 3 emissions, as emissions estimates for the NHS in England are provided by the Greener NHS team. Metrics used to assess climate-related risks and opportunities have instead been provided within the green plan dashboard. This includes procurement related metrics due to the importance of addressing scope 3 emissions.

Targets

To support clear and concise reporting on Green Plan progress, the sustainability team is developing an updated Green Plan reporting dashboard which picks out some of the key benefits resulting from the document and aligns with Green Plan key performance indicators and NHS England reporting metrics. This will align with reporting processes adopted at Hampshire Hospitals NHS Foundation Trust. This process will be in place for the first annual update of the Green Plan, in the third quarter of 2026.

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 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. Further information about the work of the Audit and Risk Committee and the Trust's approach to counter fraud can be found in the Accountability Report.

Events since the end of the financial year

There have been no significant events since the end of the financial year affecting the Trust's financial position.

Overseas operations

The Trust does not have any overseas operations.

Equality in service delivery

Tackling health inequalities is a key priority for the NHS. It is a moral imperative to address unfair, avoidable differences in health outcomes and experience. Addressing these gaps ensures equitable access to care, reduces long-term demand and improves health outcomes and life expectancy for those impacted.

In Southampton, health is worse than the national average, with people living fewer healthy years - about 59 years for both men and women, compared to around 61 years on average in England. Over two-thirds of adults are overweight or obese, and nearly 10% of pregnant women smoke. These problems show clear health inequalities linked within the region and the Trust need to work with its partners across the system to reduce the impact of inequalities.

UHS has been working to have an impact on health inequalities for several years. In 2024/25 these efforts were formalised with a governing board, chaired by the Chief Medical Officer and with a clear programme of improvement based on recognised priorities. The Trust has also set annual quality priorities, overseen by the Board.

The Trust intends to continue to grow its understanding and actions as an organisation, improving the equity of access, outcomes and experience of services across the community.
During 2025/26, the Trust set ambitious improvement aims around five themes:

- Improving care in areas of clinical priority
- Data and measurement
- Enabling the organisation
- Communications and engagement
- Strategy and programme delivery

Progress has been made in all these areas in the last year.

Clinical priorities
The Trust set three clinical priorities related to health inequalities for centralised support: tobacco dependency, hypertension and obesity. These were chosen using Core20PLUS5 methodology and health inequalities evidence, in collaboration with public health teams within the Local Authorities, and the Integrated Care Board, based on national evidence related to significance of impact on health inequalities, where it was felt an acute hospital could have greatest impact, and the most prevalent

challenges for the local population.

Tobacco dependency

The Trust's ambition was to improve services and support for patients and staff who smoke and to demonstrate improved access to care. From population health data it is known that Southampton has an above national average percentage of smokers in the population (c.18.4%).

Current smokers (18+), taken from population health platform data (as at 30 April 2026)

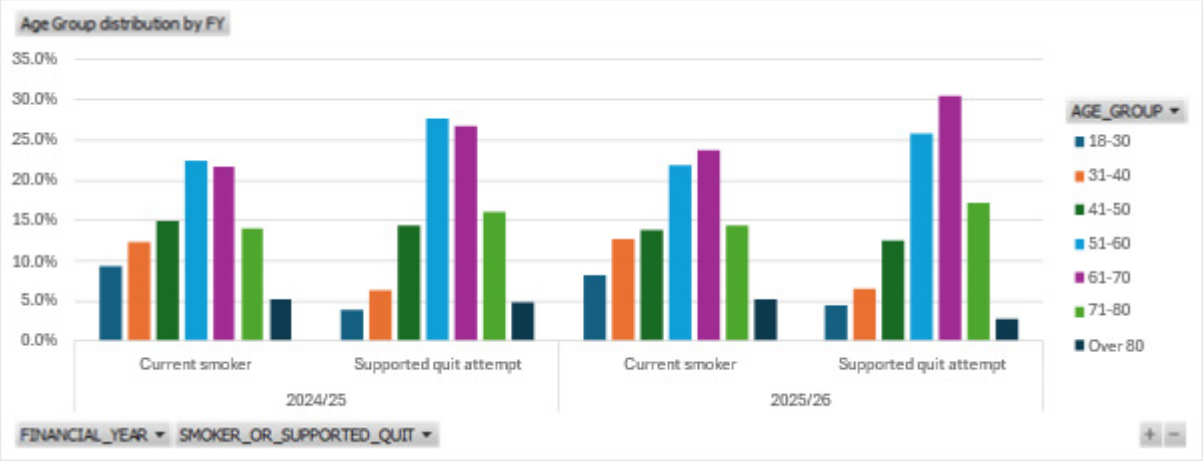
Area	Population	Current smokers	Current Smokers %	No record of Smoking Status	Current Smokers (where status recorded)
South West Hampshire	271,890	31,113	11.40%	4.90%	12.00%
Southampton	269,045	44,170	16.40%	10.80%	18.40%
Total	**1,569,667**	**220,744**	**14.10%**	**5.70%**	**14.90%**

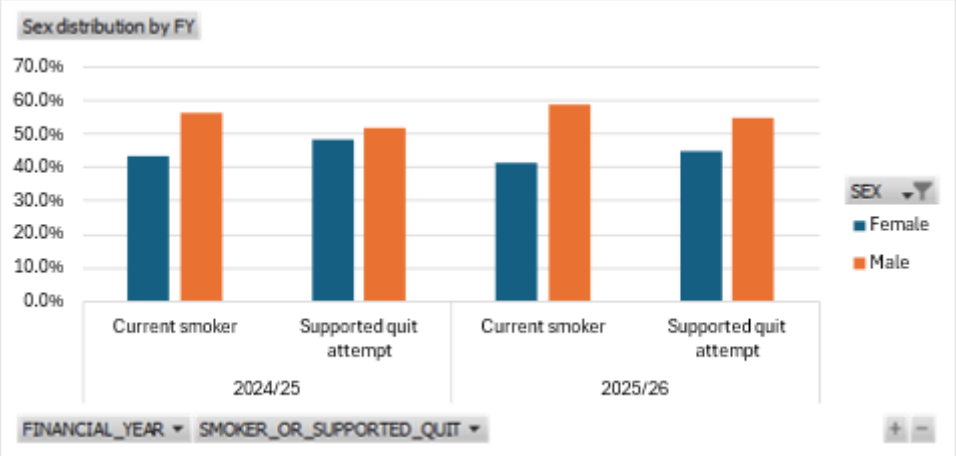
In the last year progress has been made in line with this aim:

- Recruitment of a 'smoke free site lead', funded by Hampshire County Council, who has worked with the maternity and inpatient smoking cessation teams to develop an improvement plan.
- Increased training in 'very brief advice', training more than 250 people by attending doctor, nurse, HCA and AHP inductions and engaging with ward areas. This training increases access to advice from local teams and clarifies how to access dedicated support from the tobacco dependency team (TDT).
- Increased onward support post discharge for patients who live in Southampton, funded by Southampton City Council.
- Worked proactively with services to integrate support.
- Promoted the importance of smoke free site and support available through events such as a 'Bin the Butt' campaign, reported by BBC South, and activities over October for 'Stoptober' and no smoking day in March.
- Working with HR to increase enforcement of the smoke free site policy for staff, taking this as an opportunity to have a supportive conversation.
- Developing a Smokefree Champions network. These champions will be the key point of contact in their clinical areas for supporting patients who smoke to remain abstinent while on site.
- Reviewed data to ensure the service is accessible to all and identify opportunities to make services more inclusive.
- Working with Hampshire and Isle of Wight Integrated Care Board and Southampton City Council, the Trust has been able to improve the stability of tobacco dependency services with permanent posts within the teams.
- The Trust has continued to provide a smoking cessation programme for staff via the Occupational health team. This service has been promoted, with shared positive case studies of those who have been successfully supported to quit.

The Trust's data shows approximately 38% of patients admitted have their smoking status recorded, and of these 5% of admissions are identified as smokers. This does not match known population health data and recording smoking status is an area the Trust looks to improve upon. Comparing

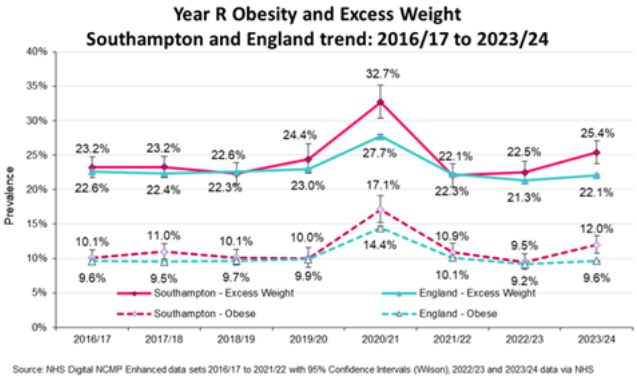
health inequality data between 2024/25 and 2025/26 of recorded smokers and those supported to quit whilst being an inpatient showed a continued increase in smokers living within lower IMD deciles. There was a reduction in smokers recorded in the 18-30 years age group. There were minimal changes between males and females recorded as current smokers, however there was a slight uplift in males being supported to quit. There is minimal in ethnicity recording. However, it must be noted the significant percentage of current smokers and supported quit attempts have ethnicity recorded as not stated or not asked.

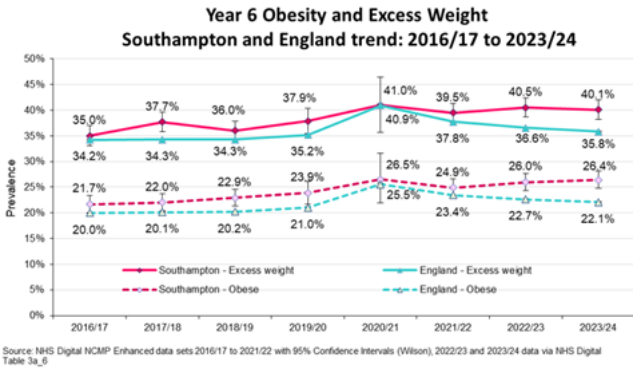




Obesity

High body-mass index (BMI) is the largest contributor to years of healthy life lost due to disability in Southampton. Five of the top six risk factors for deaths in Southampton are related to excess weight and/or dietary risks. Rates of obesity in children in Southampton are above the national average and are growing. Southampton was 5th worst among its 16 local authority comparator group for reception age healthy weight. Linked with this quality priority, the Trust aimed to improve services and support for patients and staff with obesity (children and adults).





For children, UHS has a specialist multi-disciplinary service, which is networked into the community with services such as Multiagency liaison, primary care and health visitors to provide joined up care.

This service has been shown to improve children's health outcomes by reducing the linked conditions such as hypertension, sleep apnoea and type 2 diabetes. There is more to do as a system to enhance the support earlier in the pathway and supporting prevention. Progress has been made in the design of services for both adults and children as follows:

- Collaborating with the ICB to design pilots for new approaches for children.
- Developed maternity policies and milk expressing facilities to support staff to continue to breastfeed on return from maternity leave. This is in line with Southampton's Health and Wellbeing strategy focus on 'starting well'.
- Continuing to work with Southampton Hospitals Charity to improve facilities, which will support family friendly spaces at the Trust and benefit both staff, patients and visitors with breastfeeding and expressing.
- For adult services, working with clinical leadership across the region and the ICB and NHS England on a model of care.
- The staff health check offer within occupational health provides support with cholesterol and weight measurement and health weight support.

Hypertension

Hypertension case finding and control is a national challenge. Rates across Hampshire and the Isle of Wight are particularly low. Due to this, there is a regional focus on reducing cardiovascular disease. Although Hypertension is not directly treated at UHS, it is recognised that there is an opportunity to improve identification rates to support earlier management in primary care, which may help reduce the incidence of cardiovascular complications, such as stroke, which place a significant burden on acute hospital admissions.

Hypertension identified (18+), taken from population health platform data (as at 30 April 2026)

Area	Population	Hypertension	Hypertension %	Hypertension BP Reading without Diagnosis	Hypertension Diagnosis and Hypertension BP Reading without Diagnosis	Percentage of Undiagnosed Hypertension
South West Hampshire	271,890	65,884	24.20%	30,105	95,989	31.40%
Southampton	269,045	41,535	15.40%	26,139	67,674	38.60%
Total	**1,569,667**	**332,091**	**21.20%**	**164,199**	**496,290**	**33.10%**

Hypertension treated to target (18+), taken from population health platform data (as at 30 April 2026)

Category	Treated to Target	Patients with Diagnosed Hypertension	% Treated to Target	Target %	Total Patients To Reach Target	Additional Patients To Reach Target
South West Hampshire	48,113	65,884	73.00%	80.00%	52,707	4,594
Southampton	28,511	41,535	15.40%	80.00%	33,228	4,717
Total	**243,279**	**332,091**	**73.30%**	**164,199**	**265,673**	**22,394**

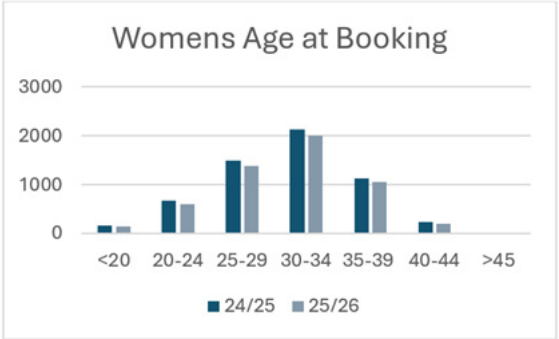
The Trust has worked towards this aim in the last year through the following approaches:

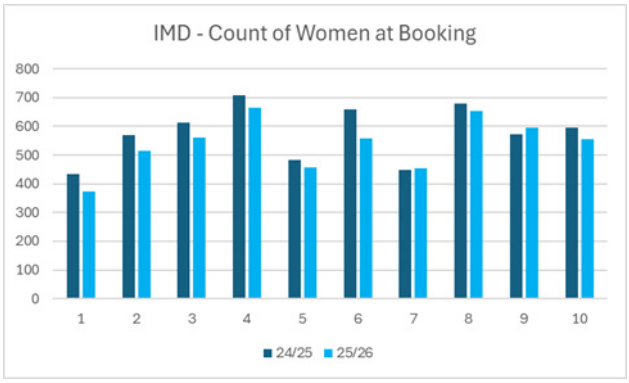
- Installed a health check machine in the front entrance of the hospital where anyone can receive a blood pressure reading, and have the option to link this back to their NHS data to be picked up by primary care.
- Worked with partners across the city to set clear local guidelines for advised action related to blood pressure readings.
- Discussed opportunities to obtain regular blood pressure readings when a patient is listed for surgery and whilst on the waiting list, to reduce the risk of surgeries being cancelled due to high blood pressure.
- Encouraged staff to take part in the health check offer from occupational health, including blood pressure monitoring, which is beneficial for their health and increases awareness and enables staff to act as advocates for blood pressure monitoring within their communities and patient interactions.
- Discussed opportunities for data flow of blood pressure readings back to primary care for follow up.

Maternity

Over the last year maternity services has further developed its Power BI dashboard to enable the service to look at outcomes by ethnicity and IMD in real time. Work is ongoing to include age, language, nationality, social factors, and mental health to monitor access. Comparing years 2024/25 and 2025/26 illustrates minimal changes between age, ethnicity and IMD of women who book for antennal care.

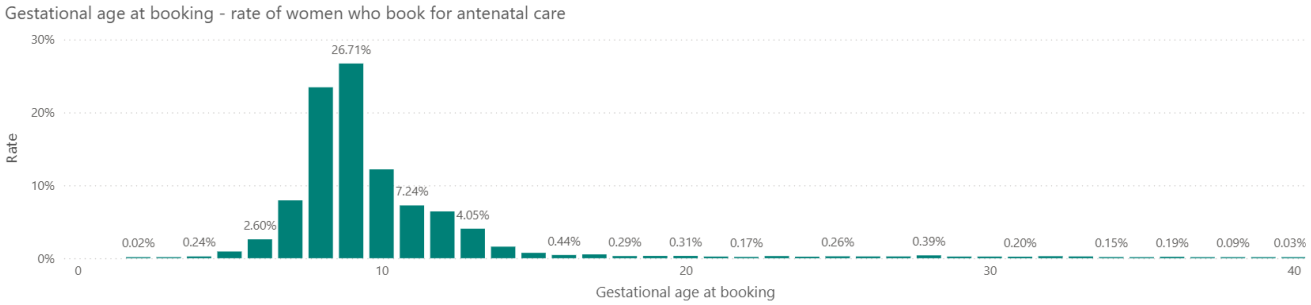




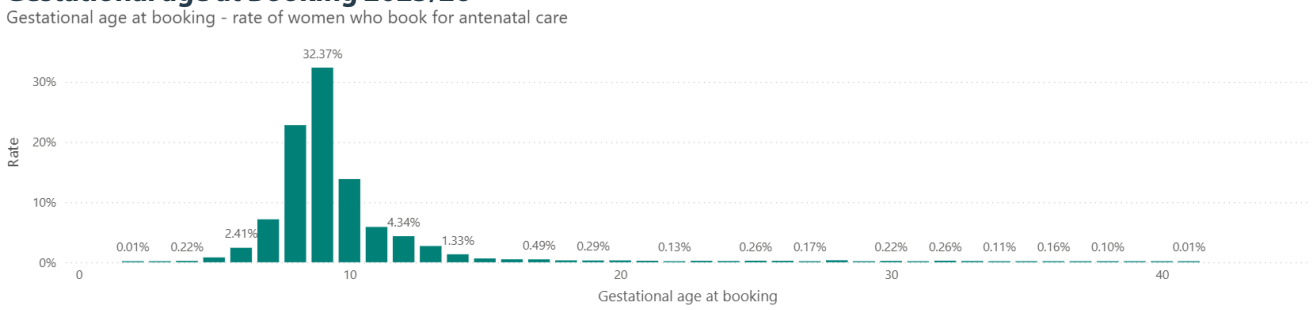


The Trust aims to meet the recommendation of booking women by 9+6 weeks of pregnancy. In 2024/25 the Trust's compliance with booking women by 9+6 was 75%. Since the implementation of a process to ensure prompt booking of women who present late, the compliance rate has improved to 86% of women seen by 9+6 weeks gestation.

Gestational age at Booking 2024/25



Gestational age at Booking 2025/26



Data and measurement

The Trust aimed to strengthen its understanding of inequalities in access across outpatients, waiting lists and the emergency department, to enable the measurement of improvement in areas recognised as clinical priorities, and to comply with the mandated national reporting. Over the past year, significant progress has been made in the reporting of access data. In line with these objectives, the following has been achieved:

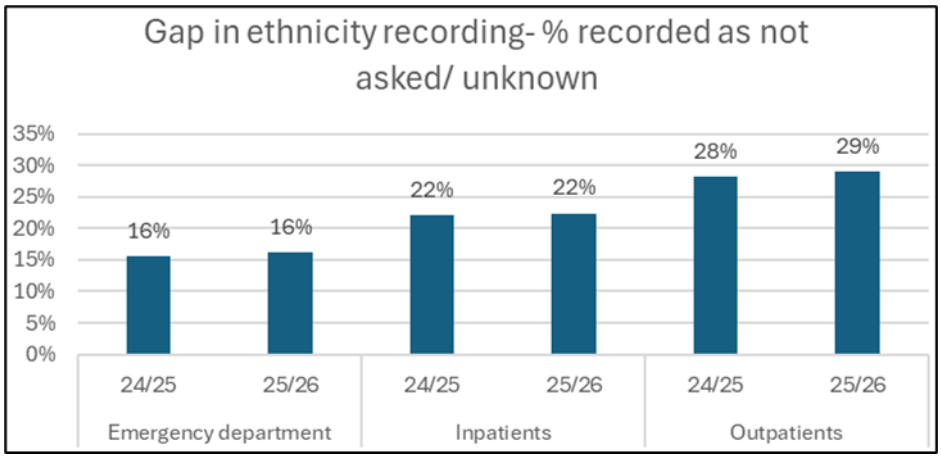
- Built a health inequalities dashboard, with around 50 access metrics over outpatients, waiting lists, the emergency department and those awaiting ongoing support to be discharged. These measures can be viewed by age, gender, ethnicity and indices of multiple deprivation decile, enabling better understanding of difference in access. This data can be seen from service to Trust level, giving insight to any differences in access to be further understood.
- Worked with the child health team to consider how this data could be used routinely within services
- Adaptions have been made to the Trust's health inequality dashboards following user feedback.

The Trust continues to develop its dashboards to meet the needs of the specialities engaging with the data and ensuring it provides meaningful insights for services.

- Promoted this dashboard via internal newsletters.
- Completed 1:1 demos and training by request.
- Completed mandatory annual reporting within the published annual report and accounts.

Ethnicity

The Trust aims to improve its ethnicity recording across all areas. Between 2024/25 and 2025/26 there was a slight increase in the percentage of patients either having a not asked/ not stated or not known entry under ethnicity, most notably in outpatient pathways. The Trust is developing an improvement action plan for the year ahead.



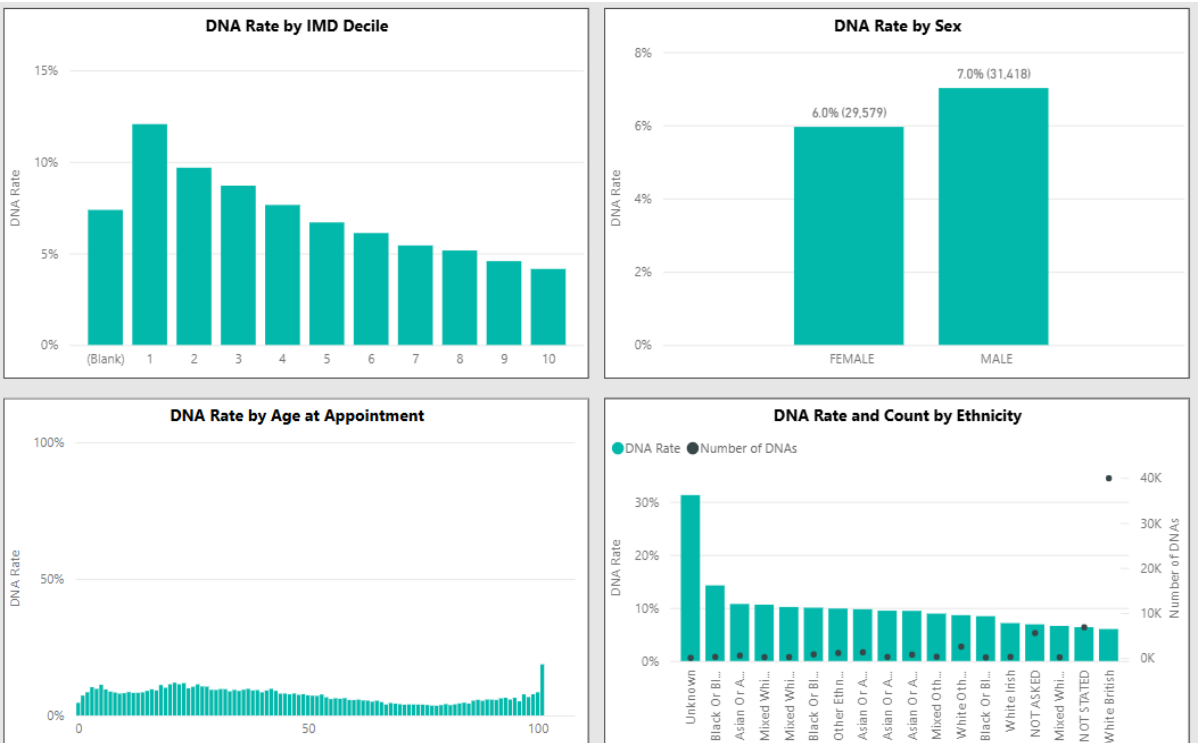
Enabling the organisation

To reduce the impact of health inequalities, learning from this programme must be integrated into services and processes across the Trust. Progress has been made as follows:

- Materials explaining health inequalities have been uploaded to the staff intranet and online training platform.
- Worked directly with clinical teams to support in understanding health inequalities within their services, for example, with 'did not attend' rates.
- Agreed an escalation route through governance for health inequalities issues to be raised.

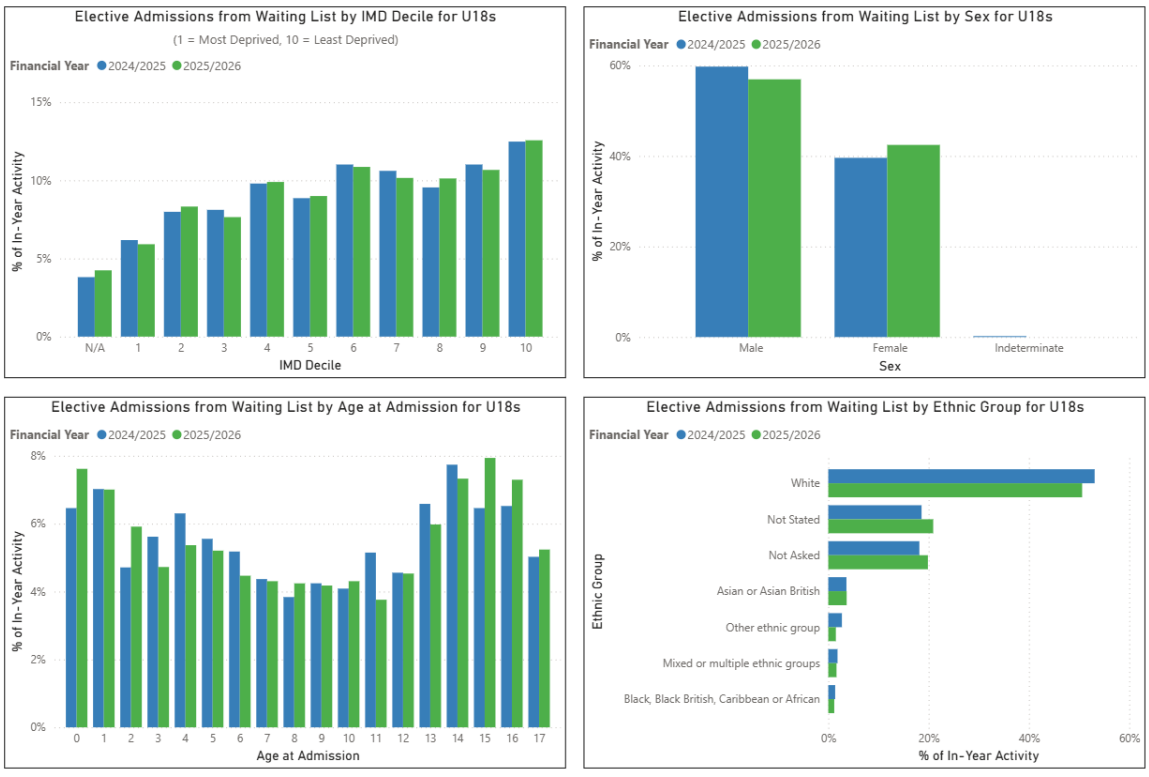
The below demonstrates 'Did not attend' rates for outpatient appointments across the Trust. This data shows a clear opportunity to reduce inequalities in access related to indices of multiple deprivation. This information is available from Trust to specialty level, enabling clinical teams to look into their local data and understand opportunities for improvement. The health inequalities programme team are supporting clinical teams who wish to combine this access data with patient feedback on barriers to access, to support reduction in inequalities.

Trust wide 'Did not attend' and 'Was not brought' rates 1 May 2025 – 30 Apr 2026:



The below compares 'Elective Admissions from the Waiting list for Under 18s for the years 2024/25 and 2025/26. Between the years 2024/25 and 2025/26 males electively admitted from a waiting list has slightly reduced with females slightly increasing. The number of males continues to be significantly higher than females, however this is clinically justified. The data is consistently illustrating fewer under 18s are admitted from a waiting list from more deprived areas than less deprived areas.

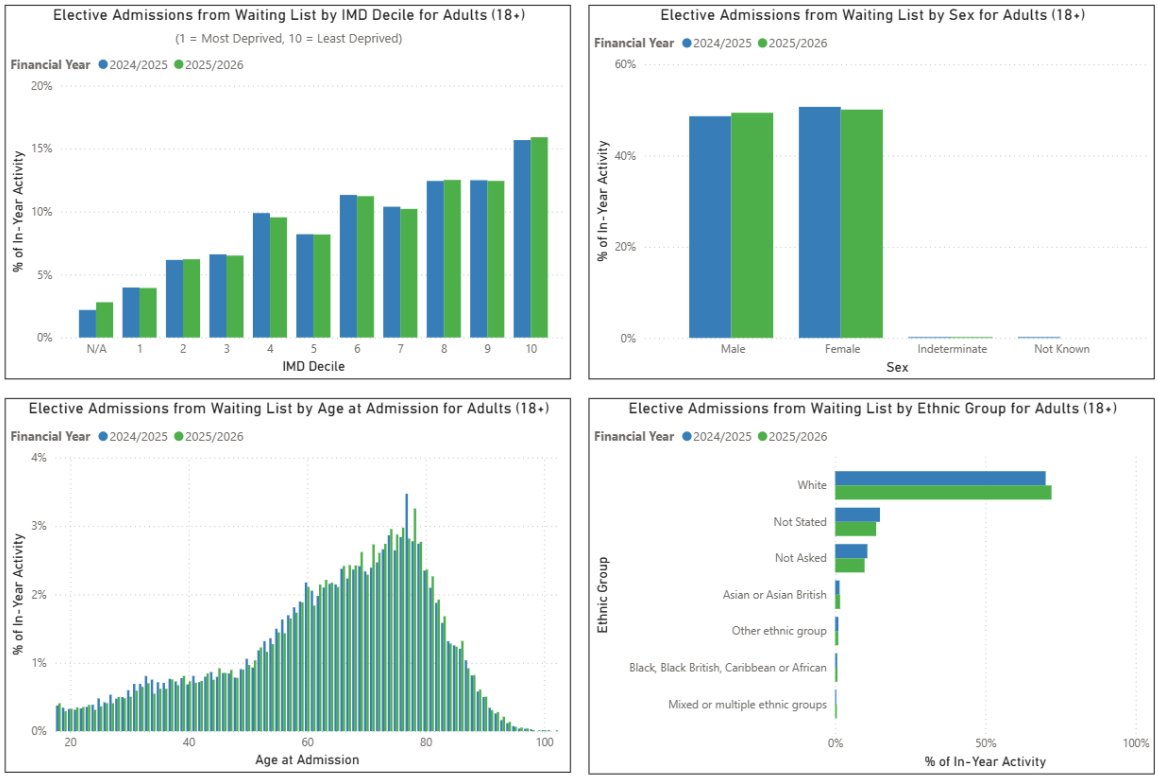
Elective Admissions from the Waiting List by Health Inequality Factors for Under 18s
Percentage Distribution of Activity within each Financial Year



The graphs below compare 'Elective admissions from the waiting list for Over 18s' for the years 2024/25 and 2025/26. There has been a slight increase in males waiting compared to a slight decrease in females waiting. The data by age indicates minimal changes and is skewed to the right in line with the expected increase in demand from the older population. There is a significant difference by IMD with significantly fewer adults admitted from a waiting list from IMD 1,2 and 3 compared to those admitted from residing in the least deprived areas, highlighting a potential health inequality to address.

Elective Admissions from the Waiting List by Health Inequality Factors for Over 18s

Percentage Distribution of Activity within each Financial Year



Other clinical improvements

Over the year the health inequalities board heard presentations from a number of services who have achieved improvements to reduce the impact of health inequalities, these include:

- The vulnerable adult service
- Alcohol team
- Maternity NEST service
- Patient support hub
- Research

Communications and engagement

The Trust aims to incorporate health inequalities into leadership and decision making, increase learning from communities and staff and share learning from improvements made internally and externally. Progress has been made on each of these ambitions as follows:

- Written case studies from improvement work across the organisation and shared these in public communications such as the 'connect magazine' and online. These have also been shared these internally with staff via face to face and online briefings.
- Held a number of events including those related to tobacco dependence but also hosted 'pop-up' engagement events following Connect (face to face briefing for all staff) which have facilitated more staff to access wellbeing support through occupational health.

- Increased the patient voice in the programme by inviting two quality and patient safety partners (QPSP) to become members of the health inequalities board. Their role is to promote approaches that are designed with and by patients.
- As an organisation, UHS has increased the volume and diversity in patient feedback by increasing recruitment to the involved patients directory.
- An EQIA (equality quality impact assessment) panel has been initiated to review the impact of any cost saving initiatives proposed to address financial pressures.
- The EQIA template has been updated with more guidance for completion, supporting the user to consider the ways that change may impact on inequalities.

Strategy and programme delivery

The Trust is focusing on strategy and programme delivery to coordinate its overall approach to health inequalities across the organisation and to measure organisational maturity. The Trust also wants to make sure it has maintained collaborative working with public health and integrated care board teams and other local healthcare providers and kept up to date with national recommendations and expectations, sharing this knowledge with the organisation.

Progress against these ambitions this year include:

- Inclusion of health inequalities as a priority in the updated clinical strategy.
- Monthly health inequalities board meetings, with executive leadership and continued attendance from ICB and Local Authority public health colleagues.
- Ongoing project management allocation, with clear action plans.
- Completion of the recommended self-assessment tool, demonstrating an increase in organisational maturity.
- Continued collaboration with external partners, including joining the Hampshire and Isle of Wight Integrated Care Board communities of practice meeting.

NHS England statement on information on health inequalities

In November 2025, NHS England released an update to the NHS England statement on information on health inequalities. This statement supports NHS bodies to fulfil their legal duties and take an evidence-led improvement approach to tackling health inequalities, aligned with Core20PLUS5 for adults and children and young people. It also provides guidance on how health inequalities information should be used to inform local action and how this should be reflected in annual reports.

The Trust has utilised the statement in this report for its annual report and accounts. The Core20PLUS5 approach has been used along with local evidence to drive the Trust's health inequalities programme and reporting as an organisation.

Through the content of this report, data and commentary on the following proposed indicators has been provided:

Domain	Indicator	Inclusion
Elective care	Inequalities in percentage of people waiting 18 weeks or less for elective treatment	Maintained reporting on all EL admissions Included in 'enabling the organisation'
	Inequalities in percentage of people waiting over 52 weeks for elective treatment	Maintained reporting on all EL admissions Included in 'enabling the organisation'
	Inequalities in annual change in size of waiting list	Not included
	Inequalities in rates of did not attends/was not brought across elective services	Included in 'enabling the organisation'
Urgent and emergency care	Inequalities in mean time in emergency department	Not included
Maternity	Inequalities in gestational age at booking	Included in 'Clinical priorities'
Smoking cessation	Inequalities in inpatients making a supported quit attempt with an in-house tobacco dependence treatment service	Included in 'Clinical priorities'
	Inequalities in smoking prevalence in adults	Included in 'Clinical priorities'
Hypertension	Inequalities in percentage of hypertension patients treated to target	Included in 'Clinical priorities'
	Inequalities in percentage of children/ adults classified as overweight or obese	Included in 'Clinical priorities' (children only)
	Inequalities in hypertension case finding	Included in 'Clinical priorities'
	Percentage of records with blank or null codes for ethnicity	Not included
	Percentage of records with residual ethnic codes, including: - Not stated - Not known	Included in 'data and measurement'

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
25 June 2026

ACCOUNTABILITY REPORT



Accountability report
Directors' report

The Board

At 31 March 2026, the Board comprised a non-executive Chair, six independent non-executive directors and six executive directors.

The year saw a number of significant changes in terms of the Board's composition with the appointment of one new executive director, the announced departure of two executive directors (including the Chief Executive Officer), and the departure of two non-executive directors.

In early 2026, the Trust's Chief Executive Officer announced his intention to stand down in July 2026. This date was subsequently extended due to the operational impact of the fire on 1 February 2026 and the consequent delays in commencing the recruitment process for a new Chief Executive Officer. The Remuneration and Appointment Committee agreed the process for the recruitment of a new Chief Executive Officer and has engaged external recruitment consultants. This process is ongoing but is expected to conclude shortly.

On 4 August 2025, Andy Hyett joined the Trust as Chief Operating Officer following the departure of the previous Chief Operating Officer on 28 February 2025. This appointment followed a competitive recruitment process led by the Remuneration and Appointment Committee with support from an external recruitment consultancy, which concluded in April 2025. The process included presentations to stakeholder panels, meetings with executive and non-executive directors and formal interviews. More detail can be found in the Remuneration Report in the Trust's Annual Report 2024/25.

Duncan Linning-Karp served as interim Chief Operating Officer between 1 March 2025 and 1 August 2025.

Due to the long-term absence of the Trust's Chief Nursing Officer, Gail Byrne, it was agreed to appoint Natasha Watts as acting Chief Nursing Officer from 8 October 2025. Gail Byrne subsequently retired from the Trust on 30 April 2026. The Remuneration and Appointment Committee has agreed the process and criteria for the recruitment of a replacement permanent Chief Nursing Officer and this process is expected to conclude later in 2026.

On 14 July 2025, Dave Bennett left the Trust, having completed two three-year terms of office as an independent non-executive director. In view of the recruitment restrictions in place more generally at the Trust, it was agreed to pause recruitment for a replacement.

Tim Peachey was due to come to the end of his second three-year term as an independent non-executive director on 30 September 2025. However, in view of the substantial changes in the composition of the Board during 2025 and the absence of the Chief Nursing Officer, the Trust sought and obtained approval from NHS England for a 12-month extension to Tim Peachey's appointment.

During late 2025, the Trust carried out a successful recruitment process for a new independent non-executive director and chair of its Audit and Risk Committee, as Keith Evans had reached the end of

his second three-year term of appointment on 31 January 2026. 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, Steve Peacock was appointed as an independent non-executive director on 9 February 2026.

Jenni Douglas-Todd was appointed as chair on 6 July 2022. This appointment was subsequently extended for a further three-year term which commenced on 6 July 2025 having been approved by the Council of Governors on 25 June 2025. 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. Jenni has served as chair of Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust since 1 April 2025. Whilst potential conflicts of interest need to be managed, this appointment does provide opportunities in terms of collaborative working with one of the other providers in the Hampshire and Isle of Wight Integrated Care System.

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. This appointment was subsequently renewed from 1 January 2026 for a further 12-month period. 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. For the period between 1 April 2025 and 14 July 2025, there were seven independent non-executive directors. This number reduced to six with the departure of Dave Bennett on 14 July 2025. Between 31 January 2026 and 9 February 2026, there were only five independent non-executive directors during the period between Keith Evans leaving and Steve Peacock being appointed.

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

The Board has given careful consideration to the range of skills and experience it requires to run the Trust. Together, the members of the Board bring a wide range of skills and experience to the Trust, such that the Board achieves balance and completeness at the highest level. During the year, the Board refreshed its skills matrix ahead of the need to recruit replacements for non-executive directors who will be coming to the end of their second three-year terms during 2025/26, 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 served as deputy chair between 20 October 2022 and 30 September 2025, following which, Jane Harwood was appointed as deputy chair from 1 October 2025.

The current members of the Board are:

Non-executive directors	
Jenni Douglas-Todd **Chair** **Trust roles:** • Chair of the Board and of the Council of Governors • Chair of the Remuneration and Appointments Committee • Chair of the Governors' Nomination Committee	Jenni joined University Hospital Southampton in July 2022 as Chair. 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 being becoming director of policy and research for the Independent Police Complaints Commission. 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. 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. Jenni holds a non-executive portfolio, which includes Hampshire Cricket Board and Hampshire Sports & Leisure Holdings. Jenni was Chair of the of the Dorset Integrated Care System between February 2020 and March 2025, and in April 2025, Jenni was appointed chair of Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust. 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.

Non-executive directors	
Diana Eccles **Non-executive director** **Trust roles:** • Member of Remuneration and Appointment Committee • Member of Quality Committee • Member of People and Organisational Development Committee • University liaison lead • Lead non-executive director – Freedom to Speak Up	Diana joined the Board in January 2023, having been nominated by the University of Southampton. 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 aimed at improving the interpretation and safe clinical translation of genetic variants in cancer genes for patients across the UK. She has published over 440 papers in peer reviewed journals and written 14 book chapters. She contributes regularly to national and international grant review and scientific advisory boards and has been appointed as deputy chair of the UK Research Institute's Research Excellence Framework 2029 team evaluating UK Universities' research in Clinical Medicine (UoA1).
Jane Harwood **Senior independent director and non-executive director** **Trust roles:** • Senior independent director • Deputy Chair	Jane joined the Board as a non-executive director in October 2020 and has subsequently served as the Trust's senior independent director since January 2023, and as deputy chair since October 2025. 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.

Non-executive directors	
• Chair of People and Organisational Development Committee • Member of Quality Committee • Member of Remuneration and Appointment Committee • Wellbeing Guardian • Designated Board Member - Maintaining High Professional Standards in the NHS	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.
David Liverseidge **Non-executive director** **Trust roles:** • Chair of Finance, Investment and Cash Committee • Member of Audit and Risk Committee • Member of Remuneration and Appointment Committee	David joined the Board as a non-executive director in January 2025 after more than 30 years in technology strategy and delivery roles in a number of national and global organisations, building and developing high performing teams with a keen focus on culture and growth of both the leadership and the wider team members. David has held executive C-suite roles and led the delivery of digital transformation at two large multi-site UK independent healthcare organisations and is passionate about improving patient, colleague and partner experience through the application of technology and realising the benefits that digitalisation can offer. He enjoys working as part of a multi-functional purpose driven Board and ensuring that the digital opportunities are established as part of a holistic business agenda. David began his career in technology consulting with Price Waterhouse and has worked across retail, electronics, fast moving consumer goods and pharmaceutical industries before entering healthcare delivery in 2012 and completing his last full-time role at the end of 2024. He now provides independent consulting services alongside his non-executive responsibilities.
Tim Peachey **Non-executive director** **Trust roles:** • Chair of Quality Committee • Member of Audit and Risk Committee • Maternity Safety Champion	Tim joined the Board as a non-executive director in October 2019 and is chair of the Quality Committee. 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.

Non-executive directors	
	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 was recently a non-executive director on the boards of Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Foundation Trust. He is also an accredited mediator.
Steve Peacock **Non-executive director** Trust roles: • Chair of Audit and Risk Committee • Member of Finance, Investment and Cash Committee • Member of Remuneration and Appointment Committee	Steve Peacock was appointed to the UHS Trust Board in February 2026 and is the chair of the Audit and Risk Committee. Steve is the chief finance officer for the National Trust where his responsibilities extend to IT, procurement and risk management. He previously held the role of chief finance officer for the RNLI for seven years. Steve is a graduate in economics and a chartered accountant with over 30 years of experience working in both finance and commercial roles for many large retail and commercial brands. Steve previously served as a non-executive director of The Royal Bournemouth and Christchurch Hospitals Foundation Trust, and more recently as a non-executive director at Dorset Healthcare University NHS Foundation Trust.
Alison Tattersall **Non-executive director** **Trust roles:** • Member of People and Organisational Development Committee • Member of People and Organisational Development Committee • Member of Remuneration and Appointment Committee	Alison is a customer focused leader, with significant financial services experience, having headed up commercial marketing teams across both Barclays and Barclaycard. She is a non-executive director of the Stafford Building Society, a Midlands-based mutual, and Recognise Bank, an SME focused business. She also chairs both of their Remuneration Committees, and is their Consumer Duty Champion, ensuring positive outcomes for customers. 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.

Executive directors	
David French **Chief Executive Officer**	David joined the Trust in February 2016 as chief financial officer becoming Chief Executive Officer 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.
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). Paul is also the chair of the board of trustees of the British Neuro-Oncology Society and head of clinical services at the Brain Injury Group.

Executive directors	
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.
Ian Howard **Chief Financial Officer**	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. 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. 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. Ian is a director of Wessex NHS Procurement Limited, a joint venture between the Trust and Hampshire Hospitals NHS Foundation Trust. Ian is also a director of UHS Estates Limited.

Executive directors	
Andy Hyett **Chief Operating Officer**	Andy joined University Hospital Southampton (UHS) as chief operating officer in August 2025, bringing over 30 years of NHS experience across the south of England. He started his career in the 1990s as a biomedical scientist at Dorset County Hospital before moving into operational management at Royal Hampshire County Hospital in Winchester. Andy has held senior leadership roles across the region, including at Portsmouth Hospitals, Salisbury NHS Foundation Trust, and UHS, where this is his third time working. He previously served as care group manager, director of performance, and deputy chief operating officer. In 2015, Andy was appointed chief operating officer at Salisbury NHS Foundation Trust and took the same role at Hampshire Hospitals NHS Foundation Trust in 2022, leading key improvements in performance and patient care. Proud to be back at UHS, Andy is passionate about the organisation's role in delivering outstanding care, pioneering research, and education. He brings a deep understanding of the NHS and is committed to supporting teams to achieve the best outcomes for patients and the community. Andy lives in Southampton and remains closely connected to the local area both professionally and personally.
Natasha Watts **Acting Chief Nursing Officer**	Natasha joined the Trust in 1999 and has had a range of senior nursing roles, in cardiac and neurosciences specialities. With a specialist interest in adult congenital cardiac care. Natasha has also worked in Singapore and Sydney, Australia as a renal dialysis nurse. She became divisional director of nursing and professions in 2016 before moving to the deputy chief nursing officer role in 2024. Natasha has been acting chief nursing officer since September 2025. She has a number of responsibilities in her portfolio including leading on patient experience and patient safety, as well as being a maternity safety champion. She is also a member of the national safe staffing faculty having completed the CNO safe staffing fellowship. Natasha is passionate about patient centred care and ensuring the patient voice supports the drive to improve.

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 other informal meetings 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. 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 other month and at other times as necessary. For formal, scheduled meetings part of the meeting is open to the public. Meetings are currently held in person. A number of extraordinary meetings were held during 2025/26 typically in relation to the Trust's Medium Term Plan.

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	14 (14)
Dave Bennett Non-executive director (until 14 July 2025)	1 (3)
Gail Byrne Chief Nursing Officer	3 (14)
Diana Eccles Non-executive director	12 (14)
Keith Evans Non-executive director Deputy Chair (until 31 January 2026)	9 (10)
David French Chief Executive Officer	13 (14)
Paul Grundy Chief Medical Officer	13 (14)
Steve Harris Chief People Officer	13 (14)
Jane Harwood Non-executive director Senior independent director	13 (14)
Ian Howard Chief Financial Officer	13 (14)
Andy Hyett Chief Operating Officer (from 4 August 2025)	9 (10)
Duncan Linning-Karp Interim Chief Operating Officer (until 1 August 2025)	4 (4)
David Liverseidge Non-executive director	13 (14)

Name	Meetings attended
Tim Peachey Non-executive director	13 (14)
Steve Peacock Non-Executive Director (from 9 February 2026)	2 (4)
Alison Tattersall Non-executive director (from 1 June 2024)	13 (14)
Natasha Watts Acting Chief Nursing Officer (from 8 October 2025)	8 (9)

Note: The Board held six formally scheduled and eight short-notice/ad hoc meetings during 2025/26.

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.

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.

Name	Meetings attended
Keith Evans Chair (until 31 January 2026)	4 (4)
Steve Peacock Chair (from 9 February 2026)	1 (1)
Dave Bennett (until 14 July 2025)	0 (2)
David Liverseidge	3 (5)
Tim Peachey	5 (5)

Please see the Audit and Risk Committee report on pages 71 to 73.

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.

Name	Meetings attended
Dave Bennett Chair (until 2 June 2025)	2 (2)
David Liverseidge Chair (from 23 June 2025)	13 (13)
Diana Eccles (until 23 February 2026)	10 (12)
Keith Evans (until 31 January 2026)	11 (11)
Steve Peacock (from 9 February 2026)	2 (2)
Alison Tattersall (from 23 March 2026)	1 (1)
David French	11 (13)
Ian Howard	13 (13)
Andy Hyett (from 4 August 2025)	7 (8)
Duncan Linning-Karp (until 1 August 2025)	4 (5)

As Dave Bennett was due to come to the end of his second three-year term on 14 July 2025, David Liverseidge was appointed as chair of the Finance and Investment Committee from 23 June 2025 to ensure a smooth transition. David Liverseidge had previously been a member of the committee since January 2025.

From 3 November 2025, it was agreed to expand the role of the previous Finance and Investment Committee to include a greater role in terms of the monitoring of the Trust's cash position and consideration of requests for cash support from NHS England. Accordingly, the committee was renamed the Finance, Investment and Cash Committee.

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.

Name	Meetings attended
Jane Harwood, Chair	10 (10)
Keith Evans (until 31 January 2026)	8 (8)
Diana Eccles (from 26 February 2026)	1 (1)
Alison Tattersall	8 (10)
David French	8 (10)
Paul Grundy	9 (10)
Gail Byrne	2 (10)
Steve Harris	10 (10)
Natasha Watts (from 8 October 2025)	4 (5)

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.

Name	Meetings attended
Tim Peachey, Chair	8 (8)
Dave Bennett (until 14 July 2025)	3 (3)
Jane Harwood	6 (8)
Diana Eccles	6 (8)
Gail Byrne	3 (8)
Paul Grundy	3 (8)
Duncan Linning-Karp (until 1 August 2025)	3 (3)
Natasha Watts (from 8 October 2025)	4 (4)

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.

Name	Meetings attended
Jenni Douglas-Todd, Chair	6 (6)
Dave Bennett (until 14 July 2025)	1 (1)
Diana Eccles	3 (4)
Keith Evans (until 31 January 2026)	5 (6)
Jane Harwood	6 (6)
David Liverseidge	6 (6)
Tim Peachey	6 (6)
Steve Peacock (from 9 February 2026)	0 (1)
Alison Tattersall	5 (6)

Please see the remuneration report on pages 83 to 96.

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 and in line with the NHS Leadership Competency Framework for Board Members. Each director was assessed against the six leadership competency domains. 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. These appraisals too were conducted in accordance with the NHS Leadership Competency Framework for Board Members.

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 research and development, risk appetite, digital and cyber, violence and aggression, and the Trust's refreshed strategy for 2026-30. These meetings are not formal meetings of the Board and are not included in the table setting out directors' attendance at Board meetings.

In addition, during the year, the Board commissioned thevaluecircle to carry out a 'Well-Led' review of the Trust based on the Care Quality Commission's Well-Led framework. thevaluecircle has no connection with the Trust or any individual director. Further information in respect of the output from this review will be included in the Trust's 2026/27 Annual Report.

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 both verbally and in writing 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
The committee is comprised of three independent non-executive directors as members. Until 31 January 2026, the committee was chaired by Keith Evans. From 9 February 2026, Steve Peacock has chaired the committee. Details of the membership of the committee can be found on page 66.

Until 30 September 2025, the deputy chair acted 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 then committee chair's experience and qualifications, it was considered appropriate that he should remain as committee chair. The Trust was of the view that the key concern was 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. Following the appointment of Jane Harwood as deputy chair on 1 October 2025, the Trust is now compliant with paragraph D.2.1.

The committee met five times during the year. 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 meetings to present the annual plan, quarterly updates and the annual report on counter fraud.

At least annually, the committee meets with internal and external auditors without the Trust's management being present. In addition, at least once per year, the committee meets with the Trust's management without the internal and external auditors being present.

Significant issues considered by the committee
Major topics considered by the committee during the year included:
- The Trust's financial position and consideration of the guidance from NHS England in respect of whether to prepare the Trust's accounts on a going concern basis.
- Reviewing the annual report and accounts, including an assessment of whether it is fair, balanced and understandable.
- 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).
- Reviewing the result of the change in the basis of the Modern Equivalent Assets evaluation and its impact on the Trust's annual accounts.
- Oversight of and discussion of the outputs from a 'lessons-learned' review of the Trust's 2024/25 year-end and the steps taken to prevent a reoccurrence.
- The outputs from and recommendations of investigations by the Trust's local counter-fraud team, including in respect of the risk of imposter fraud by temporary staff.
- Review of the Trust's Board Assurance Framework and its approach to risk management, including the outputs from an internal audit report in respect of the Trust's risk maturity.
- 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.
- Consideration of the outputs from internal audits conducted during the year.

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
During the year the Trust used a third-party provider of internal audit services, BDO LLP, which reported to the Audit and Risk Committee. The provider had been appointed following a competitive process undertaken during 2024/25.

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 multi-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.

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 concluded that the Trust's controls were generally satisfactory with improvements required in some areas, the second-highest rating. In the areas examined, the controls were found to be suitably designed and operating effectively to achieve the specific risk management, control and governance arrangements. However, there were some areas where weaknesses and/or non-compliance were identified and therefore may put the achievement of objectives at risk. Where weaknesses have been identified, improvements are required to enhance the design and/or effectiveness of risk management, control, and governance arrangements.

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 Trust's current external auditor, Grant Thornton UK LLP, has acted as the Trust's external auditor since 1 April 2020. Following the completion of a competitive tendering process, undertaken jointly with Hampshire Hospitals NHS Foundation Trust, in 2023/24, Grant Thornton UK LLP was appointed by the Council of Governors as the Trust's external auditor for a further three years commencing on 1 April 2024.

The statutory audit fee for 2025/26 was £424,575, comprising £372,825 for UHS and £51,750 for UHS Estates Limited. 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 71 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. During the year, the Trust commissioned a third-party consultancy to carry out a review of the Trust based on the Care Quality Commission's 'Well-Led' framework of the Trust. More details of the outputs from this review will be supplied in the Trust's 2026/27 annual report.

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 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.

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. Shirley Anderson is the nominated Lead Governor.

The Council of Governors continues to play a vital part in involving the community in the work the Trust does. They represent the approximately 4,000 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. There were also previously three working groups covering the areas of patient and staff experience; strategy and finance; and membership and engagement, but these have now been replaced by focus group sessions which encompass all these areas.

In 2025/26 the Council of Governors was composed as follows:

Governor	Constituency	Number
Publicly 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 2025/26 there were a number of changes to the Council of Governors:

Constituency	Change
Southampton City	One governor resigned in May 2025, and another reached the end of their second term in September 2025. Three governors reached the end of their first term in September 2025. One decided not to stand for a second term and the other two were re-elected for a second term in October 2025. Three new governors were elected for their first term in October 2025
New Forest, Eastleigh and Test Valley	Three governors reached the end of their first term in September 2025. Two decided not to stand for a second term and the other was re-elected. Three new governors were elected for their first term in October 2025.
Isle of Wight	The governor for this constituency reached the end of their first term in September 2025 and was re-elected for a second term in October 2025.
Non-clinical and support staff	The governor for this staff group reached the end of their first term in September 2025 and was re-elected for a second term in October 2025.
Nursing and midwifery staff	The governor for this staff group reached the end of their first term in September 2025 and decided not to stand for a second term. A new governor was elected for their first term in October 2025.
Hampshire and Isle of Wight Integrated Care Board (ICB)	This seat has been vacant since the previous appointed governor stood down in November 2024 due to leaving their employment at the ICB.

Governor elections commenced in June 2025 for three public constituencies (nine seats) and two staff groups (two seats). Six newly elected governors took office from 1 October 2025, and five were re-elected.

The announcement in the 10-Year Plan that councils of governors will be abolished, but with no clear timescale or indication of any transitional arrangements, has led to significant uncertainty around the future of the Trust's Council of Governors and, in particular, whether it will be necessary to hold elections during 2026.

Council of Governors' meetings

The Council of Governors normally meets every quarter in public. However, between April 2025 and March 2026 there were six meetings, two of which were extraordinary. Governors are expected to declare any interest in the business to be conducted at 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 (until 30 September 2025)	Elected, Southampton City	October 2022	3 years	1 (4)
Shirley Anderson	Elected, New Forest, Eastleigh and Test Valley	October 2023	3 years	6 (6)
Katherine Barbour (until 29 May 2025)	Elected, Southampton City	October 2022	2 years 8 month	0 (1)
Professor Cathy Barnes	Appointed, Solent University	November 2024	3 years	2 (6)
Tara Cavell (from 1 October 2025)	Elected, New Forest, Eastleigh and Test Valley	October 2025	3 years	2 (2)
Patricia Crates	Elected, New Forest, Eastleigh and Test Valley	October 2025	3 years	6 (6)
Sandra Gidley (until 30 September 2025)	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	2 (4)
Lesley Gilder	Elected, Southampton City	October 2025	3 years	3 (6)
Ben Grassby	Elected, Rest of England and Wales	October 2024	3 years	6 (6)
Richard Greene (from 1 October 2025)	Elected, Southampton City	October 2025	3 years	2 (2)
Martin Hall (From 1 October 2025)	Elected, New Forest, Eastleigh and Test Valley	October 2025	3 years	1 (2)
Sathish Harinarayanan	Elected, medical practitioners and dental staff	October 2023	3 years	3 (6)
Linda Hebdige (until 30 September 2025)	Elected, Southampton City	October 2022	3 years	0 (4)
Simon Jacob (from 1 October 2025)	Elected, nursing and midwifery staff	October 2025	3 years	2 (2)
Neil Kelly (from 1 October 2025)	Elected, Southampton City	October 2025	3 years	1 (1)
Councillor Pam Kenny	Appointed, Southampton City Council	July 2025	1 year	4 (6)
Professor Sue Latter	Appointed, University of Southampton	October 2024	3 years	4 (6)
Jenny Lawrie	Elected, Southampton City	October 2025	3 years	5 (6)
Brian Lovell	Elected, Rest of England and Wales	October 2024	3 years	6 (6)
Esther O'Sullivan (until 30 September 2025)	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	0 (4)
Councillor Louise Parker-Jones	Appointed, Hampshire County Council	October 2024	3 years	6 (6)
Catherine Rushworth	Elected, Isle of Wight	October 2025	2 years	4 (6)

Governor	Constituency	Elected/ Appointed	Term of office	Meeting attendance
Karen Smith-Baker	Elected, health professional and health scientist staff	October 2024	2 years	3 (6)
Jake Smokcum (until 30 September 2025)	Elected, nursing and midwifery staff	October 2023	2 years	3 (5)
Stephanie Stinton (from 1 October 2025)	Elected, Southampton City	October 2025	3 years	2 (2)
Liz Taylor	Elected, non-clinical and support staff	October 2025	3 years	5 (6)
Mike Williams	Elected, New Forest, Eastleigh and Test Valley	October 2023	3 years	5 (6)

In 2025/26 the Council of Governors considered a number of matters including:

- Membership engagement.
- Performance of the Trust.
- Vacancies on the Council of Governors.
- Annual report and accounts including the quality account for 2024/25 and the external auditor's report.
- Performance of the external auditor.
- Audit and Risk Committee terms of reference.
- Approval of the appointment of two non-executive directors.
- 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.
- Council of Governors' annual business programme for 2026/27.
- Quality priorities for 2026/27.

Membership and public engagement

The Trust regularly communicates and engages with members, which allows members and the public to interact with the Trust and Council of Governors.

The Trust's annual members' meeting was held in October 2025. This included a presentation providing an overview of 2024/25 from the executive directors, as well as a summary of the Trust's priorities. The Lead Governor also provided an update on membership. Following the presentations, there was a question-and-answer session with the executive directors, which covered a range of topics. Teams from across UHS were involved in an exhibition showcasing their patient services and projects as part of the meeting.

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 29,700 followers on Facebook, 40,200 on LinkedIn, 5,500 on Instagram and 10,500 on YouTube. In addition, Southampton Children's Hospital accounts have 9,700 followers on Facebook and 1,900 on Instagram. These channels have helped convey key messages when services have been under significant pressure, particularly following the fire on 1 February 2026.

Public constituency members	
At year start (1 April 2024)	7,990
New members	93
Members leaving	4,046[1]

1 During the nomination stage of Council of Governor elections in Southampton City, New Forest, Eastleigh and Test Valley, and Isle of Wight, postal members were given the option to become email members or continue as postal members. If they did not respond they were removed from the membership database, which led to a significant number of members leaving, saving Trust resources.

Membership analysis

As at 31 March 2026 there were 4,037 members in the following public constituencies and in the following demographic groups:

Constituency	Number of members
Southampton City	1,250
New Forest, Eastleigh and Test Valley	1,252
Rest of England and Wales	1,352
Isle of Wight	154
Out of Trust area	29

Ethnicity	Number of members
White	3,300
Mixed	50
Asian/Asian British	247
Black/Black British	93
Other	39

Age range	Number of members
16	0
17 to 21	87
22+	3,806

Gender	Number of members
Male	1,554
Female	2,329
Transgender	5
Non-binary	3
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 144 public members with no dates of birth, 308 members with no stated ethnicity and 145 members whose gender is unspecified or who prefer not to say.

As at 31 March 2026 there were 13,471 members in the following classes of the staff constituency. Information on staff demographics can be found in the Staff Report.

Constituency	Number of members
Medical practitioners and dental staff	1,805
Nursing and midwifery staff	4,509
Health professional and health scientist staff	4,206
Non-clinical and support staff	2,951

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 2025/26 is set out below.

	Number of invoices	Value of invoices (£'000s)
Non-NHS invoices		
Invoices due for payment during the year	162,766	593,705
Invoices paid within target	142,410	482,321
Proportion of invoices paid within target	87.5%	81.2%
NHS invoices		
Invoices due for payment during the year	7,623	139,493
Invoices paid within target	5,215	54,043
Proportion of invoices paid within target	68.4%	38.7%
Total		
Invoices due for payment during the year	170,389	733,198
Invoices paid within target	147,625	536,364
Proportion of invoices paid within target	86.6%	73.2%

The Trust is working on actions to improve its processing and payment times.

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 2025/26. 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 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 Remuneration and Appointment Committee has had a very busy year both in terms of executive recruitment, the changes required to appraisals in line with the latest NHS England Board Member Appraisal Guidance, and the implementation of the revised NHS Very Senior Managers Pay Framework.

From 1 April 2025, the revised Board Member Appraisal Guidance introduced a number of changes to the Trust's previous appraisal process and incorporates the six domains of the NHS Leadership Competency Framework as well as the introduction of a rating for directors. The Trust did not apply this guidance for the 2024/25 appraisals, as the guidance was received too late for the Trust's appraisal process which was already underway. However, the guidance has been applied for the 2025/26 appraisals.

The revised NHS Very Senior Managers Pay Framework has established new pay ranges for chief executives and executive directors, including a new band based on organisations with an annual turnover above £1bn, which has been applied by the Trust in determining levels of executive director remuneration. In addition, the framework introduces a number of additional features:

- Very Senior Managers in organisations within the recovery support programme or the lowest segment in the NHS Oversight Framework will not be eligible for the annual pay award.
- Remuneration committees are granted discretion to award a non-consolidated, non-pensionable performance payment of up to 10% of basic pay.
- Organisations allocated to the lowest segment in the NHS Oversight Framework may offer new executive directors a non-consolidated, non-pensionable payment of up to 15% of base pay for up to 24 months as a recruitment incentive.

In line with the revised framework, as the Trust remained in the recovery support programme, the committee followed the new framework and decided not to award the cost of living salary increase to executive directors during 2025/26.

Following the announcement by David French in January 2026 of his intention to resign as Chief Executive Officer during 2026, the committee agreed the process to recruit a replacement chief executive officer, including agreeing to appoint recruitment consultants to support this process.

As stated in the 2024/25 annual report, the committee agreed to the appointment of Duncan Linning-Karp as interim Chief Operating Officer from 1 March 2025 following the departure of Joe Teape.

The committee led the successful recruitment of Andy Hyett as the Trust's new Chief Operating Officer. This competitive process included a number of stakeholder panels and formal interviews, following which the committee approved Andy Hyett's appointment from 4 August 2025.

Due to the long-term absence of the Trust's Chief Nursing Officer, the committee agreed to the appointment of Natasha Watts as Acting Chief Nursing Officer from 8 October 2025 and agreed an appropriate temporary uplift in salary to reflect the additional responsibility associated with the role. The committee has since agreed the process for the recruitment of a replacement chief nursing officer to replace Gail Byrne who retired on 30 April 2026.

Senior managers' remuneration policy

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

Basic pay	Set at the point of recruitment and reviewed using the NHS England 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. The performance of senior managers is reviewed annually using a Trust-wide appraisal process. The Remuneration and Appointment Committee may choose not to reflect annual pay increases recommended nationally in executive director pay where performance of an individual is unsatisfactory.
Clinical excellence awards	Appointments to the Chief Medical Officer role remain on the national consultant contract, which includes national and local clinical excellence awards. This is supplemented by a management allowance approved by the Remuneration and Appointment Committee to make up the basic pay for the Chief Medical Officer role.
Pension	All executive directors are provided the opportunity to join the NHS pension scheme in line with national terms and conditions.
Other	The Trust does not operate any bonus system for its senior managers. The Trust has not implemented any bonus scheme arrangements as part of the new national Very Senior Managers Pay Framework.

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.

The Trust also has claw back provisions within all executive director contracts which could be enacted in the case of substantial and/or sustained underperformance, as required by paragraph E.2.4 of the Code of Governance for NHS Provider Trusts. 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 directors	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. 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.
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 the additional responsibilities associated with this role.
Deputy chair	An annual fee of £2,000 is payable to recognise the additional responsibilities associated with this role.
Chair of Audit and Risk Committee	An annual fee of £2,000 is payable to recognise the additional responsibilities associated with this role.
Chair of Quality Committee	An annual fee of £2,000 is payable to recognise the additional responsibilities associated with this role.
Chair of Finance and Investment Committee	An annual fee of £2,000 is payable to recognise the additional responsibilities associated with this role.
Chair of People and Organisational Development Committee	An annual fee of £2,000 is payable to recognise the additional responsibilities associated with this 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 and noted that whilst the level of staff at band 7 and above from diverse ethnicities has continued to increase there is still a gap.

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. The Trust does, however, ensure its searches for executive and non-executive roles aim to seek shortlisted candidates from diverse backgrounds.

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

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

Details of the number of meetings of the committee during the year, together with membership and attendance can be found on page 70.

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 three of whom will be governors elected by members of either the public or staff constituencies.

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

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

The Governors' Nomination Committee met on five occasions between 1 April 2025 and 31 March 2026, the period covered by this annual report. The table below sets out the members of the committee during this period and the number of meetings at which each was present and in brackets the number of meetings that the member was eligible to attend.

Member	Meetings attended
Jenni Douglas-Todd	5 (5)
Shirley Anderson	5 (5)
Patricia Crates	5 (5)
Jenny Lawrie	5 (5)
Brian Lovell[1]	2 (2)
Esther O'Sullivan[2]	0 (2)

1 Brian Lovell was appointed as a member of the committee from 1 November 2025.
2 Esther O'Sullivan stood down as a public governor on 30 September 2025.

During 2025/26 the Governors' Nomination Committee made recommendations to the Council of Governors relating to:

- changes to the committee's terms of reference;
- the extension of the appointment of Tim Peachey as a non-executive director for 12 months;
- the process to recruit and appointment of Steve Peacock as a non-executive director, replacing Keith Evans; and
- the appraisal process for the Chair and non-executive directors, including the outcome of the appraisals.

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 2028
Diana Eccles[1]	Non-executive director	1 January 2023	31 December 2026[2]
Jane Harwood	Senior Independent Director Deputy Chair Non-executive director	1 January 2023 1 October 2025 1 October 2020	30 September 2026 30 September 2026 30 September 2026
David Liverseidge	Non-executive director	1 January 2025	31 December 2027
Tim Peachey[2]	Non-executive director	1 October 2019	30 September 2026[3]
Steve Peacock	Non-executive director	8 February 2026	7 February 2029
Alison Tattersall	Non-executive director	1 June 2024	31 May 2027
Executive directors			
David French[3]	Chief Executive Officer	27 April 2021	Not applicable
Paul Grundy[4]	Chief Medical Officer	17 May 2021	Not applicable
Steve Harris[5]	Chief People Officer	1 September 2020	Not applicable
Ian Howard[6]	Chief Financial Officer	14 March 2022	Not applicable
Andy Hyett	Chief Operating Officer	4 August 2025	Not applicable
Natasha Watts	Acting Chief Nursing Officer	8 October 2025	Not applicable

1 Following approval by the Council of Governors, Diana Eccles was appointed for a further 12-month term, commencing on 1 January 2026.
2 Following approval by NHS England, Tim Peachey's term of office was extended by a further 12 months.
3 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.
4 Paul Grundy was appointed as interim Chief Medical Officer on 1 February 2021 and then as substantive Chief Medical Officer on 17 May 2021.
5 Steve Harris was appointed as interim Chief People Officer on 1 February 2020 and then as substantive Chief People Officer on 1 September 2020.
6 Ian Howard was appointed as interim Chief Financial Officer on 2 November 2020 and then as substantive Chief Financial Officer on 14 March 2022.

Senior managers' remuneration (subject to audit)

2024/25						
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
Dave Bennett[3] Non-executive director	0-5	0	0	0	0	0-5
Gail Byrne[4] Chief Nursing Officer	170-175	0	0	0	312.5-315	480-485
Diana Eccles Non-executive director	10-15	0	0	0	0	10-15
Keith Evans[5] Non-executive director	10-15	0	0	0	0	10-15
David French Chief Executive Officer	275-280	0	0	0	57.5-60	335-340
Paul Grundy[6] Chief Medical Pfficer	280-285	0	0	0	67.5-70	350-355
Steve Harris[7] Chief People Officer	155-160	0	0	0	0	155-160
Jane Harwood Non-executive director	15-20	0	0	0	0	15-20
Ian Howard Chief Financial Officer	175-180	0	0	0	60-62.5	235-240
Andy Hyett[8] Chief Operating Officer	120-125	0	0	0	170-172.5	290-295
Duncan Linning-Karp Interim Chief Operating Officer[9]	150-155	0	0	0	87.5-90	240-245
David Liverseidge Non-executive director	15-20	0	0	0	0	15-20
Tim Peachey Non-executive director	15-20	0	0	0	0	15-20
Steve Peacock[10] Non-executive director	0-5	0	0	0	0	0-5
Alison Tattersall Non-executive director	10-15	0	0	0	0	10-15
Natasha Watts[11] Acting Chief Nursing Officer	125-130	0	0	0	237.5-240	360-365

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 Dave Bennett served as a non-executive director until 14 July 2025.

4 Gail Byrne served as Chief Nursing Officer until 30 April 2026.

5 Keith Evans served as a non-executive director until 31 January 2026. He additionally served as deputy chair until 30 September 2025.

6 Paul Grundy holds a clinical role within the Trust. £140k of his salary relates to this role.

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

8 Andy Hyett was appointed as Chief Operating Officer from 4 August 2025.

9 Duncan Linning-Karp served as Interim Chief Operating Officer from 1 March 2025 until 1 August 2025.

10 Steve Peacock was appointed as a non-executive director and as chair of the Audit and Risk Committee on 9 February 2026.

11 Natasha Watts was appointed as Acting Chief Nursing Officer from 8 October 2025.

Senior managers' remuneration (subject to audit)

2024/25						
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
Dave Bennett Non-executive director	15-20	0	0	0	0	15-20
Gail Byrne Chief Nursing Officer	170-175	0	0	0	0-2.5	170-175
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	275-280	0	0	0	112.5-115	390-395
Paul Grundy[3] Chief Medical Pfficer	275-280	0	0	0	127.5-130	405-410
Steve Harris[4] Chief People Officer	155-160	0	0	0	0	155-160
Jane Harwood Non-executive director	15-20	0	0	0	0	15-20

2024/25						
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**
Ian Howard Chief Financial Officer	175-180	0	0	0	35-37.5	210-215
Duncan Linning-Karp[5] Interim Chief Operating Officer	15-20	0	0	0	40-42.5	55-60
David Liverseidge[6] Non-executive director	0-5	0	0	0	0	0-5
Tim Peachey Non-executive director	15-20	0	0	0	0	15-20
Joe Teape[7] Chief Operating Officer	190-195	0	0	0	0	235-240
Alison Tattersall[8] Non-executive director	10-15	0	0	0	0	10-15

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 Paul Grundy holds a clinical role within the Trust. £138k of his salary relates to this role.

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

5 Duncan Linning-Karp was appointed as interim Chief Operating Officer from 1 March 2025.

6 David Liverseidge was appointed as a non-executive director on 1 January 2025.

7 Joe Teape served as Chief Operating Officer until 28 February 2025.

8 Alison Tattersall was appointed as a non-executive director on 1 June 2024.

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 2026	Lump sum at pension age related to accrued pension at 31 March 2026	Cash equivalent transfer value at 1 April 2025	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2026	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	12.5-15	35-37.5	90-95	235-240	174	43	242	0
David French Chief Executive Officer	5-7.5	0-2.5	80-85	0-5	1280	58	1394	0
Paul Grundy Chief Medical Officer	2.5-5	2.5-5	75-80	190-195	1711	85	1848	0
Ian Howard Chief Financial Officer	2.5-5	0-2.5	45-50	0-5	544	35	610	0
Andy Hyett Chief Operating Officer	5-7.5	10-12.5	80-85	205-210	1569	112	1790	0
Duncan Linning-Karp Interim Chief Operating Officer	5-7.5	0-2.5	35-40	0-5	449	59	533	0
Natasha Watts Acting Chief Nursing Officer	5-7.5	5-7.5	35-40	85-90	563	99	795	0

Notes

1. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of non-executive directors in the above table.
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. 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.
4. Steve Harris chose not to be covered by the pension arrangements from 1 October 2022.
5. Where the real increase in CETV results in a negative figure, zero is reported.
6. CETV figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2026. HM Treasury published updated guidance in December 2025; this guidance was used in the calculation of 2025/26 CETV figures.

Payments for loss of office (subject to audit)

There have been no payments made to senior managers for loss of office during 2025/26.

Payments to past senior managers (subject to audit)

There have been no payments during 2025/26 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 2025/26 was £280-285,000 (2024/25, £275-280,000). This is a change between years of 1.8% (2024/25: 5.3%).

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 2025/26 was from £24,465 to £345-350,000 (2024/25: £23,615 to £305-310,000). 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 10.6% (2024/25: 9.1%). One employee received remuneration in excess of the highest-paid director in 2025/26 (2024/25: 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.

	25th percentile	Median	75th percentile
2025/26			
Salary component of pay	£36,140	£47,460	£67,840
Total pay and benefits excluding pension benefits	£36,140	£47,460	£67,840
Pay and benefits excluding pension: pay ratio for highest paid director	7.9:1	6:1	4.2:1
2024/25			
Salary component of pay	£30,930	£42,870	£56,450
Total pay and benefits excluding pension benefits	£30,930	£42,870	£56,450
Pay and benefits excluding pension: pay ratio for highest paid director	9.0:1	6.5:1	4.9:1

Directors' and governors' expenses

Directors	2025/26	2024/25
Number of directors who held office	17	15
Number of directors who received expenses	5	3
Aggregate amount of expenses paid	£2,051	£2,470
Governors		
Number of governors who held office	27	28
Number of governors who received expenses	3	3
Aggregate amount of expenses paid	£550.50	£255

The expenses incurred by directors in 2025/26 related to travel expenses and course fees.

The expenses incurred by governors in 2025/26 related to reimbursement for travel expenses.



David French
Chief Executive Officer
26 June 2026

Staff report

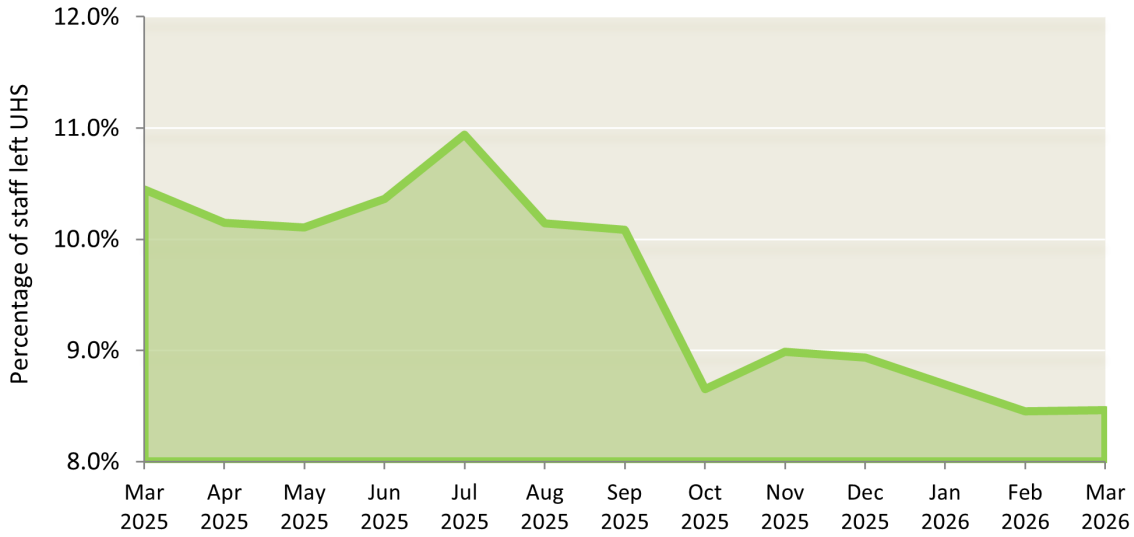
Staff numbers

Average number of staff employed during 2025/26 (whole-time equivalent (WTE) basis).

Staff group	Permanently employed staff	Other staff	Total
Medical and dental staff	2,158	37	2,195
Ambulance staff	25	0	25
Administration and estates staff	2,460	73	2,533
Healthcare assistants and other support staff	2,204	290	2,494
Nursing, midwifery and health visiting staff	4,012	307	4,319
Scientific, therapeutic and technical staff	1,105	21	1,126
Healthcare science staff	532	8	540
Social care staff	0	0	0
Other	15	0	15
Grand total	**12,522**	**727**	**13,249**

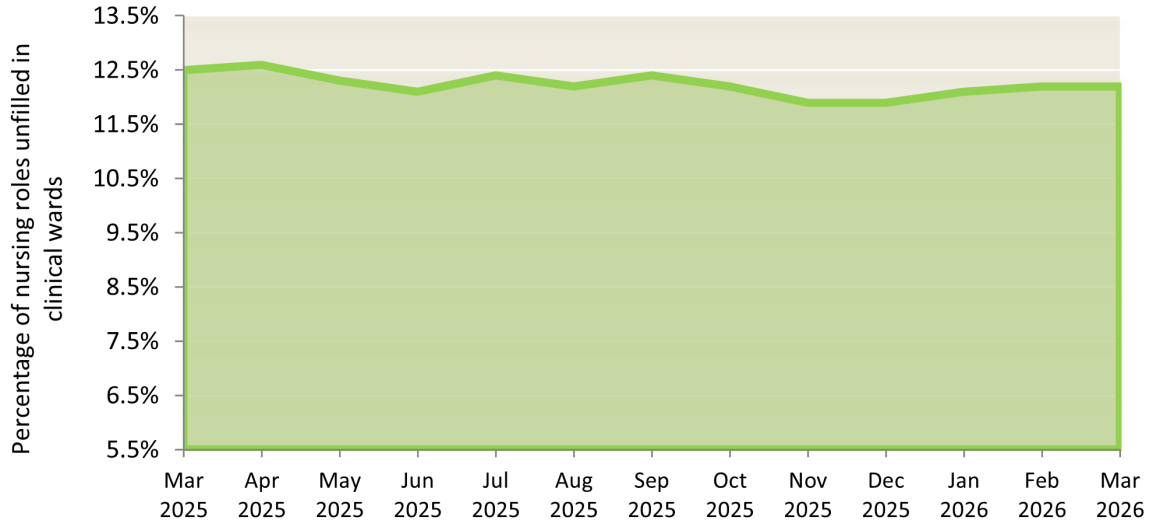
Staff turnover

Staff turnover during 2025/26 (12 month rolling basis).



Annual staff turnover was 8.46% as of 31 March 2026. There was a decrease in the overall number of staff leaving the Trust in 2025/26. The staff groups with the greatest turnover were Additional Clinical Services, Administrative and Clerical, and Medical and Dental. From April 2025 to March 2026, the three main reasons given by those leaving were voluntary resignation, retirement and end of fixed term contract.

Nursing (clinical wards) vacancies 2025/26.



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

Staff costs

	Permanently employed staff £000	Other staff £000	Total £000
Salaries and wages	661,294	0	661,294
Social security costs	88,700	0	88,700
Apprenticeship levy	3,257	0	3,257
Pension cost – employer contributions to NHS pension scheme	79,955	0	79,955
Pension cost – employer contributions paid by NHSE on provider's behalf	51,433	0	51,433
Pension cost - other	71	0	71
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Temporary staff – external bank	0	45,942	45,942
Temporary staff – agency/contract staff	0	3,741	3,741
Total gross staff costs	**884,710**	**49,683**	**934,393**
Recoveries in respect of seconded staff	(20,381)	0	(20,381)
Total staff costs	**864,329**	**49,683**	**914,012**
Costs capitalised as part of assets	7,660	0	7,660
Total staff costs (excl. capitalised costs)	**856,669**	**49,683**	**906,352**

Inclusion and belonging

The Trust's Inclusion and Belonging Strategy 2023-26 continues to be implemented. 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 of the five themes has a phased delivery programme for implementation over the lifetime of the strategy.

In 2025/26, the Trust has continued to deliver its flagship programmes in relation to inclusion and belonging and the Stop.Start.Continue allyship programme achieved the target participation of over 11,500 staff since being launched in 2022. In 2026, the Trust will be designing the "next steps" of this programme aligned to the revised approach to tackling violence, aggression and abuse at UHS.

In 2025, the Trust celebrated the graduation of 24 more leaders from our Positive Action Leadership Programme, which aims to develop and support leaders from a range of underrepresented backgrounds into senior roles at UHS, to improve the representation of senior leaders from across the communities served.

The Proud2bAdmin network celebrated its 1st year anniversary reflecting on the achievements during the previous 12 months, which included strengthening the network membership and implementing Trust-wide Admin Huddles to share best practice, communicate changes and priorities, and celebrate success.

The Trust celebrated events with other UHS Staff Networks such as Armed Forces Day and Remembrance Sunday with the Armed Forces Network, and the Trust also had a strong presence at the Southampton Pride event alongside its Proud Alliance, LGBTQIA+ Network and other NHS colleagues from Hampshire and Isle of Wight. The Trust also celebrated Black History Month supporting an exhibition on Colourism curated by the Founder of Black History Month South and a local historian. The Women's Network marked International Women's Day by showcasing female leaders across UHS, and the Disability and Long-Term Illness network highlighted the lived experience of people with disabilities through simulation as part of Disability History Month in December 2025.

In 2025, the Trust increased its efforts to tackle violence, aggression and abuse against staff. UHS launched a new framework Safe@UHS which detailed several actions mapped to the achievement of the NHS Violence Reduction Standard. A revised policy and operational process to manage violence, aggression and abuse has been launched, supported by the implementation of the UHS Violence, Aggression and Abuse (VAA) Board. Safety is a critical factor in staff inclusion and belonging, all staff have the right to feel safe and secure at work.

As part of the Trust's work on Inclusive Recruitment, a new inclusive recruitment training programme has been designed and launched, ensuring all recruiting managers have the skills, knowledge and inclusive approaches in recruitment activity, with an aim to eliminate bias and promote diverse hires.

In 2025, the Trust implemented an integrated Equality and Quality Impact Assessment panel, the primary role of which was to ensure robust equality and quality considerations were given to the proposals for financial savings and improvement. This mechanism has continued and improved the quality of impact assessments across the Trust.

The Trust reports its Equality, Diversity and Inclusion progress against a range of key metrics including the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), quarterly and annual NHS Staff Survey and the Gender Pay Gap.

These reports summarise the analysis undertaken on workforce diversity data, performance against key diversity metrics, barriers that have been identified for different staff groups, and the actions that have or will be taken to address those barriers. Reports are published on the Trust website at University Hospital Southampton.

A particular decline has been seen in the experiences of staff with disabilities and long-term illness at UHS. The Long-Term Illness and Disability staff network (LID) has been providing additional feedback to ensure UHS has sufficient resource and capability to support staff with disabilities and long term-illness. In 2026 it is anticipated that investment will be made to review and improve the workplace adjustment process, and support mechanisms required to ensure people with disabilities and long-term illness have a positive working experience, feel valued and get the support they need to thrive.

Staff gender breakdown

The gender breakdown for staff on 31 March 2026 is set out below.

Gender breakdown	
All staff	
Female	74%
Male	26%
Board	
Female	42%
Male	58%

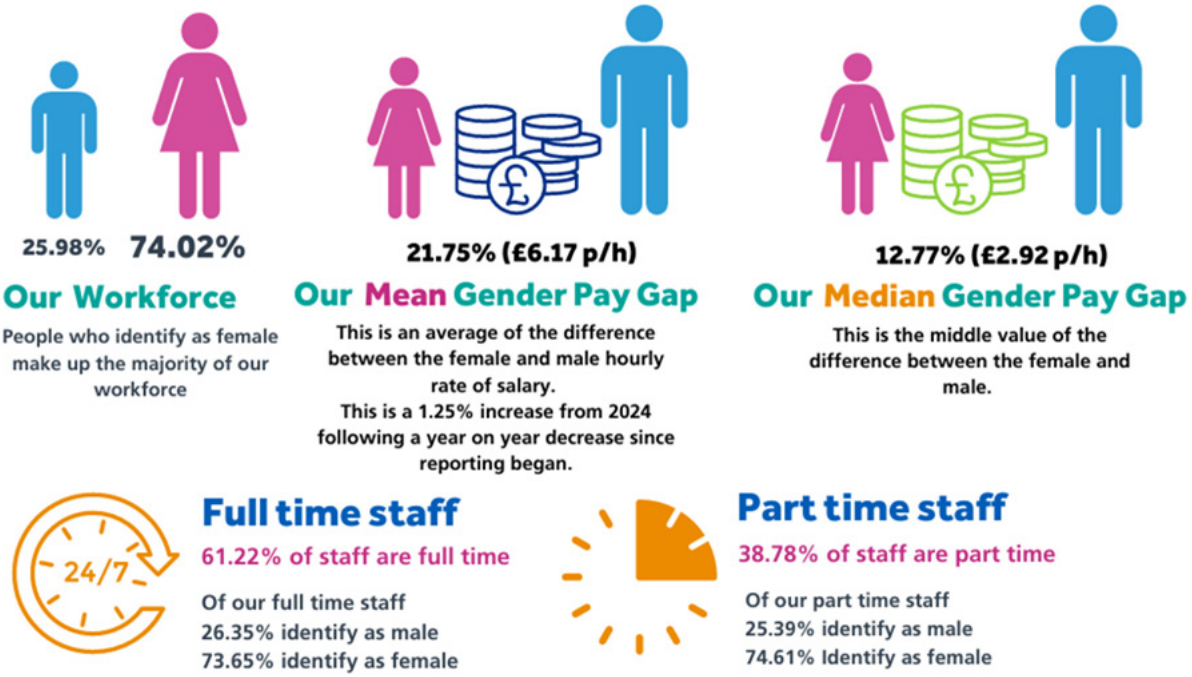
Gender breakdown	
Chair and non-executive directors	
Female	57%
Male	43%
Executive directors	
Female	17%
Male	83%

Gender pay gaps

A note on language: The Supreme Court judgement, For Women Scotland Ltd v Scottish Ministers, April 2025 clarified the protections of Sex and Gender under the Equality Act 2010, with protections under Sex, meaning the biological Sex a person was born with, rather than acquired or preferred sex. The Gender Pay Gap remains an obligation under the Equality Act 2010 for all organisations with over 250 employees, language has not changed in the Gender Pay Gap reporting to reflect the 2025 judgement. Gender in the UHS pay gap report is the biological sex of the person at birth.

Gender pay gap reporting legislation requires organisations to publish figures relating to their gender pay gap on an annual basis, and against a prescribed methodology which looks at mean and median gender pay gaps. The gender pay gap is different to equal pay, which is a legal requirement. The gender pay gap is the percentage difference between average (mean and median) hourly earnings for men and women. For each reporting year, the gender pay gap is calculated using a snapshot date at the end of the previous financial year as required by the gender pay gap reporting legislation (2024/25 reporting year uses data as of 31 March 2025).

The mean gender pay gap at UHS had reduced year on year, a total of 7.6% since reporting began, however in 2025, a slight increase was seen from 2024 by 1.25% to 21.75% in favour of male colleagues. Analysis shows that this is not due to changes in base pay, but due to the increase of males represented in the overall workforce, particularly in the higher paid roles, the gap is being pulled towards the top of the distribution.



The Trust's gender pay gap report can be found on its website Gender Pay Gap Report 2025 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

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 continued to improve to health and wellbeing support via the *Windows into Wellbeing* Staffnet pages, which is the "one stop shop" for all online information, tools, resources and signposting. The Trust has continued to invest in its wellbeing faculty across the organisation. The number of Trauma Risk Management (TRiM) Managers and Practitioners has increased, and a group of staff to use the REACTMH tools from March on Stress has been trained. This will enable managers and supervisors to be trained in having psychologically informed and supportive conversations with colleagues about their mental health, with anxiety and mental health now the main reason for sickness absence, this is a critical programme of work for 2026.

The Trust's Schwartz Round programme has continued. Schwartz Rounds offer reflective practice forums with a trained facilitator on a range of topics associated with emotional and social aspects of working in healthcare, specifically to enable people to feel less stressed, isolated and increase appreciation and insight. Initially Schwartz Rounds were only offered to clinical preceptors, newly qualified in their roles, but has now been expanded with the support of the Wellbeing funding, enabling more staff to benefit from the evidence-based approach.

The Trust has continued to increase the Professional Nurse Advocate (PNA) and Professional Midwifery Advocate (PMA) roles from 5 in 2021 to 40 qualified, 12 in training and 20 on waiting list in 2025; this symbolises the Trust's commitment to ongoing professional development and support.

PNA and PMAs provide restorative supervision to colleagues and teams, to improve wellbeing and retention alongside improved patient outcomes.

The Trust's Employee Assistance Programme (EAP) offers a range of support, counselling, financial advice, health and wellbeing offers and resources. Loans are provided to staff to enable them to apply for indefinite leave to remain – 18 staff benefited from this in 2025.

This is a local initiative that has received plaudits nationally and others are looking to adopt it. This is part of the Trust's staff support programme which also includes hardship grants, food vouchers and meals. UHS has continued its hardship support programme offering small grants to support unexpected expenses e.g. replacement washing machine and / or food vouchers / free food at the staff canteen. Unfortunately, given the cost-of-living challenges many are facing, these are well used by staff. The Trust appreciates the support for this from the Southampton Hospital Charity.

The Trust occupational health service continues to offer health surveillance, workplace health risk assessment, screening, and guidance and support in relation to healthy living, the LiveWell service offers staff health checks, support to stop smoking, and health promotion advice.

In February 2026 a major incident was declared at the hospital due to a major fire in our Endoscopy department. This unprecedented event saw the evacuation of 500 patients from the West Wing of the hospital to safe areas within 40 minutes. The professionalism, compassion and courage shown from the staff during the event to keep patients and other staff safe and cared for was truly outstanding. Equally the actions from staff in the days and weeks afterwards in managing the incident and the subsequent recovery was tremendous. The Trust is immensely proud of how the staff, patients and visitors dealt with the major incident. There are plans to recognise staff more formally during 2026.

The fire and subsequent recovery efforts had a significant impact on staff; many staff were displaced from their usual place of work or had to work differently. A pathway of wellbeing support was stood up within 24 hours of the fire starting, including psychological support, Trauma Risk Management (TRiM), bespoke wellbeing interventions, regular wellbeing walk arounds and drop-in sessions. Leadership visibility was increased, and the Southampton Hospital Charity supported the delivery of over 500 boost boxes, filled with refreshments, wellbeing items, and treats were delivered across the hospital.

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 acknowledge 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. The monthly UHS Champions nominations, including the daily High Fives. 2,675 people were given High Five awards in 2025, and 19 monthly Star Awards were presented, these nominations highlight the extraordinary contributions made by the Trust's dedicated teams, whether it is through their clinical excellence or invaluable support in non-clinical roles.

The monthly Spotlight session, hosted by the Chief Executive Officer, is dedicated to celebrating achievements of staff, including innovations, sharing excellent practice, patient stories and plaudits, and learning. Also, the celebration of the monthly awards, and any external recognition or awards that have been achieved by individuals or teams.

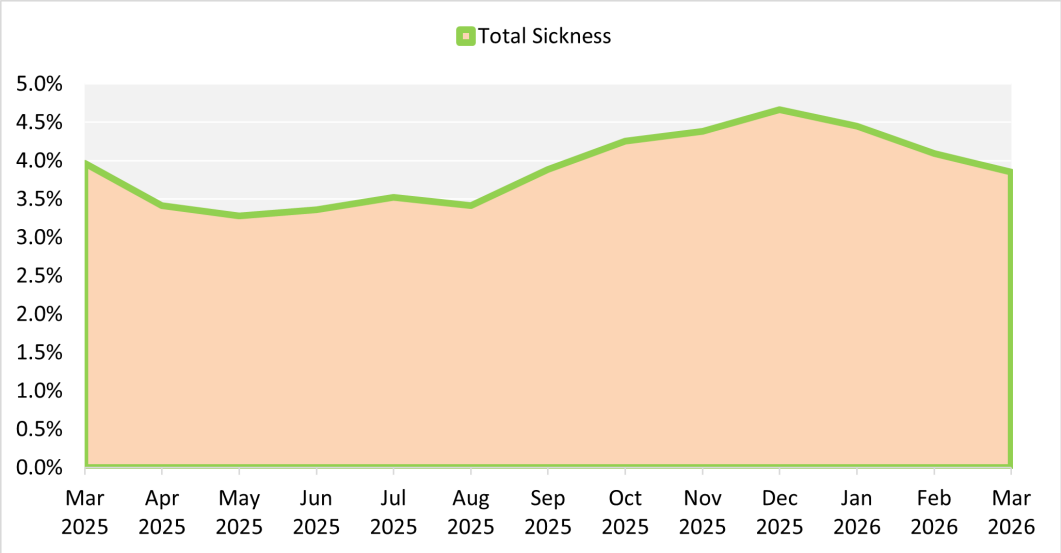
As part of the Trust's annual awards ceremony, UHS Champions, teams who had achieved excellent outcomes or had shown dedication to service delivery were recognised.



In October 2025, the Trust held its 3rd We Are UHS week, which celebrated the innovations and achievements of staff and offered a variety of ways to recognise each other in local teams. The week included a special edition of the monthly Spotlight session which focussed on individuals and teams who have been recognised throughout the year both internally and externally, the Trust also recognised the contribution of the Filipino nursing community at UHS, noting a milestone of 25 years since the first Filipino nursing cohort started at the hospital.

Sickness absence

Sickness absence during 2025/26 (12-month rolling basis):



Sickness rates fluctuated throughout the year. The top reasons for sickness from April 2025 to March 2026 included stress and anxiety, colds, coughs and flu, and musculoskeletal problems. COVID-19 prevalence reduced significantly throughout 2025/26. During the period between October 2025 and January 2026 in particular, sickness rates increased due to seasonal illnesses, which placed further strain on the Trust's capacity and necessitated increased use of temporary staff during this period.

Staff experience and engagement

The Trust is committed to listening to the experiences of everyone who works at UHS to develop a deep understanding of how they are treated and what it feels like to work at the Trust and responding accordingly. A variety of methods are used to gather intelligence, feedback, and hear the experiences of staff and these are triangulated to establish themes, which are then fed into the development of annual People Priorities.

In 2025, the Trust launched UHS Voices, a mechanism for teams to invite members of the executive team to visit and hear the feedback, successes and challenges in an informal way. Regular Connect sessions, hosted by the CEO, have continued to take place to ensure senior leaders are connected and informed about changes, priorities, collective actions, and information to cascade back to teams. One of the main mechanisms for gathering staff feedback is the annual NHS Staff Survey, and the quarterly People Pulse survey.

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 staff networks. The Chief Executive Officer runs regular engagement sessions where staff views and ideas are shared.

Staff survey

The national NHS staff survey annually measures the satisfaction of employees across the domains of the NHS People Promise. 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.

UHS survey results reflect national trends, with declines nationally being seen in Advocacy, Development, Raising Concerns, and Burnout. Line manager satisfaction at UHS has remained stable or improved, mirroring national outcomes. UHS matched the national NHS average of staff recommending their workplace (58%).

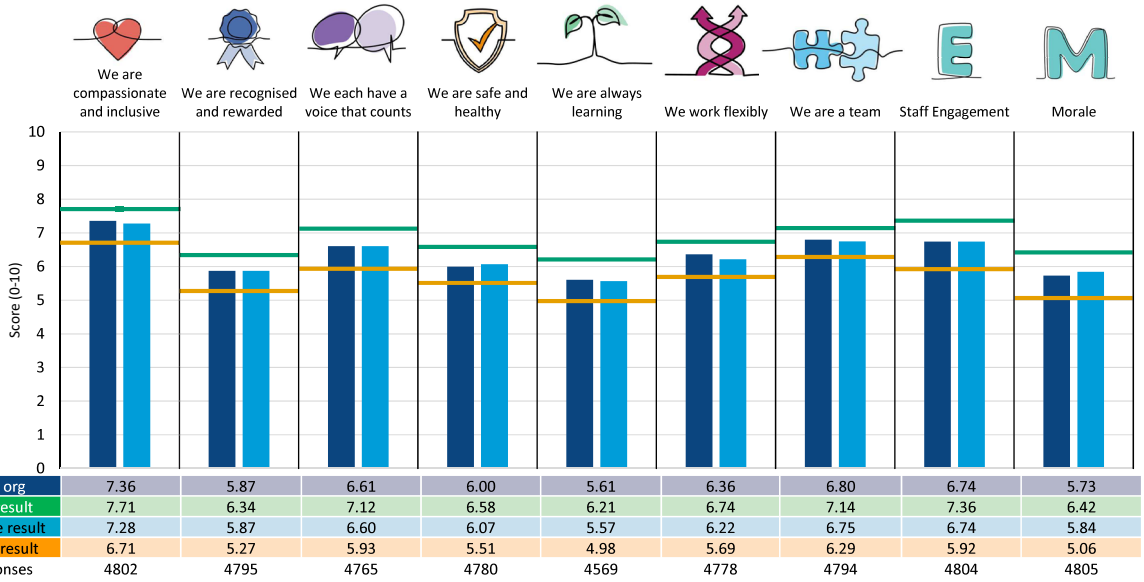
UHS has experienced a significantly challenging period over the last two years, with significant organisational change and disruption for staff. This has been reflected in the staff survey results. However, the results showed that staff would still have confidence in the standard of care being given at UHS and would recommend UHS as a place to be treated, but staff experience in relation to impact on wellbeing and morale has deteriorated due to challenges regarding staffing capacity, pressure at work, resources to do the job.

Engagement in the annual survey dropped, with participation of 35% in 2025 (4,808 staff), this has been attributed to several factors including time and capacity to complete the survey, challenges

with access to computers in clinical areas, and general disengagement relating to survey fatigue.

Overall, of the nine People Promise themes UHS scored above national average on four domains: *We are Compassionate and Inclusive, We are a Team, We Work Flexibly*, and *We are always learning.* The Trust was at the national average on *We are recognised and rewarded, We have a voice that counts*, and *Staff Engagement*. For the first time, the Trust was below the national average on *Morale*.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.36	5.87	6.61	6.00	5.61	6.36	6.80	6.74	5.73
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	4802	4795	4765	4780	4569	4778	4794	4804	4805

The Trust's Staff Engagement score was 6.7, matching the national average, Morale was 5.73, below the national average. The table below shows the results over the last three years against the People Promise themes, UHS compared to the benchmark group.

Indicators	**2025**		**2024**		**2023**	
People Promise elements and themes	**Trust**	**Benchmark group[1]**	**Trust**	**Benchmark group[1]**	**Trust**	**Benchmark group[1]**
We are compassionate and inclusive	7.36	7.28	7.45	7.21	7.43	7.24
We are recognised and rewarded	5.87	5.87	6.08	5.92	6.04	5.94
We each have a voice that counts	6.61	6.60	6.84	6.67	6.81	6.70
We are safe and healthy	6.0	6.07	6.20	6.09	6.16	6.06
We are always learning	5.61	5.57	5.95	5.64	5.85	5.61
We work flexibly	6.36	6.22	6.58	6.24	6.54	6.20
We are a team	6.80	6.75	6.90	6.74	6.88	6.75
Staff engagement	6.74	6.74	7.04	6.84	7.03	6.91
Morale	5.73	5.84	6.06	5.93	6.05	5.91

1 Acute and acute community trusts

Fifty-eight per cent of participants would recommend UHS as a place to work, this was a decline of 10% from 2024.

Care of patients/service users is my organisation's top priority remains significantly above the national average at 70%. However, this has seen a decline over the last two years. Advocacy in terms of staff feeling happy with the standard of care provided if a friend of relative needed treatment remained high at 70%, whilst this has also seen a decline from previous years it remains well above the national average of 60%.

Fifty per cent of those who completed the survey said they look forward to going to work, a drop of 5% from 2024, and the same 5% decline seen in enthusiasm to come to work at 62%.

There were areas within the staff survey which have remained stable and satisfaction in some areas remained high. These are in relation to elements where focused work has taken place as part of the priorities within the People Strategy:

- Opportunity to develop skills at UHS.
- Compassionate leadership, and people feeling that they are enjoy working within their teams.
- Flexible working opportunities.
- Satisfaction with immediate managers, specifically in terms of managers caring about their staff, supporting staff during challenges, and listening to concerns.
- People feeling that UHS respects individual differences and acts fairly in relation to career promotion.

The Trust continues to support teams in responding to their results and identifying the top three priorities that they will respond to both in the year and longer term. In response to this year's survey, and the declines seen, leaders across the Trust will be supported by members of the People directorate to analyse their local survey results, work with their teams to prioritise areas for improvement, and create their short, medium and long term plans, recognising that some actions will see immediate results, and others take more than one or two survey cycles to demonstrate improvement.

Future priorities and targets

The Trust's focus for 2026/27 will be on the following areas:

- A major priority is to re-establish a focus on people experience, leadership and development. This includes relaunching leadership programmes across all levels, strengthening appraisal and career conversations, improving local accountability for staff experience, and developing a long-term education strategy aligned to workforce and clinical priorities.
- The Trust will also focus on delivering the 2026/27 workforce plan in support of operational and financial recovery. This includes appropriately re-calibrating recruitment controls aligned to budgets, continued targeted recruitment in key areas of pressure, reducing reliance on temporary staffing, and supporting transformation through digital and automation initiatives.
- Rebuilding engagement, voice and organisational trust is a core priority. This is to be achieved through a clearer and more compelling organisational narrative, structured engagement, stronger two-way communication, and increased senior leadership visibility.
- The Trust is also prioritising staff safety, wellbeing, inclusion and belonging. This includes embedding a strengthened approach to violence and aggression, reinforcing positive standards of behaviour, and improving support for staff with disabilities or long-term conditions.

Expenditure on consultancy

Expenditure on consultancy in 2025/26 was £91,200 (2024/25: £nil).

Off-payroll engagements

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 2026 earning £245 per day or greater:

Total number of existing engagements as at 31 March 2026	0
Number that have existed for less than one year	0
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 2026 and earning £245 per day or greater:

Number of off-payroll workers engaged during the year ended 31 March 2025	0
Of which:	
• Not subject to off-payroll legislation*	0
• Subject to off-payroll legislation and determined as in-scope of IR35*	0
• 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 2025 and 31 March 2026:

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

The figures in the table below relate to exit packages agreed in 2025/26.

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	1	26	27
£10,000-£25,000	1	36	37
£25,001-£50,000	2	13	15
£50,001-£100,000	4	5	9
Greater than £100,000	5	0	5
Total number of exit packages by type	13	80	93
Total resource cost (£000)	932	1,509	2,441

The figures in the table below relate to exit packages agreed in 2024/25.

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	2	2
£10,000-£25,000	0	4	4
£25,001-£50,000	0	5	5
£50,001-£100,000	0	1	1
Greater than £100,000	0	0	0
Total number of exit packages by type	0	12	12
Total resource cost (£000)	-	300	300

Staff exit packages (non-compulsory departures payments)

The figures in the table below relate to exit packages agreed in 2025/26.

2025/26	Agreements number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	9	782
Mutually agreed resignations (MARS) contractual costs	62	514
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	9	213
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HM Treasury approval	0	0
Total	**80**	**1,509**
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 2024/25.

2024/25	Agreements number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	1	11
Mutually agreed resignations (MARS) contractual costs	9	230
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	2	59
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HM Treasury approval	0	0
Total	**12**	**300**
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 acting 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.2.17 – 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 86).

The Trust was non-compliant with the following provisions during 2025/26, but as at 31 March 2026, was compliant:

- B.2.7 – number of independent non-executive directors (see page 56).
- D.2.1 – deputy chair as chair of the Audit and Risk Committee (see page 72).

NHS System Oversight Framework

NHS England's NHS Oversight Framework 2025/26 is the framework for assessing health systems, including providers. It promotes transparency, improvement, and helps identify potential support or intervention needs. NHS organisations are allocated to one of five 'segments'.

Segmentation indicates performance and whether improvement is required, from high-performing across all domains (segment 1) to low performance across a range of domains (segment 4). An organisation assessed as segment 4 combined with a low capability to improve is allocated to segment 5.

NHS England's oversight response to an organisation is based on:
a) Its segment derived from scored metrics under five performance domains (being access to services, effectiveness and experience of care, patient safety, people and workforce, and finance and productivity);
b) considering financial override which may limit a segment to be no better than 3;
c) contextual metrics which are not scored (for example those under sixth domain of improving health and reducing inequality); and
d) capability assessments which consider the organisation's leadership and governance.

Segmentation

Based on the latest segmentation data published by NHS England, the Trust had been placed in segment 3.

This segmentation information is the Trust's position as at 11 June 2026. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.



David French
Chief Executive Officer
25 June 2026

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
25 June 2026

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 2026 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 significantly updated in 2023/24, including a review of risk appetite by the Board. In addition, the Trust's risk scoring matrix was updated in 2024/25 to ensure it aligns with the national Learning from Patient Safety Events framework and to reduce the level of subjectivity present in the previous framework and, in so doing, provide a more consistent view of risk across the organisation. Newly developed guidance was included to support risk assessors in determining the risk level in a consistent and proportionate manner.

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 meet its statutory, regulatory and legal obligations;
- 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

In recent years, the Trust has 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.

The Trust categorises its level of risk appetite as indicated below:

Averse	Avoidance of risk and uncertainty is 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 fiscal risks that could undermine the organisation's financial resilience and, by extension, its ability to maintain operational continuity.	**MINIMAL**	Whilst low levels of financial risk may be accepted where there is a clear opportunity to set and strengthen foundations for the future, the Trust's core priorities are delivering value for money, living within its means, and the achievement of long-term financial stability and sustainability.
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. Whilst limited clinical risks may be accepted when they are essential to safe delivery of care, such risks must be rigorously assessed and managed with robust mitigation measures in place.
Effectiveness Appetite for risks that may compromise the delivery of outcomes for patients.	**CAUTIOUS**	The Trust expects services to be delivered in a manner that upholds patient safety and supports positive outcomes. A low level of risk may be accepted where there is clear potential to enhance service delivery, provided that any residual risks are well understood and effectively mitigated.
Experience Appetite for risks which may affect patients' experience of the Trust's services.	**OPEN**	Whilst the Trust's ambition is to provide a consistently positive experience for all patients, it is acknowledged that current pressures on capacity and financial resources may impact the Trust's ability to fully achieve this goal. For instance, some patients may experience longer waits for treatment than is optimal, which falls short of the standard of experience the Trust strives to deliver. However, in prioritising patient safety and ensuring that the most vulnerable receive timely care within available resources, such compromises may be unavoidable. Despite these challenges, the Trust remains committed to putting patients first and will pursue opportunities to enhance patient experience provided these do not compromise safety or introduce unacceptable financial risk.

Area	Appetite	Explanation
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, ensuring the Trust's digital systems are secure, resilient, and support the safe delivery of clinical care. The Trust actively pursues technological advancements to improve services, while maintaining patient safety through robust governance and change management frameworks. However, the Trust maintains a low tolerance for cyber security risks that could compromise operational or financial stability.
Workforce Appetite for risks relating to the Trust's workforce.	**OPEN**	The Trust's staff is one of its most valuable assets and the Trust is committed to cultivating a skilled, diverse, and sustainable workforce. In view of ongoing challenges across the NHS, it is recognised that to achieve long-term goals whilst also managing financial risk, tolerance of greater short- to medium-term workforce risks may be necessitated. This could limit immediate investment in education and wellbeing. However, staff satisfaction and development remain long-term priorities. All risks will be managed thoughtfully and compassionately, with the Trust's staff in mind.

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 regularly 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 2025/26. 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 and 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
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 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

Strategic risk	Monitoring 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
Our digital technology or infrastructure fails to the extent that it impacts our ability to deliver care effectively and safely within the organisation.	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:

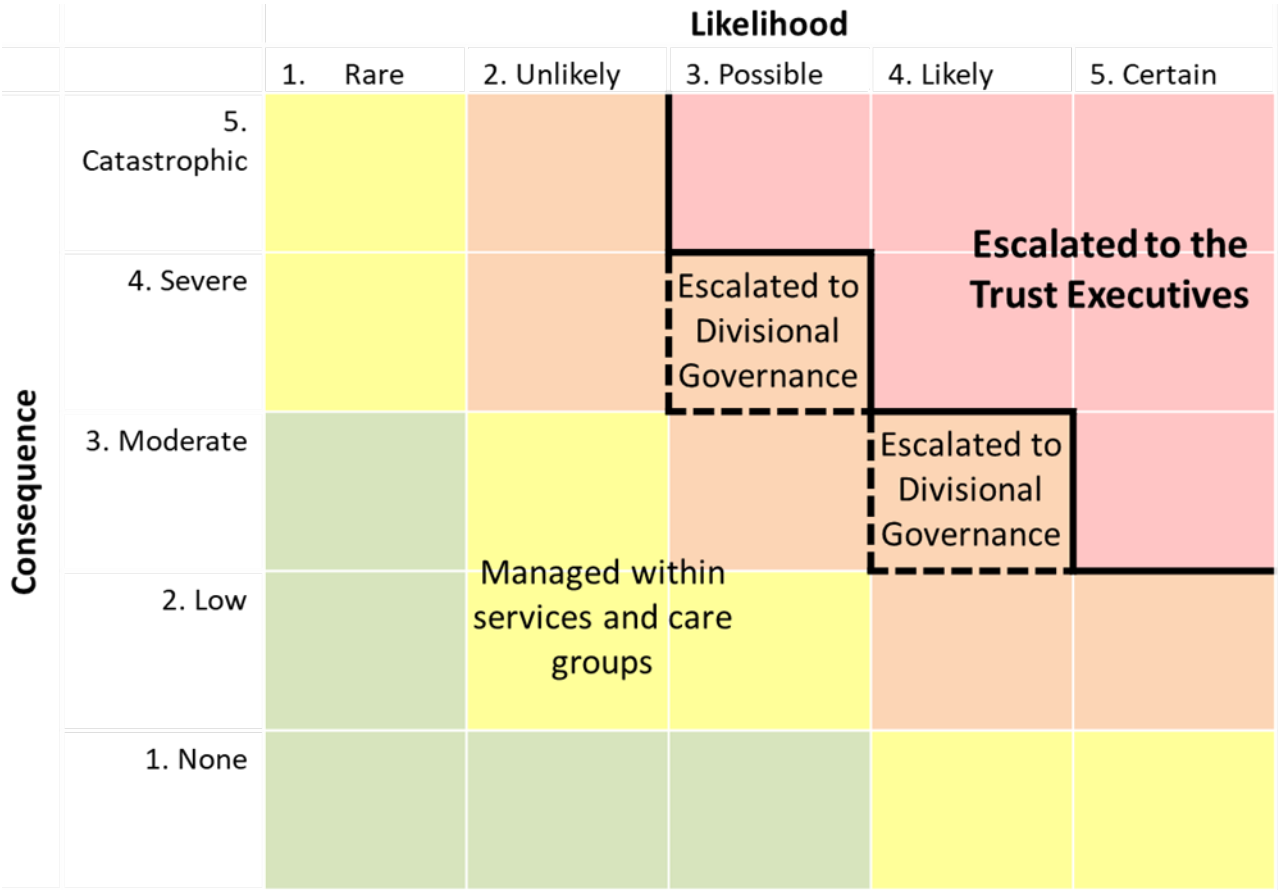
- new or changes to national guidance, legislation and regulation;
- incidents, complaints, concerns, feedback, claims and peer reviews;
- external review; and
- clinical and other audits.

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.



Risk level	Responsible for managing	Monitoring frequency
Low (rated 1-3)	Ward/care group	At least every six months
Low (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, particularly due to an aging estate or difficulties in maintenance.
- Insufficient capacity including increased emergency and elective demand and inability to discharge patients having no criteria to reside.
- Lack of availability of medicines or medical equipment.

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, and did so at its meeting held on 14 May 2026.

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. During 2025/26, appraisals were conducted in line with the NHS Leadership Competency Framework for Board Members with the directors being assessed against the six leadership competency domains.

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 2025/26 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 in response to the fire on 1 February 2026.

Equality, diversity and human rights

The Trust has set out to integrate equality impact assessments (EIAs) 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 EIAs. 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 resident 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 (DSPT), which allows the Trust to measure and track its performance against five objectives. The toolkit is a self-assessment against a number of areas, including data protection and cyber security. From 2024/25, the DSPT has been amended in order to align it with the Cyber Assurance Framework.

For additional assurance, the Trust's draft self-assessment undergoes an external audit before submission of the final response to NHS England. The Trust's initial submission on 30 June 2025 was assessed as 'standards not met', but following agreement by NHS England of an improvement plan, the Trust was reassessed as 'approaching standards'.

Information governance

During 2025/26, the Trust recorded 289 adverse information governance events. The Trust reported seven incidents via the DSPT incident reporting module, of which four were reportable to the Information Commissioner. These incidents are summarised below:

- Symphony, an electronic patient record used in the Emergency Department, has clinical data within the initial assessment field, which does not download when downloading a patient's record. Staff were unaware of this.
- The father of a new baby attempted to collect the baby's child health record, which had been left behind at a previous clinical appointment. It was not possible to locate the book at that time. Instead, the book was posted through the door of what was thought to be the father's house by a community midwife. However, the book was not received as it appears to have been delivered to the wrong address.
- On 3 June 2024, Synnovis, one of the Trust's pathology suppliers, suffered a cyber attack, which involved the exfiltration of the Trust's patient data, which was subsequently published. The Trust became aware of this publication of data in January 2026.
- First trimester screening results were sent to incorrect recipients, impacting five patients.

None of the incidents above resulted in the Information Commissioner pursuing a case against the Trust.

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 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.

A dedicated validation team is employed to support elective pathway data quality and improved data collection using a dedicated validation system, supporting the validation which is also conducted within the divisions. The central 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 latest data quality maturity index score as being 93%.

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 2024/25 data, the Trust has a National Cost Collection score of 95, meaning that the Trust is 5% more efficient than average. The national corporate services benchmarking data for 2024/25 indicated that the Trust was in the lowest quartile benchmarks across most aspects of corporate services.

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, Investment and Cash Committee and Board monitor 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. As in previous years, the audit noted a significant weakness in respect of the Trust's financial sustainability. This was linked to the challenging cost improvement programme target for 2026/27, specifically the size of the savings programme and the need to identify and deliver recurrent efficiency savings alongside one-off savings opportunities.

The audit also noted a significant weakness in relation to the procurement of a financial consultancy firm and set out recommendations in relation to this and to the management of waivers of competitive tendering.

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 equality and 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 2025/26, the Trust delivered £95.1m of efficiencies against its £110m 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 five 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 written report from the chairs of the Audit and Risk Committee and Quality Committee following each meeting as well as minutes of the meetings and a verbal update from the committee chairs. 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 2025/26, which

provided the Trust with assurance that there was a generally satisfactory system of internal control with improvements required in some areas. 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 2025/26. 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.

Conclusions

No significant internal control issues have been identified by the Trust during 2025/26 through its own or external reviews.



David French
Chief Executive Officer
25 June 2026

QUALITY ACCOUNT 2025/26



Part 1: Statement on quality from the Chief Executive

1.1. Chief Executive's statement and welcome

Welcome to the University Hospital Southampton NHS Foundation Trust (UHS) Quality Account for 2025/26.

This report reflects not only our performance over the past year but the dedication, resilience and professionalism of our staff during what has been a very challenging year.

Throughout 2025/26, our overriding priority has been to protect and enhance the quality of patient care. The safety, experience and outcomes of our patients is at the centre of our decision making, and this commitment was particularly important when we navigated an operational environment that has tested us in unprecedented ways.

The final months of 2025/26 were affected by the fire that broke out in the endoscopy unit in the West Wing of Southampton General Hospital. While no patients or staff were directly harmed by the fire, the impact on our capacity was significant. Rebuilding clinical space, redistributing activity and making complex decisions about how best to use the facilities available to us required rapid, coordinated action. I want to recognise the exceptional efforts of our staff who responded with such professionalism and compassion, ensuring safe care for our patients continued despite the disruption.

Against this backdrop, I am proud that we have successfully delivered the quality priorities we set out at the beginning of the year.

We have continued to embed the Fundamentals of Care across the organisation. This framework ensures that patient-centred care remains at the heart of everything we do, grounding clinical excellence in the everyday interactions and care that matters most to patients.

An important achievement is the strengthening of support for patients, families and carers. The development of the Patient and Family Support Hub has provided a single, accessible source of practical and emotional help. Initiatives such as carer drop ins and the introduction of Butterfly Friends have further reinforced our commitment to compassionate, personalised support for the people who depend on us most.

Reducing health inequalities has been another core priority. We have now embedded measures to tackle inequality in both Trust wide and clinical strategies, supported by strong executive leadership and multi-agency governance. Over the past year we have delivered meaningful progress in key clinical areas including smoking cessation, obesity and hypertension.

This year also marked further development in the implementation of Martha's Rule. With new clinical leadership, updated materials, and enhanced communications around the Call 4 Concern pathway, we have strengthened the mechanisms that empower patients and families to raise concerns about deterioration. UHS has been invited to share learning nationally following our pioneering work as a pilot site, and we are proud to contribute to improvements across the wider NHS.

Looking ahead to 2026/27, our priorities will continue to focus on patient experience, safety and clinical outcomes. We will improve how unpaid carers are identified, involved and supported, so they are recognised as partners in care, have equitable access to support, and experience improved health and wellbeing during their UHS journey. Another priority is to enhance the reliability of enhanced therapeutic observations and care, and year two of our acuity and deterioration programme will progress across adult, paediatric, midwifery and neonatal services, alongside a renewed focus on communication through the Fundamentals of Care. We will advance our work to reduce the impact of health inequalities for a third year and begin developing an integrated quality management system, starting with a new clinical quality dashboard.

Collaboration will continue to be central to achieving our ambitions. Strengthened partnerships with local authorities, public health teams and the integrated care system will help us align strategies, share expertise and improve outcomes for the communities we serve. The challenges facing health and care require collective action, and I am confident that our developing relationships place us in a strong position for the future.

Following my decision to step down in the summer of 2026, this is my final Quality Account as Chief Executive Officer at UHS. I would like to express my sincere thanks to colleagues across the Trust for their unwavering commitment to high-quality care.

To the best of my knowledge, the information contained in this report provides an accurate and honest reflection of our performance and our progress. It demonstrates where we have succeeded, where we have exceeded expectations, and how we continue to deliver on the plans that matter most for our patients and communities.



David French
Chief Executive Officer
23 June 2026

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

2. Introduction

Every year, all NHS hospitals in England are required to produce and publish an annual report for the public on the quality of their services. This report, known as the Quality Account, helps ensure that we at UHS remain accountable to our patients and the wider community, supporting ongoing improvements in the care we provide. Quality in healthcare is underpinned by 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?

Our Quality Account includes everything required under The National Health Service (Quality Accounts) Regulations 2010 (as amended), along with additional reporting expectations. It covers:

- Our performance against the quality priorities and goals we set for 2025/26, outlining how well we delivered against last year's commitments.
- The priorities we have agreed for 2026/27, including how we plan to achieve them in the year ahead.
- Legally required information that enables the public to compare the quality of our services with those provided by other NHS Trusts.
- Further detail on our progress and achievements in key areas related to quality.
- Statements from stakeholders and external assurance bodies, including Healthwatch, our Council of Governors, the Hampshire and Isle of Wight Integrated Care Board, and Southampton City Council's Health Scrutiny Committee.

2.1 Priorities for improvement

This section reflects on the 2025/26 quality improvement priorities at UHS and outlines our quality improvement priorities for 2026/27.

2.1.1 Progress against 2025/26 priorities

Our quality priorities for 2025/26 were developed to reflect our commitment to providing well-led, safe, consistent, and compassionate care in a way that is both transparent and measurable. These priorities were influenced by a combination of national, regional, local, and organisational considerations. UHS acknowledged the considerable operational pressures being experienced across the health and social care system. Within this challenging context, our aim remained to deliver high quality care, and our priorities were shaped to address these pressures while maintaining standards.

Overview of success

Core dimension	Quality priority	Progress
Patient experience 	Establishing and developing the Patient and Family Support Hub to address disease inequalities and meet the needs of all our patients, families, and carers (Year two)	Achieved
	Improving the care of the dying patient and those important to them	Achieved
Patient safety 	Acuity and deteriorating patients across UHS Adults/paediatrics/maternity and neonatal	Achieved
	Implementation of the national safety standards for invasive procedures (NatSSIPs)	Achieved
	Fundamentals of Care	Achieved
Clinical effectiveness 	Develop the Trusts' approach to reducing the impact of health inequalities (HIs)	Achieved
		Achieved
		Achieved

2.1.2 Quality improvement priorities - 2025/26: final reports

Quality Priority One: Establishing and developing the Patient and Family Support Hub to address disease inequalities and meet the needs of all our patients, families and carers (Year two)

Why was this a priority?

UHS is a regional centre for many disease types, but we recognised there was an inequality in provision of support facilities in the Trust for all of our patients and their friends and families regardless of their clinical conditions.

What have we achieved?

- Following the end of our agreement with Macmillan, the Patient and Family Support Hub was relaunched.
- A dedicated funding stream has been secured from the League of Friends, with each room funded individually. As a result, the full estates programme will progress over an estimated 18 month timeline.
- The first funded estates project is the carers' shower, and this is now underway and is scheduled to open in April 2026.
- A carers' afternoon tea was held in summer 2025 to engage unpaid carers and has now been established as a monthly drop in session.

Volunteer responders are now fully embedded and routinely support the UHS site team with patient discharges and equipment repatriation.

Key areas identified for further development

- After the opening of the carers' shower there will be the facility to expand on carer support, and the Patient and Family Support Hub will be the central point for this.
- To support the Trust risk related to side room capacity and dying in a bay, the next estates aspiration will be to convert the current garden room into a living room like appearance with sky lights, this will enable families to have privacy away from wards.

How will ongoing improvements be measured and monitored?

- Grant request in progress with League of Friends for garden room.
- Regular unpaid carer surveys to monitor improvement in carer experience with focus on measuring the success of the carers shower initiative.
- Monitoring of the National Audit of Care at the End of Life (NACEL) survey results.

Progress metrics

- Reduction in adverse event reporting related to patients dying in an open bay.
- Improvement in carers survey.
- Friends and Feedback Test (FFT) results.
- Formal complaints relating to carers and end of life reduction.

Quality Priority Two: Improving the care of the dying patient and those important to them

Why was this a priority?

Supporting and caring for patients at the end of their lives is very important to all our staff at UHS. We are committed to providing excellent care for patients and those important to them. We recognise that there is one chance to get this right for patients and their loved ones. We aspire to deliver excellent compassionate end of life care that enhances patient quality of life and involves those important to the patient.

Each year approximately 1,900 patients die at UHS, and we care for many more who are approaching dying (,5000 + in the last three months of life).

For those who are dying it is essential that their symptom control is effective, patients and families have accessible information about end of life care, communication with patients and those important to them is compassionate and effective.

Findings from NACEL 2024 and other feedback indicate that family's needs are not consistently identified or met, and we are not meeting family expectations in terms of communication.

What have we achieved?

- We have launched the UHS 5-year end of life care strategy. We have introduced and promoted the use of new information booklets for families of patients who are dying, to ensure supportive written information is available alongside conversations with clinical teams. We have created and launched an end of life care discharge checklist to promote safe and effective discharges at the end of life. Learning around these materials has been reinforced within clinical areas trolley dashes, bringing the learning directly to the clinical areas. A key area for development is in symptom control at the end of life. We have implemented a paper-based symptom observation chart supported by a comprehensive clinical guideline. For the first time this allows ward-based staff to objectively measure symptom burden, prompts drug and non-drug interventions and when staff should escalate concerns and seek specialist help. We have delivered targeted training at ward level to end of life care champions and clinical forums to ensure consistent use.
- Matron led walkabouts contributed to the promotion of end of life care across the Trust and provided an indication of areas of good practice and areas for further improvement work.
- The initial end of life care Butterfly Friend volunteers have started to support patients at UHS in association with the Anne Robson Trust. In quarter four, additional volunteers will be recruited and trained to increase the scope of the service to support more patients and families.

Key areas identified for further development

We have recognised that clinical teams are not always familiar with caring for dying patients and need additional support and guidance. As a result, the individualised end of life care plan clinical guideline has been updated to include the UHS standard for daily medical and surgical team reviews of dying patients. We continue to seek more feedback from families about their experience at the end of life. This includes increasing participation in the NACEL as well as through the UHS bereavement service. The need for end of life care to be part of the electronic patient record remains an unmet need.

How will ongoing improvements be measured and monitored?
• We will continue to monitor the quality of end of life care documentation and report to UHS governance groups. • Increase numbers of patients receiving support through the Butterfly Friend volunteers. • NACEL results which show improvement at UHS and benchmark positively with peer trusts.
Progress metrics
As above

Quality Priority Three: Acuity and deteriorating patients across UHS: Adult and paediatrics

Why was this a priority?

The recognition, assessment and escalation of a deteriorating patient, either adult or child, are a key element of our trust-wide patient safety and quality strategy, with the aim to improving clinical outcomes for acutely ill patients. How rapidly we respond to patient deterioration both in and out of hours is a key determinant of patient and quality outcomes.

What have we achieved?

- Monthly adult acuity data reports generated and shared across UHS. Key learning shared with clinical and education teams.
- Compliance of observations within adults incorporated within monthly acuity reports.
- Paediatric acuity data now sourced and going live with monthly reporting from March 2026.
- All unplanned ICU admissions (adults and paediatrics) reviewed, reason for admission shared with education teams to influence deteriorating patient education.
- All cardiac arrest calls (adults and paediatrics) are followed up by the resuscitation team. Reported at quarterly resuscitation committee and bi-monthly deteriorating patient group (DPG). Key learning shared with clinical and education teams. Incorporated into bi-monthly patient safety steering group resuscitation team update.
- Remote surveillance dashboard with National Early Warning Score 2 (NEWS2) and key biochemistry used by adult critical care outreach team (CCOT) team for earlier identification of deteriorating or at risk patients.
- Adult CCOT outcome data shared locally and regionally.
- Paediatric CCOT outcome data shared locally.
- National Paediatric Early Warning Score (NPEWs) compliance audited monthly with results and learning shared.
- All Call 4 Concern (C4C) reviewed, and themes identified – shared via monthly acuity page.
- An adverse event report (AER) is completed for all C4C activations for review and action at local level.
- Paediatric C4C activations discussed at PAD network meetings.
- Shared learning at DPG via quarterly report.
- Patient wellness questionnaire (adults) – first PDSA cycle completed and seconf PDSA cycle in progress. Pilot commenced within oncology and medicine for older persons.
- PWQ (paediatrics) – analysis on compliance and impact commenced.
- Adult and Paediatric internal and external communications reviewed, national brand applied.
- New clinical lead for Martha's Rule implementation in post.
- Updated all information/education materials, including patient information leaflet posters to improve awareness of Martha's Rule and Call 4 Concern across UHS.
- Quarterly Martha's Rule paper detailing key data and learning – shared with deteriorating patient group.
- Current education provision gap-analysis completed by divisional education leads.
- Recognition, evaluation and assessment acute care training (REACTs) pilot for new resident doctors and nurses successfully piloted and implemented.
- Paediatric regional education programme (ST2-8 resident drs) is well established at UHS.
- Response and assessment of the paediatric patient in deterioration (RAPPID) is well established at UHS.
- Deteriorating patient education platform on the virtual learning environment (VLE) has been developed and is available to all staff and includes NEWS 2, A-E assessment and sepsis e-learning resources. Currently for adult patients.

- Adult CCOT delivering between 2-6 deteriorating patient education sessions to healthcare professionals per month.
- Sepsis MDT meeting held, priorities agreed, emergency department (ED) sepsis data analysis, sepsis education.
- Monthly adult ED sepsis data and analysis – shared with ED, DPG and Quality Committee.
- Actions developed with ED to improve compliance with NHS contract.
- E-learning for Health (E-LfH) sepsis e-learning for adults, paediatrics and learning disability live on deteriorating patient education VLE Hub.
- REACTs and the paediatric regional education programme (PREP) (a Wessex run programme for paediatric resident doctors) has a strong link to sepsis education.
- Annual paediatric sepsis data reported with learning shared across Southampton Children's Hospital (SCH).
- Collaborative discussions with matrons, ward leaders and specialist teams to understand requirements of the quality dashboard completed and top ten priorities agreed for development.
- Collaborative discussion with UHS digital team – gap analysis completed to understand what is currently available and in what format.
- All requests reviewed into must have, should have, could have for prioritisation.

Key areas identified for further development

- Monthly ED acuity report in development.
- Exploration of remote surveillance within the paediatric CCOT service.
- Exploration of ED-ALERT formalised within ED discharge processes through new Miya system.
- Development of upscaling patient wellness questionnaire (PWQ) across adult in-patient areas.
- Enhance reporting to capture key themes and associated paediatric educational interventions.
- Development of Martha's Rule patient information video.
- Development of paediatric education resources on VLE deteriorating patient education hub.
- Development of quarterly acuity newsletter for staff.
- Implementation of a task and finish group to formalise the clinical quality dashboard priorities in line with the UHS corporate strategy.
- Gap analysis for data sources completed for all elements within the clinical quality dashboard.
- Building and implementation of the clinical quality dashboard to be agreed.

How will ongoing improvements be measured and monitored?

- Ongoing improvements in the management of patient acuity and clinical deterioration will be measured and monitored through a structured combination of quantitative indicators, qualitative insights, and robust governance processes.
- Key performance metrics — such as compliance with observation frequency, accuracy of early warning scores, timeliness of escalation, and rates of unplanned ICU admissions or cardiac arrests — will be routinely reviewed to assess the effectiveness of interventions.
- This data will be complemented by regular audits, case reviews, and staff feedback to identify emerging themes and barriers to best practice.
- Digital dashboards and real time monitoring tools will support proactive oversight, enabling early identification of trends and areas requiring targeted action.
- Progress will be reported through established clinical governance structures, ensuring accountability, transparency, and sustained focus on improving outcomes for deteriorating patients.

Progress metrics
• Progress will be assessed using a defined set of quantitative and qualitative metrics that reflect the effectiveness of interventions aimed at improving the recognition and management of deteriorating patients. • Key indicators will include compliance with observation frequency, accuracy and completeness of early warning scores, timeliness of escalation and clinical review, and reductions in unplanned ICU admissions or deterioration related incidents. • Additional measures such as cardiac arrest rates, sepsis screening compliance, and staff training completion rates will provide further insight into system performance. • Together, these metrics will offer a clear and measurable picture of progress, enabling the organisation to evaluate impact, identify areas for further improvement, and demonstrate enhanced patient safety outcomes.

Quality Priority Three: Acuity and deteriorating patients across UHS: Maternity

Why was this a priority?

In line with the three-year delivery plan for maternity and neonatal services (NHS England, 2023) to implement best practice, including the new Maternity Early Warning tools by 2025. Improving the early detection of patients who are deteriorating is vital to improving morbidity and mortality; three of the four most common direct causes of maternal death (MBRACE, 2024) would result in abnormal MEWs scores early on. Improving escalation and involving the whole MDT early, thus improving outcomes within maternity care (MBRACE, 2024). Cross-site working (Princess Anne Hospital/ Southampton General Hospital) poses unique challenges and therefore improved joint working would provide additional opportunities to enhance safety by preventing delays in identification and escalation of deteriorating patients.

What have we achieved?

- Digital recording of maternal observations has not yet been implemented due to a BadgerNet system update delay. This system update is now ready for implementation from April 2026. Staff are trained to digitally record observations, and we are currently working with our practice education team to ensure staff are updated prior to implementation and the equipment is available and continually monitored by the maternity digital team.
- UHS have successfully taken part in a pilot for implementing Martha's Rule in maternity and neonatal services. Maternity services actively engaged with both CCOT, neonatal services and external agencies throughout the pilot and have been invited to share our experiences with trusts across the region and Maternity and Neonatal Safety Investigations (MNSI). We officially launched Call 4 Concern within maternity and neonatal settings in February 2026.
- Maternity services continue to engage with CCOT, including supporting a project to raise the profile of CCOT within maternity whilst also meeting element two of Martha's Rule. CCOT continue to attend safety huddles on an ad hoc basis and spend time with our HDU (midwifery) and obstetric teams to increase their knowledge of maternity, and our HDU team are rostered days with CCOT/ITU on an annual basis. The maternity practice education team continue to ensure that maternity red flags and safe escalation are included on both inductions and PROMT. Maternity services are actively engaged with the maternal medicine lead (LMNS commissioned) to promote education on 'red flags' with all staff groups in maternity. We work closely with the LMNS lead for Martha's rule.
- Maternity will now be represented at the trust-wide deterioration working group and regularly attend a regional community of practice for deterioration within maternity.

Key areas identified for further development

- Audit of progress metrics to allow full PDSA cycle will be our next stage. These progress measures were not previously available due to delayed implementation.
- On reflection and discussion with the MDT, we have currently paused work on the CCOT surveillance tool with the aim of implementing and reviewing the need for this once we have fully implemented digital recording of observations within maternity and the escalation prompts this tool will bring.

How will ongoing improvements be measured and monitored?

Using progress metrics detailed below alongside regular attendance of deterioration working groups both within maternity and the wider Trust.

Progress metrics
• Digital observations scheduled to go live April 2026, with staff already trained and equipment readiness monitored. • Martha's Rule pilot completed, with UHS invited to share learning. Call 4 Concern launched in February 2026. • Ongoing collaboration with CCOT and LMNS, including safety huddle participation, annual HDU/CCOT-ITU rotations, and strengthened red flag/escalation training. • Maternity now represented on the trust-wide deterioration working group and regularly attending the regional deterioration community of practice.

Quality Priority Three: Acuity and deteriorating patients across the Trust: Neonatal

Why was this a priority?

The introduction of the Newborn Early Warning Track and Trigger (NEWTT2) chart was prioritised to improve patient safety as this provided a standardised escalation tool. There is also the ability to include parental concerns in the escalation and scoring which supports recommendations made in recent national maternity investigations.

What have we achieved?

We launched NEWTT2 utilising paper charts in April 2025, following the successful training of >75% of staff. The digital tool became available in the Autumn, and we launched NEWTT2 on maternity BadgerNet in December 2025. An audit showed that the majority of babies who required NEWTT2 observations in May 2025 were identified and had observations completed.

Key areas identified for further development

To review the NEWTT2 observation requirements for those babies born in the presence of meconium-stained liquor as there is current confusion and inconsistency across the service with the frequency of these.

How will ongoing improvements be measured and monitored?

A further audit will be carried out to assess compliance following the introduction of digital NEWTT2 charts. This audit will also be added to the service's audit schedule to be repeated annually to allow for ongoing monitoring. The frequency may be amended dependent on the results of the audit.

Progress metrics

An audit of compliance was undertaken in May 2025, assessing whether eligible infants were correctly identified as requiring NEWTT2 observations, whether observations were completed at the appropriate frequency, and whether escalation responses were appropriate when indicated.

The audit showed that the majority of babies who required NEWTT2 observations were identified and had observations completed. There were three babies who should have had observations for different reasons but didn't have any observations carried out. One of these were post elective section, one was for light meconium and the other for kaiser greater than one. There appeared to be some confusion around frequency of observations for those with light meconium and what that is defined as.

All appropriate and timely reviews took place for any babies who had scored on the NEWTT2 observations.

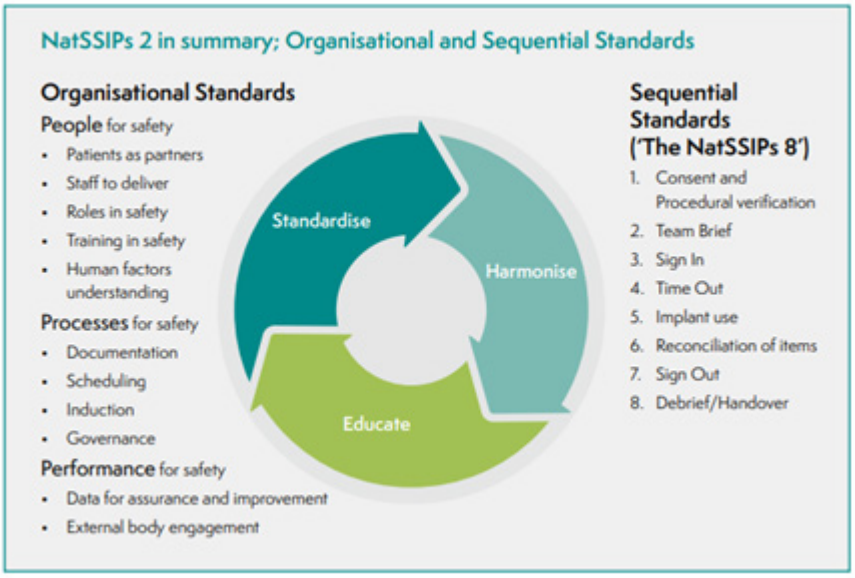
Quality Priority Four: Implementation of the national safety standards for invasive procedures (NatSSIPs) 2 at UHS

Why was this a priority?

The new national safety standards for invasive procedures (NatSSIPs 2) represent the progression of the original NatSSIPs. The key aim was to standardise, harmonise and educate across organisations and procedural teams remains central to the NatSSIPs purpose. Critical changes include improved organisational standards and proportionate checks that recognise different levels of risk during major and minor invasive procedures, and the adaptions to processes that may be necessary in life-threatening situations. This standardisation, harmonisation and education goal is set out in the table below:

Table 1

	Organisational	Sequential ('The NatSSIPs Eight')
Standardise	Safety behaviours, processes, policies, insight, involvement and performance measures across organisations and specialties.	Expected behaviour, safety standards, checklists and format across invasive specialties.
Harmonise	Across groups of hospitals. Across IT systems.	Reduce variation across specialties.
Educate	Commit to safety education, human factors expertise and systems thinking. Create a safety infrastructure, leadership understanding and training in cultural change.	Teach and train in team behaviours, human factors, systems thinking learning / co-production with patients.



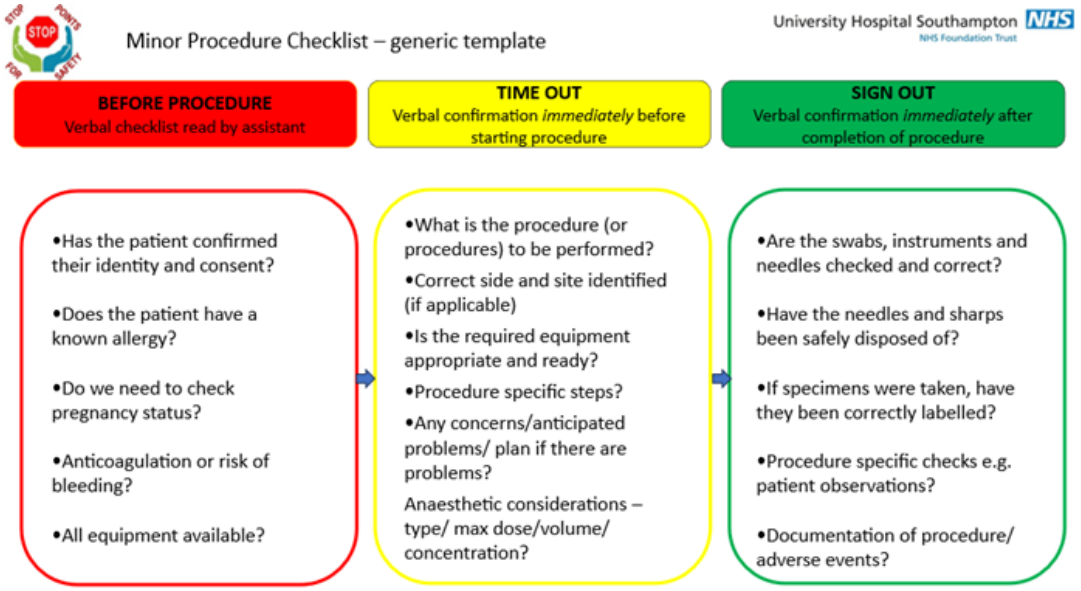
This became a quality priority following several never events across the organisation, many of which identified contributing factors related to stop points for safety. Key themes identified from never events included:

- Implementation and embedding of NatSSIPs 2.
- Empowering staff to speak up and be heard.

- Ensuring correct skill mix is available.
- Standardisation of marking lesions (correct pen).
- Clear documentation at all stages of patient's pathway.
- Utilise drapes with larger apertures.
- Improve management and documentation for NGT.
- Reconciliation of items.
- Management of implants.

What have we achieved?

- Established a NatSSIPs oversight committee led by chief medical and nursing officers to have oversight of NatSSIPs implementation and response to never events.
- Established an invasive procedures committee. Whilst this is well established and meets monthly there is some improvements to be made to ensure regular attendance. The committee is responsible for oversight of NatSSIPs workstreams, agreeing policies and checklists for invasive procedures (with the aim of harmonising these across the Trust), reviewing audit and observational data, and agreeing consent policy.
- The safer surgery policy has been updated and approved. The stop points checklists for the individual theatre areas are being updated and trialled. These are not in use in ophthalmology.
- The minor procedures policy is agreed, with a standardised template for checklists, and generic audit tool that can be adapted to each area:



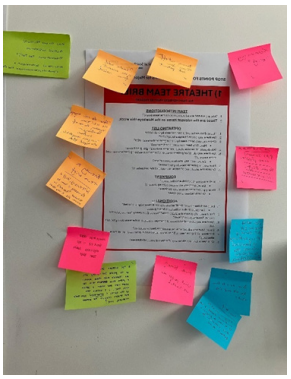


Photos of the ophthalmology simulation education session

- The job description for NatSSIPs leads for each department has been agreed.
- UHS took part in the CHECKPOINT study which is looking at adaptations to checklists and how these are implemented across the UK. We are awaiting feedback from this to see what learning can be applied at UHS.
- Several multidisciplinary safety walkabouts in wards and interventional areas have been undertaken. There is rich data from these walkabouts, and the infographic below shows how staff express how they keep patients safe. There was a good focus on teamwork, communication, falls and infection prevention. 81% of staff felt it was easy to raise incidents and 92% that learning from incidents and complaints was effective.



- Safety stop point audits in theatres: An enhanced observational audit tool has been developed to assess checklist use in theatres and is currently being trialled.
- Training requirements have been agreed, mapped to the Virtual Learning Environment (VLE), and embedded into induction. To date, 2,273 staff have completed VLE stop points training (1,701 allocated; 81% overall compliance).
- Education and simulation: A medical simulation education lead has been recruited, with simulation based training now being delivered within ophthalmology.
- Patient involvement: Two quality patient safety partners (QPSPs) now attend the invasive procedures committee, and updated patient involvement statements have been added to the admission information leaflet. A workshop with QPSPs and patients with lived experience is planned for March/April to gather feedback on how involved patients feel in their safe care.
- NatSSIPs 2 workshop: A trust-wide NatSSIPs workshop was held in August, attended by 60 staff from theatre teams and multiple professions. Learning from the session has informed checklist updates and strengthened training and guidance for NatSSIPs delivery.


Images from the workshop

- Communications: Screensaver has been used to explain the terminology of major and minor invasive procedures and need for checks. Organisational-wide learning for minor procedures was shared in September 2025. An education slide deck has been developed for education teams to use when teaching about minor procedures.

Key areas identified for further development

- Engagement – Now that the policies are in place and divisional restructuring is complete, we wish to get clinical leads from all care groups and subspecialities to help engage staff and ensure that procedures in their areas meet these requirements.
- Improved reporting to local and divisional governance on NatSSIPs metrics: audits of engagement with checklists in both theatres and for minor/ward and outpatient-based procedures, VLE training, and face to face training.

How will ongoing improvements be measured and monitored?

- Education – establishing updated VLE training (potential use of a national programme once it is developed), use of simulation and non-technical skills training with the multi-disciplinary teams.
- Challenges – lack of dedicated resource to deliver training and support audit work. Need to ensure a human factors and ergonomic base to the improvement work.

Progress metrics

- Increase in the completion of VLE stop points training.
- Develop and implement a programme to deliver non-technical skills training.
- All areas with a never event in the last two years have an up-to-date audit and action plan for compliance with NatSSIPs2.

Quality Priority Five: Fundamentals of Care

Why was this a priority?

Patient experience – Fundamentals of Care (FoC) was established as a priority in 2024-25 due to evidence that post COVID we had not yet returned to a less task-focused and more patient focused level of care. The priority was developed to create a foundation and structure to tackle these standards of care and to challenge practices, in response to patient and relative feedback.

What have we achieved?

Following on from the successes of the 2023/24 quality priority we have continued to drive forward standards of care:

- The FoC project board continues to meet every eight weeks, to evaluate progress and set and obtain clear objectives aligned to trust priorities and concerns and escalating through the governance structure to QGSG and Quality Committee. This muti-professional group continues to focus on the eight standards and the 'golden thread' of infection prevention which draws it all together to create a focus on person-centred care.
- 112 members of staff have attended bespoke FoC training sessions with more accessing FoC focused education through newly qualified professional preceptorship, healthcare support worker induction and localised care group education.
- Two new training sessions have been created with one focused on building a comprehensive network of 'champions' across the organisation to share ideas and learning, working together to improve standards of care and showcase areas that are providing an excellent patient experience.
- The second new session is particularly focused on the care of our patients who have learning disabilities and/or autism (LDA) and how we bring the nationally mandated Oliver McGowan training 'to life'.
- We have worked through the matron's walkabout and with our QPSP's to better understand the experience of patients who have LDA and their carers. We have designed this training with examples of care received at UHS and working in collaboration with carers in our community.
- We continue to value and advocate for the 'patient voice' engaging our QPSP of which we have three who advocate for the patient perspective, plus further engagement from our 3,000 involved patients.
- We have worked in collaboration with therapy colleagues across medicine for older people (MOP) to initiate a trial in two ward areas, Geriatric Rehabilitation and Care Enhancement (GRACE), looking at how we promote effective mobility in hospital to prevent deconditioning and support patients in hopefully going 'home' sooner. It also includes promoting a strength-based rehab approach through proportionate care techniques and is something being presented on regionally.



Head of patient experience celebrating the launch of the GRACE trial on G8



Therapy staff working alongside patients in the MOP wards as part of the GRACE project, to maximise single handed care opportunities for discharge home

- This project is all about supporting staff in embracing all aspects of the Fundamentals of Care to focus on what matters to our patients the most and launching a trial of our 'What Matters to Me' (WMTM) boards with the support of some of our UHS ward volunteers.
- WMTM has been trialled in G5, G8 and D4. Some barriers to progressing this and scaling this up were found but this is being worked through with a new volunteer coordinator, funded by a regional Volunteering for Health bid. Two new volunteers have been recruited into the role and are working with us to embed this in clinical areas, focusing on a picture of the patient when they are well, to remind staff of the person that they are outside of hospital.
- 80% of patients have said that the board captures what is important to them and 66% of the patients have said that the boards have led to improvement in the quality of conversation.
- 100% of staff surveyed have also said that the boards have led to higher quality conversation with the patients.

Our volunteer Sue, working with a patient to find out what matters most to them and encourage person-centred care through person-centred conversation



- The outpatient department has joined the FoC project board and has created care commitments that match the care they provide in that setting. They have worked with patients and staff to co-create this.

- A self-assessment tool was launched across the Trust for inpatient adult care with an outpatient self-assessment under development. This is designed to encourage areas to benchmark their progress against patient perceptions of care, to focus on the areas of the FoC they can improve upon.
- We have focused on improving the transparency of the FoC to the public, adding to an improving the public website, by adding new subpages can be added in future as needed, but including information our patients, families and carers commonly ask us about. Additionally, we have banners at all our entrances to the main SGH building, highlighting this to visitors and giving them a QR code that they can scan to find out more.
  - We are also promoting this widely at community forums including Healthwatch and the Carers Partnership Board to ensure that our colleagues can also promote us, our services and initiatives, creating more visibility of UHS connecting to its community and hearing and acting upon the concerns of the service users.

Key areas identified for further development

- Continuing to grow and nurture the FoC across the organisation through the launch of maternity and child health care commitments.
- Process mapping and evaluating the care of patients from ED to discharge, particularly around the care and documentation of that care focused on catheters, cannulas and intentional rounding which will encompass pressure area observation.
- Growing a 'documentation standards' working group to focus on clarity and guidance for staff on the standards of documentation expected, particularly in relation to body maps and the daily assessment of care documentation
- Employ a quality improvement facilitator to take over from the project manager and to focus on the practical clinical support staff need to overcome some of the barriers to person-centred care, ensuring implementation of key initiatives including WMTM.
- Ongoing implementation and evaluation of WMTM boards across key areas in organisation, with full volunteer support for the obtaining of photographs of the patients from themselves/ families to maintain that person-centred focus.
- Ongoing development of resources that provide our community, patients, families and carers with information that can best support their experience throughout their stay in hospital.
- Continue the focus on the care of patients who have a learning disability and/or autism, evaluating the care they experience, implementing the FoC study day focused on supporting staff to improve the care these patients and their families experience.

How will ongoing improvements be measured and monitored?

Improvements will continue to be measured and monitored through FFT feedback, our 'involved patient' surveys, focus group outcomes, evidence from the self-assessment tools and ongoing surveillance of the clinical quality dashboard. The comments we receive from PALS, complaints and national surveys will help us to improve the workstreams and focus through comprehensive thematic analysis.

Progress metrics

- Reduction in clinical incidents: Whilst we continue to see 'communication' as a broad theme in our feedback, a large proportion of these relate to waiting times, appointments and outpatient activity which has been worked on extensively by the outpatient administration team. We continue to see a decrease in the general number and severity of incidents related to the FoC across inpatient settings. However, in areas where we saw an increase, e.g. with the care of our LDA patients, we have had a specific and targeted workstream to improve this, which we aim to full evaluate in Q1 2026/27.

- Reduction in complaints: Complaints are themed in line with nationally recommended categories, which do not align directly with FoC. However, we have observed a sustained decline in complaints relating to patient care. In 2025/26, there were 959 complaints, of which 54 were coded as patient care, representing 6.05%.
- Sustained compliments about care: In 2025/26, 92.1% of our patients say that their pain was well controlled, 87.1% feel involved in decisions about their care and 88.9% involved in their discharge, with an overall increase in the number of responses we received from our FFT.

Quality Priority Six: Develop the Trusts' approach to reducing the impact of health inequalities (HIs) (year two)

Why was this a priority?

Tackling health inequalities is a key priority for the NHS. It is a moral imperative to address unfair, avoidable differences in health outcomes and experience. Addressing these gaps ensures equitable access to care, reduces long-term demand and improves health outcomes and life expectancy for those impacted.

In Southampton, health is worse than the national average, with people living fewer healthy years, about 59 years for both men and women. Over two-thirds of adults are overweight or obese, and nearly 10% of pregnant women smoke. These problems show clear health inequalities linked within our region and the Trust needs to work with our partners across the system to reduce the impact of inequalities.

At UHS we have been working to have an impact on health inequalities for several years. In 2024/25 we formalised these efforts with a governing board, chaired by our chief medical officer and with a clear programme of improvement based on recognised priorities. This formed the basis of our quality priority in 2024/25. This year's quality priority is a continuation of this work. We intend to continue to grow our understanding and actions as an organisation, improving the equity of access, outcomes and experience of our services across our community.

What have we achieved?

We set ourselves ambitious improvement aims around five themes:

- Improving care in areas of clinical priority
- Data and measurement
- Enabling the organisation
- Communications and engagement
- Strategy and programme delivery

We have made progress in all these areas in the last year.

Clinical priorities

We set three clinical priorities related to health inequalities for centralised support – tobacco dependency, hypertension and obesity. These were chosen in collaboration with public health teams within the local authorities, and the integrated care board based on national evidence related to significance of impact on health inequalities, where it was felt an acute hospital could have greatest impact, and the most prevalent challenges for our population.

Tobacco dependency

Our ambition was to improve services and support for patients and staff who smoke and to demonstrate improved access to care.

In the last year we have made progress in line with this aim:

- We recruited a smoke free site lead, funded by Hampshire County Council, who has worked with the maternity and inpatient smoking cessation teams to develop an improvement plan, bringing aligned effort with clear aims.

- Increased training in 'very brief advice', training more than 250 people by attending doctors, nurses, HCAs and AHPs inductions and engaging with various wards such as surgery and paediatric respiratory team. This training increases access to advice from local teams and clarifies how to access dedicated support from the tobacco dependency team (TDT).
- Increased onward support post discharge for patients who live in Southampton, funded by Southampton City Council.
- Where we cannot provide care directly within the TDT service we have proactively worked with services, such as paediatric respiratory.
- We have promoted the importance of a smoke free site and support available through events such as a 'Bin the Butt' campaign, reported by BBC South, and activities over October for 'Stoptober' and no smoking day in March.
- We have worked with HR to increase enforcement of the smoke free site policy for staff, taking this as an opportunity to have a supportive conversation and give stop smoking support
- We have developed a smoke free champions' network. We have now finalised the priorities for our smoke free champions and developed a badge design. These champions will be the key point of contact in their clinical areas for supporting patients who smoke to remain abstinent while on site. We launched in March 2026 with 25 champions already signed up.
- We've reviewed data on those we have support to quit smoking, to ensure our service is accessible to all and identify opportunities to make services more inclusive.
- Working with the ICB and Southampton City Council we have been able to improve the stability of tobacco dependency services with permanent posts within the teams. We are working to expand the provision and visibility on wards.
- We've continued to provide a smoking cessation programme for staff via the occupational health team. We've promoted the service and shared positive case studies of those who have been successfully supported to quit.

Obesity

High body-mass index (BMI) is the largest contributor to years of healthy life lost due to disability (YLDs) in Southampton. Five of the top six risk factors for deaths in Southampton are related to excess weight and/or dietary risks. Rates of obesity in children in Southampton are above the national average and are growing. Southampton was fifth worst among its 16 local authority comparator group for reception age healthy weight. Linked with this quality priority we aimed to improve services and support for patients and staff with obesity (children and adults).

For children, UHS has a specialist multi-disciplinary service, which is networked into the community with services such as multiagency liaison, primary care and health visitors to provide joined up care.

This service has been shown to improve children's health outcomes by reducing the linked conditions such as hypertension, sleep apnoea and type 2 diabetes. There is more to do as a system to enhance the support earlier in the pathway and supporting prevention. We have made progress in the design of services for both adults and children as follows:

- Collaborating with ICB on pilots for new approaches for children.
- We've developed our trust maternity policies and milk expressing facilities, to support staff to continue to breastfeed on return from maternity leave. This is in line with Southampton's Health and Wellbeing strategy focus on 'starting well'.
- We continue to work with Southampton Hospitals Charity to improve facilities, which will support family friendly spaces at the Trust and benefit both staff, patients and visitors with breastfeeding and expressing.
- For adults' services we have been working with clinical leadership across the region and the ICB on a model of care. We've also been working with NHSE on pathways for weight loss medication.

- Our staff health check offer within occupation health provides support with cholesterol and weight measurement and health weight support. We have increased our promotion of this service.

Hypertension

Hypertension case finding and control is a national challenge, rates across Hampshire and Isle of Wight are particularly low. Due to this, there is a regional focus on reducing cardiovascular disease. Although we do not directly treat hypertension at UHS, we recognised that we have an opportunity to improve identification rates for our system to support earlier management in primary care, which may help reduce the incidence of cardiovascular complications, such as stroke, that place a significant burden on acute hospital admissions. We have worked towards this aim in the last year through the following approaches:

- Installed a health check machine in the front entrance of the hospital where anyone can receive a blood pressure reading, and have the option to link this back to their NHS data to be picked up by primary care.
- Worked with partners across the city to set clear local guidelines for advised action related to blood pressure readings.
- Discussed opportunities to obtain regular blood pressure readings when a patient is listed for surgery and whilst on the waiting list, to reduce the risk of surgeries being cancelled due to high blood pressure.
- Encouraged staff to take part in the health check offer from occupational health, which includes blood pressure monitoring, which is beneficial for their health and increases awareness and enables staff to act as advocates for blood pressure monitoring within their communities and patient interactions.

Data and measurement

We aimed to strengthen our understanding of inequalities in access across outpatients, waiting lists and the emergency department; to enable the measurement of improvement in areas recognised as clinical priorities, and to comply to the mandated national reporting. Over the past year, we have made significant progress in the reporting of access data. In line with these objectives, we have achieved the following:

- Built a health inequalities dashboard, with around 50 access metrics over outpatients, waiting lists, the emergency department and those waiting ongoing support to be discharged. These measures can be viewed by age, gender, ethnicity and indices of multiple deprivation decile, enabling better understanding of difference in access. The dashboard also enables the user to compare to population data, to health with identifying unexpected trends and could support targeted interventions. This data can be seen from service to Trust level, giving insight to any differences in access to be further understood.
- Worked with the child health team to consider how this data could be used routinely within services.
- We have made adaptions to our health inequality dashboards following user feedback. We continue to develop our dashboards to meet the needs of the specialities engaging with the data and ensuring it provides meaningful insights for services.
- Promoted this dashboard via internal newsletters.
- Completed 1:1 demos and training by request.
- Completed mandatory annual reporting within our published Trust annual report and accounts.
- We have improved ethnicity recording within our systems in the emergency department.

Enabling the organisation

To reduce the impact of health inequalities, we must integrate the learning from this programme into services and processes across our Trust. This year we aimed to develop trust-wide training to support the understanding of health inequalities and increase the likelihood of these being investigated within services. We planned to develop a toolkit to support teams to deliver local improvement projects and define the governance structure for escalation if issues that needed broader support.

A number of these priorities have been a challenge to achieve. It was felt UHS staff did not have capacity for another mandatory training course under the pressure of this financial year. However, we have made progress in enablement as follows:

- Materials explaining health inequalities have been uploaded to our staff intranet and online training platform.
- We have worked directly with clinical teams to support in understanding health inequalities within their services, for example with 'did not attend' rates.
- We agreed an escalation route through governance for health inequalities issues to be raised.

Over the year the health inequalities board heard presentations from a number of services who have achieved improvements to reduce the impact of health inequalities, these include:

- The vulnerable adult service
- Alcohol team
- Maternity NEST service
- Patient and Family Support Hub
- Research

Communications and engagement

We aimed to adopt health inequalities into leadership and decision making, increase learning from our communities and our staff and share learning from improvements made internally and externally. We have made progress on each of these ambitions as follows:

- We have written case studies from improvement work across the organisation and shared these in our public communications such as the 'connect magazine' and online. We have also shared these internally with staff via face to face and online briefings.
- We've held a number of events including those related to tobacco dependence but also hosted a 'pop-up' engagement event following Connect (face to face briefing for all staff) which has facilitated more staff to access wellbeing support through occupational health.
- We've increased the patient voice in the programme by inviting two quality and patient safety partners (QPSP) to become members of the health inequalities board. Their role is to promote approaches that are designed with and by patients.
- As an organisation we have increased the volume and diversity in patient feedback by increasing recruitment to our involved patients' directory.
- An equality quality impact assessment (EQIA) panel has been initiated to review the impact of any cost saving initiatives raised to support financial pressures.
- The EQIA template has been updated with more guidance for completion, supporting the user to consider the ways that change may impact on inequalities.

Strategy and programme delivery

We had a focus on strategy and programme delivery so that we could coordinate our overall approach to health Inequalities across the organisation, continue to measure organisational maturity and allocate resource to project delivery where possible. We also wanted to make sure we maintained collaborative working with public health and integrated care board teams and other local healthcare providers and kept up-to-date with national recommendations and expectations, sharing this knowledge with our organisation.

Progress against these ambitions this year include:

- Inclusion of health inequalities as priorities in the updated Trust and Clinical Strategies.
- Monthly health inequalities boards, with executive leadership and continued attendance from ICB and LA public health colleagues.
- Ongoing project management allocation, with clear action plans.
- Completion of the recommended self-assessment tool, demonstrating increase in organisational maturity.
- Continued collaboration with external partners including joining the Hampshire and Isle of Wight ICB communities of practice meeting.

Key areas identified for further development

- Key to the further development of our health inequalities programme is gaining insight from our patients and communities about barriers to care.
- From a data perspective we would like to integrate the dashboard we now have into quality management of services and also build reporting that enables us to measure inequalities in experience and outcomes.
- Related to our clinical priorities we would like to identify opportunities to support patients to flow from the acute site to primary care for hypertension control and identification, for example sign posting or sharing blood pressure readings. We also need to increase the number of patients having their smoking status recorded on arrival and increase provision of advice and referrals to the tobacco dependency team. We also need to improve compliance to be a smoke free site. We need to continue to work across the system to deliver obesity services that meet demand, and support prevention.
- To enable change across our organisation we need to identify further training opportunities trust-wide and support local improvements.

How will ongoing improvements be measured and monitored?

- Our commitment to health inequalities has been stated in our Trust and Clinical Strategies. These strategies will be delivered through a governance structure from ward to board, ensuring the priorities are delivered.
- We will continue to hold a health inequalities board, overseeing implementation of HI action across the organisation.
- We will continue to utilise and build on the HI dashboards to demonstrate improvement.

Progress metrics

- Number of experience and outcome measures.
- % smoking status recorded.
- Local improvement case studies.

2.2 Priorities for improvement for 2026/27

At UHS, we set our priorities based on our dedication to making an impact on the care we provide to our patients. Our quality priorities are strategically aligned with our ambitions and commitment to delivering well-led, safe and compassionate care with transparent and measurable outcomes. We continue to be aware of the significant national and operational pressures still being felt across the health and social care system, we have considered the challenges and attempted to be realistic in our goal setting.

Our quality priorities have been established in alignment with the Trust's overarching Strategy and Clinical Strategy for 2026–2030. Within the Trust Strategy, the Outstanding Care pillar outlines our core ambitions relating to outcomes, safety, and patient experience. The quality priorities identified for this year describe our areas of focus for the first year of delivery.

The Clinical Strategy provides more detailed insight into the care models and approaches that clinical services will adopt to deliver the Trust's ambitions. Our quality priorities correspond directly with key strategic areas, including personalised care, the Fundamentals of Care, timely access, reducing health inequalities, and strengthening our quality improvement and learning culture.

This paper sets out the draft priorities we are proposing for 2026/27 for consultation. This draft will also be presented to the Trust's board, the Trust Executive Committee, senior clinical leaders, commissioners, patient representatives (through our local Healthwatch group) and our Council of Governors.

We have aligned our priorities to the three core dimensions of quality:
- Patient experience
- Patient safety
- Clinical effectiveness and outcomes

To identify our priorities, we engaged with a wide range of stakeholders, including staff, the Trust's Quality Committee, the Trust Board, the Executive Committee, commissioners, patient representatives via Healthwatch, and our Council of Governors.

- Have our patients indicated that this is important?
- Have our staff highlighted this as a key area?
- Will it make a meaningful difference to the quality of care?
- Is it achievable within our available resources and timescales?
- Does our past performance show room for improvement?
- Does the priority align with national requirements or audit finding?

2026/27 Quality Priorities

Core Dimension	Quality Priority
Patient experience 	To strengthen the identification, involvement and support of unpaid carers so they are recognised as partners in care, have equitable access to support, and experience improved health and wellbeing during their UHS journey
Patient safety 	Strengthening enhanced therapeutic observations and care (ETOC) at UHS
	Acuity and deteriorating patients across UHS: Adults, paediatrics, midwifery and neonatal (Year two)
	Fundamentals of Care: Improving communication
Clinical effectiveness and outcomes 	Develop the Trust's approach to reducing the impact of health inequalities (HIs) (Year 3)
	Development of an integrated quality management system. Year one: development of a new clinical quality dashboard

We are confident that the selected priorities reflect our long term strategic aims and focus on the areas that will have the greatest impact for the patients who rely on our services, while also remaining responsive to emerging challenges across the wider healthcare system.

The final priorities were presented to both the Quality Committee and the Trust Executive Committee in March 2026. The Quality Committee will continue to provide governance oversight, ensuring progress is monitored and that each priority is supported to achieve its intended outcomes over the year.

Quality Priority One: Carer engagement and experience

To strengthen the identification, involvement and support of unpaid carers so they are recognised as partners in care, have equitable access to support, and experience improved health and wellbeing during their UHS journey.

Core dimension

Patient experience

Rationale of selection

Unpaid carers play a critical role in enabling patients to maintain health and independence, and their contribution is fundamental to the sustainability of local health and care systems. Carers UK reported in 2024 that the economic value of unpaid care in the UK is now estimated at £184 billion a year and carers frequently report feeling overlooked, undervalued and unsupported within the NHS.

Locally, Healthwatch Southampton's 2026 findings show unpaid carers struggle to access support, are not consistently identified by health services, and feel unheard when advocating for the person they care for.

Within UHS we held a carers engagement event in May 2025 and a subsequent Carers Afternoon Tea in August 2025, the key feedback we received from unpaid carers were:

- Communication: focusing on listening, asking and involving in decisions.
- Discharge: involvement on decisions.
- Support and 'care of the carers' whilst spending time at UHS.

Key aims

Strategic alignment with the UHS 5-year strategy, Clinical Strategy and the HIOW Strategy, NHS 10-year health plan and Carers UK and Healthwatch Southampton.

- Develop and co-produce a UHS carers policy to include paid and unpaid carers.
- Develop a UHS 'our commitment to our carers.
- Improve early identification of unpaid carers.
- Build carer awareness and capability across the workforce, embed a standard question: "What support do you need as a carer while your loved one is here?"
- Strengthen carer involvement in care planning and discharge.
- Improve access to support, respite options and carer wellbeing.

Progress metrics

- Introduction of a new UHS carers policy and guideline, supporting staff with how to identify and support unpaid carers across UHS.
  - A policy will be completed and ratified by quarter two, learning from other NHS organisations and how they support the 'unpaid' carer population, whilst integrating with local health and social care and charity partners to integrate learning.
  - A 'carers charter' will be developed in collaboration with Southampton City Council and Southampton Carers Partnership Board and published with the policy in quarter two to support continuity of language and support for carers across health and social care settings.
- Improved 'unpaid carer' identification.
  - Introduction of a new confidential patient information (CPI) alert for carers by the end of quarter four, in line with the reasonable adjustment workstream, to support earlier documentation of carer involvement in a patient's care journey or for the carer themselves.

- We need to seek feedback from unpaid carers on how they wish to be identified in an acute setting. For example, would a lanyard be appropriate, or could it risk making them feel like members of staff? It is essential that we hear this feedback before implementing any changes.
- Positive engagement and attendance at the monthly drop-in sessions, jointly led by Unpaid Carers Southampton, Carers Together and the Princess Royal Trust for Carers.
- Positive thematic feedback from our partners including Healthwatch Southampton partnership reviews and Southampton Carers Partnership Board.
- A 25% increase in the uptake of digital tools, including the NHS App "My Carer" feature, benchmarked quarterly by recorded Patient and Family Support Hub (PFSH) engagement.

• Improved clinical staff recognition of and communication with an 'unpaid' carer.

- A 25% improvement in an audit of clinical documentation, with a focus on discharge summaries, to ensure there is carer involvement and engagement.
- Ensure that at >50% of cases that are referred to Learning for the Lives and Death of people with a learning disability of autism (LeDeR), have meaningful feedback from a carer's perspective.
- Improved narratives about the carer experience carer feedback surveys (free text comments).
- 20% reduction patient safety incident investigations (PSII) that have incidental learning related to carer involvement.

Link with Trust Strategy
Outstanding outcomes
Link with Clinical Strategy
Patients first: health inequalities

Quality Priority Two: Strengthening enhanced therapeutic observations care (ETOC) at UHS

Core dimension

Patient safety

Rationale of selection

Patients are admitted or attend the emergency department for reasons that include mental health needs. Patients who attend the emergency department for care and treatment of their physical health have a right to expect compassionate, therapeutic and safe support with co-existing conditions such as mental health needs, learning disability and autism and dementia. Physical health needs can present with symptoms that mirror mental health and dementia symptoms such as disorientation, anxiety, disordered thinking, paranoid ideas, aggression and hallucinations; this occurs in the context of delirium (which always has an underlying physical cause). When patients present with behaviours or symptoms that pose a risk to their own safety or that of other patients or staff, ETOC may be implemented where less restrictive approaches have been ineffective. ETOC can include bay watch, one to one care, or higher levels of supervision. Within the Trust, ETOC is a key area of focus due to its cost and impact. Current models are under review both locally and nationally, with the aim of reducing reliance on ETOC, improving staff knowledge and skills, ensuring high quality and consistent delivery, maintaining safety, strengthening alternatives, and enabling timely and safe step down.

Key aims

Complete a review of the quality and governance of ETOC with the engagement of external partners, NHSE and UHS external auditors.

- Undertake an audit of governance structures for ETOC.
- Implement recommended changes to simplify and improve the governance structures utilising principles of board to ward.
- Following a completed review of the structures, process and outcomes of ETOC work with the UHS transformation team to agree a project plan with key stakeholders including UHS staff, NHSE and ideally patient groups.
- Implement the project plan to:
  - Improve staffing structures to boost availability of skilled staff when needed.
  - Improve decision making for use and discontinuation of ETOC.
  - Improve knowledge and skills of UHS staff undertaking or overseeing ETOC.
  - Improve knowledge and skills of staff from external providers such as NHSP who are providing ETOC.

Progress metrics

- Completion of external auditor report.
- Following the completion of the external auditors' report, any recommendations for governance of ETOC will be considered and implemented where appropriate.
- Ongoing monitoring of ETOC staffing availability will be undertaken, with the expectation of improved availability over time.
- Actions will be implemented with the intention of working towards a reduction of approximately 20% in the number of shifts required to provide ETOC.
- Revisions to the ETOC policy will be progressed, clearly articulating revised approaches to practice.
- Education and training provision for UHS and external staff will be reviewed.
- Education and training for UHS and external staff will be updated, as appropriate, to align with the revised policy.

• Targeted improvement measures will be implemented with the aim of achieving a reduction of approximately 30% in concerns raised through the clinical complaints management process relating to externally provided bank and agency staff. • Opportunities will be explored to reduce both the frequency and duration of ETOC requests for 1:1 staffing, alongside a targeted reduction of approximately 20% in associated costs.
Link with Trust Strategy
Outstanding outcomes
Link with Clinical Strategy
Patients first: timely and quality care, and health inequalities

Quality Priority Three: Acuity and deteriorating patients across UHS: Adults and paediatrics

Core dimension

Patient safety

Rationale of selection

The recognition, assessment and escalation of a deteriorating patient either adult or child are a key element of our trust-wide patient safety and quality strategy with the aim of improving clinical outcomes for acutely ill patients. How rapidly we respond to patient deterioration both in and out of hours is a key determinant of patient and quality outcomes.

The NHS contract for 2026/27 stipulates that all trusts will have implemented all three recommendations of Martha's Rule by March 2027. Martha's Rule is a national patient safety-initiative designed to ensure that patients, families and carers can directly escalate concerns about a patient's condition if they feel deterioration is not being recognised or acted upon.

Recommendation one – daily structured enquiry into how the patient feels and whether they believe they are getting better or worse has been implemented within paediatrics as part of the national early warning score (NPEWS). It has yet to be implemented within adult inpatient ward areas.

Recommendation two – 24/7 escalation route for staff to request a review from a different clinical team if they are worried that deterioration is not being recognised or acted upon is embedded across all adult and paediatric in-patient ward areas.

Recommendation three – 24/7 patient-and-family-activated escalation, giving patients, carers and families a clearly advertised way to request an urgent clinical review is embedded across all adult and paediatric in-patient ward areas.

Sepsis is still a leading cause of preventable deterioration, unplanned ICU admission and mortality in acute hospitals. Sepsis is one of the most time critical deterioration pathways.

Across the NHS, there is still inconsistent delivery of:

- Timely sepsis screening.
- Antibiotics within one hour.
- Completion of the Sepsis Six bundle.

This variation is well documented and often highlighted in CQC inspections. Making sepsis a priority signals that the Trust is actively addressing a known national risk.

Key aims

Martha's Rule:

- Fixed agenda item at bi-monthly Trust deteriorating patient group to highlight key themes and actions for education and training development.
- Incorporated with monthly acuity data reports.
- Quarterly report to patient safety steering group.
- Yearly report to the Trust Quality Committee.

Recommendation one:
- Implement patient wellness questionnaire (PWQ) for all adult inpatient areas by March 2027.
- 75% staff undertaking the PWQ will have received education and training on how to complete the PWQ and escalate the appropriate actions.
- Patient/relative feedback regarding impact of the PWQ in adult and paediatric areas.
- Staff feedback regarding the impact of the PWQ in adult and paediatric areas.
- Monthly impact and thematic analysis of PWQ data for adults and paediatrics.

Recommendation two:
- All clinical staff new to UHS will receive information on how to escalate and with whom they can escalate to regarding a deteriorating patient.
- Review all adverse event forms related to failure to escalate and/or failure to rescue patients for learning and share across the organisation.
- All deteriorating education will include information on how to escalate a deteriorating patient and whom they can escalate to.

Recommendation three:
- Monthly audit of all Call 4 Concern activations for thematic analysis.
- Call 4 Concern activations reported monthly as part of the acuity data.
- Adverse event form completed for every adult Call 4 Concern activation and actioned at local level.
- Paediatric Call 4 Concern activations reviewed and discussed in bi-weekly Martha's Rule working group with quarterly report to child health care group governance.

Sepsis:
- Monthly audit of patients diagnosed with sepsis within the adult emergency department – focus on:
  - Time from arrival to diagnosis.
  - Sepsis tool utilisation.
  - Sepsis diagnosis documented in the clinical notes.
  - Appropriate antibiotics administered within 60 mins of suspected diagnosis.
  - Adherence to Sepsis Six.
- Paediatric ID team ward rounds twice/week monitoring antibiotic therapies/stewardship including IV to oral antibiotics conversion.
- Annual paediatric sepsis data reported with learning shared across SCH.
- Sepsis education available to all healthcare professionals on VLE.
- Develop reports from VLE for completion of sepsis education.

Progress metrics

Audit Martha's Rule:

Recommendation one:
- Percentage of ward nursing teams received education on Martha's Rule and patient wellness questionnaire – target 75 % Q3.
- Compliance of completion of daily patient wellness questionnaire for adult and paediatric patients aiming for a month-on-month improvement.
- Analysis of impact and escalation of patient wellness questionnaire via staff and patient feedback.

Recommendation two:

- Thematic analysis of adverse event forms or patient safety reviews related to failure to rescue and/or failure to escalate.
- Analysis of staff feedback from deteriorating patient education sessions.

Recommendation three:

- Percentage of inpatient areas with Martha's Rule/Call 4 Concern information displayed – target 100% by Q2.
- Number of Call 4 Concern activations per month – monitored for trends and shared monthly.
- Median response time from activation to clinical review for the acute deterioration calls – target < 30 mins for 90% of cases.
- Thematic analysis of non-acute clinical deterioration Call 4 Concern activations collated monthly for learning and education.
- Patient/family awareness of Martha's Rule – target: month on month improvement.

Sepsis:

- ED sepsis screening tool compliance – target > 80%
- Appropriate antibiotics administered within 60 mins for suspected sepsis (ED) – target >90%.
- Monitor unplanned ICU admissions related to sepsis with shared learning of key themes.
- Percentage of staff completing sepsis education available on VLE – target: year on year improvement

Link with Trust Strategy

Outstanding outcomes

Link with Clinical Strategy

Patients first: timely and quality care

Quality Priority Three: Acuity and deteriorating patients across the Trust: Maternity and neonatal

Core dimension

Patient safety

Rationale of selection

In line with the three-year delivery plan for maternity and neonatal services (NHS England, 2023) implement best practice, including the new MEWS tools by 2025. Improving the early detection of patients who are deteriorating is vital to improving morbidity and mortality; three of the four most common direct causes of maternal death (MBRACE, 2024) would result in abnormal MEWs scores early on. Improving escalation and involving the whole MDT early, thus improving outcomes within maternity care (MBRACE, 2024). Working cross-site (Princess Anne/Southampton General Hospital main site) poses unique challenges and therefore improved joint working and central surveillance would provide additional opportunities to enhance safety by preventing delays in identification and escalation of deteriorating patients. Build upon and maintain strong working relationships with maternal medicine and critical care outreach teams, training together and sharing learning. The NHS contract for 2026/27 stipulates that all trusts will have implemented all three recommendations of Martha's Rule by March 2027. Martha's Rule is a national patient safety initiative designed to ensure that patients, families and carers can directly escalate concerns about a patient's condition if they feel deterioration is not being recognised or acted upon. We have implemented element two and three of Martha's Rule with maternity services and element one and three within neonatal services.

Key aims

- We will implement element one within maternity services and element two within neonatal services.
- We will fully embed all three elements within both services to ensure this is normal practice.
- Implementation of digital recording of maternal observations to be implemented in conjunction with new MEWs tool. Train staff in digitally recording observations. Ensure equipment available to record observations digitally (enough iPads in each clinical area).
- Work closely with CCOT and the maternity digital team to develop a 'surveillance dashboard'.
- Work closely with the Trust Call 4 Concern lead to introduce Call for Concern to maternity. CCOT to have access to and training in BadgerNet (maternity records system).
- Work with Local Maternity and Neonatal System (LMNS) maternal medicine team & the Trust's CCOT on training including PROMT and maternity red flags.
- Open invitation for these teams to attend maternity safety huddle to share learning and/or discuss current patients.

Progress metrics

- MEWS audit: MEWS training compliance to reach ≥85% by June 2026; quarterly audits to commence one month post rollout, reviewing 20 sets of notes per month, with ≥90% compliance expected for standards and escalation.
- Exception reporting: 100% of MEWS related issues identified through audit to be reported via the adverse event reporting (AER) incident reporting system and reviewed quarterly.
- Call 4 Concern review: 100% of Calls 4 Concern to be reviewed, including frequency, referral themes, response timeliness, and documented patient outcomes where deterioration is identified.
- Patient experience: Patients' feedback to be reviewed in 100% of cases where Martha's Rule is enacted.

• Awareness: Martha's Rule posters displayed in 100% of ward areas across maternity and neonatal services, with compliance checked quarterly.
Link with Trust Strategy
Outstanding outcomes
Link with Clinical Strategy
Patients first: timely and quality care

Quality Priority Four: Fundamentals of Care – Improving communication

To strengthen the quality of care by ensuring the Fundamentals of Care (FoC) commitments through 'What Matters to Me' conversations, and clear, person centred documentation to communicate effectively and ensure person-centred care.

Core dimension

Patient experience

Rationale of selection

Feedback from patients, their families and their carers consistently highlights the importance of being actively involved in their care. This requirement is multi-faceted and is underpinned by effective communication, both in how we engage with what matters most to our patients and in how we communicate with each other to ensure the delivery of safe, consistent, and high-quality care.

'What Matters to Me' remains a central priority in our approach to delivering personalised, person-centred care. Through successful Volunteering for Health funding secured via a community partnership bid, we have appointed a dedicated volunteer coordinator to lead and strengthen this programme. This role is enabling us to build a robust and sustainable volunteer network that can support patients in articulating their priorities, enhance meaningful conversations at the point of care and ensure that individual needs and preferences are consistently understood and recorded. This investment reinforces our commitment to embedding 'What Matters to Me' as a routine part of high-quality care across our services.

High quality, accurate and timely documentation is a fundamental component of safe and effective patient care. Inconsistent recording of daily nursing care practices and incomplete or inaccurate body mapping can contribute to patient safety risks and inconsistent care experiences across a patient's hospital journey. These gaps also reduce staff confidence, make it challenging to monitor care standards and limit the organisation's ability to learn from patient outcome and experience measures.

By prioritising improvements in the standards of documentation, the Trust can strengthen the reliability of core nursing practices that directly affect patient outcomes. Standardised, robust documentation supports clearer communication between clinical teams, enhances continuity of care and provides a more accurate record on which to base clinical decision making.
The combination of these approaches aims to ensure that every patient receives equitable, safe, and consistent care, strengthening the foundations of care delivery and to create a more dependable and patient-centred experience throughout the entire hospital journey.

Key aims

- Strengthen patient involvement through 'What Matters to Me'.
  - Building on the learning from previous trials, ensure every patient is actively involved in sharing what is important to them by embedding 'What Matters to Me' conversations into routine practice, supported by a sustainable volunteer network and effective staff engagement.

- Improve the quality and reliability of documentation.
  - Raise standards of written and digital documentation across all clinical areas to ensure records are accurate and consistent, supporting safer clinical decision making, consistent delivery of core nursing practices and better monitoring of care quality.
- Reduce variation and strengthen continuity of care across the patient journey.
  - Minimise inconsistencies in care by improving the recording of essential care elements (including turnaround practices, daily assessments and body mapping) and enabling clearer information flow between clinical teams.

Progress metrics

1. Completion of 'What Matters to Me' documentation:
- A minimum of one care group will adopt the 'What Matters to Me' (WMTM) boards each quarter, embedding it into day-to-day practice.
- 80% of inpatients within the pilot areas have a completed WMTM board within 48 hours of admission to a ward area.
- A successful trial of WMTM boards with patients who have a learning disability and/or autism and an evaluation of the impact for this patient group.

2. Quality of 'What Matters to Me' documentation:
- 100% of inpatients with a WMTM board have been offered and/or have a photo of them or something that represents them as a focal point of their WMTM board.

3. Quality standards of documentation are set for body maps and daily assessment:
- Clear documentation standards are set, and training is provided to support quality body mapping and daily assessment documentation.

4. Quality standards of documentation being maintained:
- 80% of body maps and daily assessments are completed to the set expected quality standards.

5. Patient and experience measures will improve:
- We will undertake a comprehensive thematic analysis through more effective coding of complaints/PALs interactions to gain an improved understanding of what impact the 'communication' challenges are and how they impact upon patients, families and carers.
- 20% reduction in complaints and PALS enquiries related to communication.
- Patient Reported Experience Measures (PREMS).
- Friends and Family Test – Increase positive responses to "Overall, how was your experience of our service?" from 85% to 90%, and to "Were you involved in decisions about your care and treatment?" from 67% to 75%.
- National CQC survey – The inpatient survey will report improved experiences for patients when asked.

Link with Trust Strategy

Outstanding outcomes

Link with Clinical Strategy

Patients first: timely and quality care

Quality Priority Five: Year three: Develop the Trust's approach to reducing the impact of health inequalities (HIs)

Core dimension

Clinical outcome and effectiveness

Rationale of selection

Tackling health inequalities is a key priority for the NHS. It is a moral imperative to address unfair, avoidable differences in health outcomes and experience. Addressing these gaps ensures equitable access to care, reduces long-term demand and improves health outcomes and life expectancy for those impacted.

In Southampton, health is worse than the national average, with people living fewer healthy years, about 59 years for both men and women. Over two-thirds of adults are overweight or obese, and nearly 10% of pregnant women smoke. High body-mass index (BMI) is the largest contributor to years of healthy life lost due to disability (YLDs) in Southampton. Five of the top six risk factors for deaths in Southampton are related to excess weight and/or dietary risks. Rates of obesity in children in Southampton are above the national average and are growing. Southampton was fifth worst among it's 16 local authority comparator group for reception age healthy weight. These problems show clear health inequalities linked within our region and the Trust needs to work with our partners across the system to reduce the impact of inequalities.

At UHS we have been working to have an impact on health inequalities for several years. In 2024/25 we formalised these efforts with a governing board, chaired by our chief medical officer and with a clear programme of improvement based on recognised priorities. This formed the basis of our quality priority in 2024/25. In 2025/26 we continued to drive against key priorities linked with data and measurement, clinical priorities, enabling the organisation, communications and engagement and strategy.

This year's quality priority is a continuation of this work. We intend to grow our understanding and actions as an organisation, improving the equity of access, outcomes and experience of our services across our community.

Key aims

- Review our elective waiting list data to understand health inequalities within waiting times
- Improve recording of ethnicity data across our organisation.
- Continue to drive inequalities and prevention projects in tobacco dependence, obesity and hypertension. Support service priorities related to alcohol and mental health.
- Drive local change through providing training and encouraging use of experience and access data across the organisation.
- Gain patient and community insight on key barriers to care, working with system partners.
- Develop data and reporting to understand inequalities in experience and outcomes.

Progress metrics

- Improvement plan developed for elective access (Improve equity in DNA rate for pilot specialties).
- Improvement plan developed for ethnicity recording - increase ethnicity recording in the PTL to 80% (currently 70%).
- Clear priorities and measures set for each clinical priority - 10% increase smoking status recording for inpatients (currently 38%).
- Identify continued opportunities for training and education (402 staff trained in 2025/26, aim to at least replicate this in 2026/27).

Link with Trust Strategy
Outstanding outcomes
Link with Clinical Strategy
Always improving: health inequalities

Quality Priority Six: Development of an integrated quality management system

Year one: Development of a new clinical quality dashboard

Core dimension

Clinical effectiveness and outcomes

Rationale of selection

A strong quality management system (QMS) is essential in an acute hospital to ensure consistent, safe, high-quality patient-centred care while meeting growing service pressures and national expectations. Our QMS will deliver a structured framework of priorities, measures and procedures, with clear responsibility assigned to results. This will help the organisation to identify issues in a timely manner and to drive continuous improvement. It links organisational strategy to daily frontline work to improve patient outcomes, reduce safety risks and meet regulatory standards, such as those in the NHS IMPACT framework. It will also bring assurance and escalation from the ward to board level.

The NHS England 10 Year Health Plan calls for major transformation in governance, digital capability, prevention focused care and system wide quality improvement, all of which require structured oversight and coordinated quality processes.

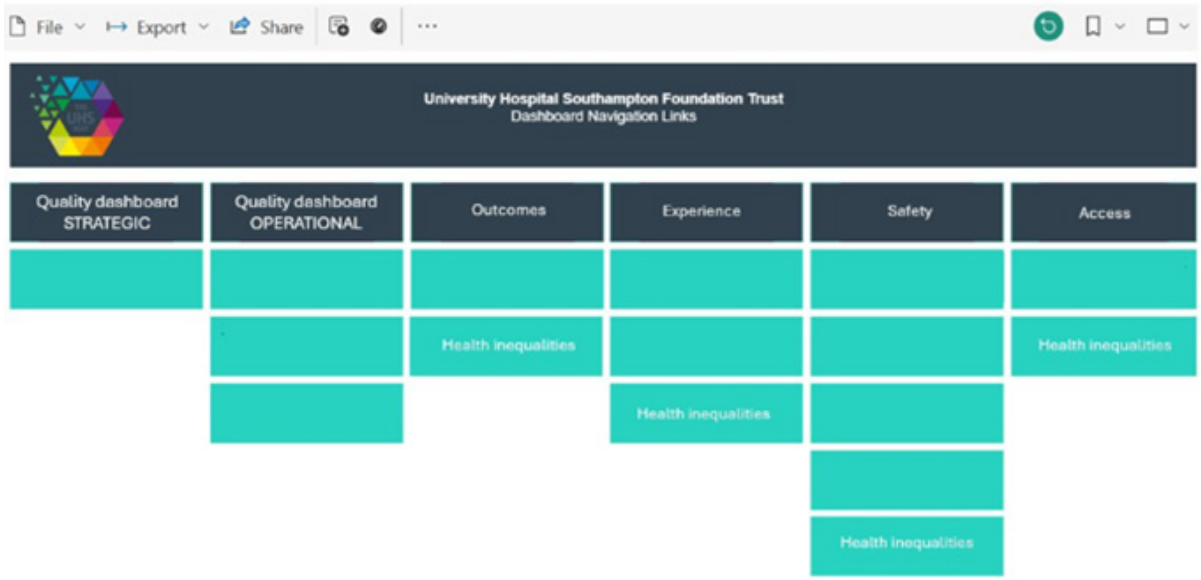
Development of an integrated quality dashboard is an ambition within the Trust Strategy and will provide quality assurance to key metrics in the outstanding care pillar covering the outcomes, safety, experience and access quality domains. This is also a core priority within the Clinical Strategy, enabling the delivery of our quality improvement and learning culture ambitions. This will also enable oversight of quality improvements linked with the other priorities within the clinical strategy, such as delivering Fundamentals of Care.

Currently staff are only able to view quality data retrospectively on a spreadsheet which will often be relying on data from the previous month. Staff feedback suggests this quality data set is difficult to interpret and as not contemporaneous doesn't enable us to be proactive in identifying and addressing issues.

This integrated quality dashboard will provide access to timely data, from ward to board, enabling proactive response to challenges, sharing of good practice, organisation-wide learning and measurement of delivery against strategic priorities.

The clinical quality dashboard will be developed using an iterative and collaborative approach, with delivery planned over approximately 12 months. As final resource allocation is still under discussion, the exact pace and scope of development may flex, but the core stages below set out the intended approach.

The diagram below is an idea of how the dashboard could look combining all the different quality domains. The clinical quality dashboard will focus on the operational part of the diagram.



Key aims

Metric review and scoping (underway and continuing into early months)

- Develop a task and finish group with key clinical, operational, digital and governance stakeholders to agree metric definitions, review feasibility and co-design dashboard functionality.
- Review the full list of proposed clinical quality indicators.
- Assess alignment with existing dashboards, mandatory reporting and current quality oversight processes.
- Explore how other trusts structure similar dashboards to ensure best practice and avoid duplication.

Data source assessment and feasibility (early phase)

- Map all relevant data sources, noting that these will vary widely and may include manual collections.
- Identify where automation, new data pipelines or upstream data redesign may be required to ensure reliability and sustainability.
- Assess data quality, completeness and governance considerations.

Power BI development and prototype build (iterative throughout the year)

- Build initial dashboard prototypes in Power BI, focusing on a small number of high priority indicators.
- Develop visual structures e.g. heat maps or trends over time views.
- Share prototypes with clinical, operational and governance users for rapid feedback.

Integration, validation and alignment (mid–later stages)

- Ensure definitions, calculations and data refresh processes are consistent across existing dashboards and reporting tools.
- Complete clinical validation of indicators and agree final presentation formats.
- Implement improvements to manual or inconsistent data sources where feasible.

Deployment, training and transition (final phase)
- Roll out the dashboard to relevant clinical and governance groups.
- Provide training and guidance to support effective use.
- Establish processes for ongoing updates, maintenance and further indicator expansion.

Progress metrics

Stage one
Metric review and scoping (underway and continuing into early months)
- Percentage of proposed indicators reviewed against feasibility.
- Number of indicators agreed for phase one build.
- Completion of alignment review with existing dashboards/tools.
- Completion of external scan of other trust's dashboards.

Stage two
Data source assessment and feasibility (early phase)
- Percentage of data sources mapped (automated and manual).
- Number/percentage of data sources assessed for quality and completeness.
- Number of sources requiring automation or redesign identified.
- Number of data pipelines drafted or partially developed.

Stage three
Power BI development and prototype build (iterative throughout the year)
- Prototype version number (v0.1, v0.2, v0.3 etc).
- Number of indicators included in the prototype.
- Feedback received from clinical and operational teams.
- Usability issues logged and resolved.

Stage four
Integration, validation and alignment (mid–later stages)
- Number of indicators clinically validated.
- Number of metric definitions approved by governance.
- Number of individuals across clinical professions involved in early testing.

Stage five
Deployment, training and transition (final phase)
- Number of users trained (or percentage of intended users).
- Early user feedback scores (such as usefulness, clarity, ease of use).
- Number of issues logged and resolved during transition.

Link with Trust Strategy

Outstanding outcomes

Link with Clinical Strategy

Always improving - quality improvement and learning culture

2.3 Statements of assurance from the Board

This section sets out the mandatory statements on the quality of services we provided during the 2025/26 financial year. These statements are consistent across all quality accounts and enable meaningful comparison of our performance with that of other organisations. They are intended to provide assurance that the Board of directors has reviewed and actively engaged with organisation wide initiatives that are strongly linked to the delivery of continuous quality improvement.

2.3.1 Review of services

During 2025/26 UHS provided and/or sub-contracted 121 relevant health services (from total Trust activity by specialty cumulative 2025/26 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 2025/26 represents 100% of the total income generated from the provision of relevant health services by UHS for 2025/26.

2.3.2 Participation in national clinical audits and confidential enquiries

The UHS clinical audit programme was developed in line with the Trust's values of putting patients first, working together and always improving. This aligns to the Trust's clinical effectiveness approach, to ensuring robust and measurable processes are in place to plan locally and participate strategically.

Healthcare Quality Improvement Partnership (HQIP) produces a National Clinical Audit & Enquiries Directory, which identifies national audits that are included in the NHS England Quality Account List, 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 NHS England by HQIP. These collect and analyse data supplied by clinicians to provide a national picture of care standards for that specific condition. On a local level, NCAPOP audits provide 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 also includes audits which we regard as 'best practice' to participate in, and for that reason we 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've 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 2025/26 62 national clinical audits and 4 national confidential enquiries covered NHS services that UHS provides. During 2025/26 UHS participated in 97% of national clinical audits and 100% national confidential enquiries of which it was eligible to participate in.

NCEPOD studies participated in during 2025/26 were:
- Acute illness in learning disability patients.
- Stabilisation of the critically ill child.
- Rib fractures.
- Pleural procedures.

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 2025/26, 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=62)	Eligible (61)	Participated 60=97%)	% Actual cases submitted/ expected submissions
1.	BAUS British audit Of the investigatiOn and referral of woMen with rEcurrent uRinary trAct infectioN using recent Guidance (BOOMERANG)	✓		
2.	BAUS Evaluating the Management Pathway for Suspected Testicular Cancer Referrals (EMPAST)	✓		
3.	British Spine Registry	✓		
4.	Case Mix Programme (CMP) (ICNARC)	✓		2,204
5.	UK Renal Registry National Acute Kidney Injury Audit	✓		
6.	Emergency Medicine QIPs – Care of older people	✓		117 pts
7.	Epilepsy 12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	✓		Approx 37 cases
8.	Falls and Fragility Fractures Audit Programme (FFFAP) national hip fracture database	✓		550 pts
9.	Falls and Fragility Fractures Audit Programme (FFFAP) fracture liaison database	✓		
10.	Falls and Fragility Fractures Audit Programme (FFFAP) National Audit of Inpatient Falls	✓		
11.	Learning from lives and deaths - People with a learning disability and autistic people (LeDeR)	✓		

No	Total number of NCAs UHS were eligible to participate in (n=62)	Eligible (61)	Participated 60=97%)	% Actual cases submitted/ expected submissions
12.	National Adult Diabetes Audit – National Diabetes Inpatient Safety audit	✓	✓	
13.	National Adult Diabetes Audit – National Pregnancy in Diabetes	✓	✓	
14.	National Diabetes Audit – transition	✓	✓	Collects data from database
15.	National Diabetes audit – gestational diabetes	✓	✓	Collects data from database
16.	National Audit of Care at the End of Life (NACEL)	✓	✓	120 case notes
17.	National Audit of Dementia (NAD)	✓	✓	Extracted from data sources
18.	National Cancer Audit Collaborating Centre – National Audit of Metastatic Breast Cancer	✓	✓	Data collected from cancer Databases * See comment below
19.	National Cancer Audit Collaborating Centre – National Audit of Primary Breast Cancer	✓	✓	
20.	National Cancer Audit Collaborating Centre – National Kidney Cancer Audit (NKCA)	✓	✓	
21.	National Cancer Audit Collaborating Centre – Non-Hodgkin Lymphoma Audit (NNHLA)	✓	✓	
22.	National Cancer Audit Collaborating Centre – National Pancreatic Cancer Audit	✓	✓	
23.	National Cancer Audit Collaborating Centre – National Bowel Cancer Audit (NBOCA)	✓	✓	
24.	National Cancer Audit Collaborating Centre – National Oesophago-gastric Cancer (NOGCA)	✓	✓	
25.	National Cancer Audit Collaborating Centre – National Lung Cancer Audit (NLCA)	✓	✓	
26.	National Cancer Audit Collaborating Centre – National Ovarian Cancer Audit (NOCA)	✓	✓	
27.	National Cancer Audit Collaborating Centre – National Prostate Cancer Audit (NPCA)	✓	✓	
28.	National Cardiac Arrest Audit (NCAA)	✓	✓	
29.	National Cardiac Audit Programme (NCAP) - Adult cardiac surgery	✓	✓	24/25 931 ops
30.	National Cardiac Audit Programme (NCAP) – Cardiac Rhythm Management (CRM)	✓	✓	24/25 1,010 procedures
31.	National Cardiac Audit Programme (NCAP) – congenital heart disease (CHD) paediatric	✓	✓	400 surgical cases & 300 catheter cases
32.	National Cardiac Audit Programme (NCAP) – Heart Failure audit	✓	✓	Approx 600 pts
33.	National Cardiac Audit Programme (NCAP) – Acute Coronary Syndrome or Acute Myocardial Infarction	✓	✓	Approx 400pts

No	Total number of NCAs UHS were eligible to participate in (n=62)	Eligible (61)	Participated 60=97%)	% Actual cases submitted/ expected submissions
34.	National Cardiac Audit Programme (NCAP) – Percutaneous coronary interventions (PCI)	✓	✓	
35.	National Cardiac Audit Programme (NCAP) – The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	✓	✓	Approx 250 cases
36.	National Cardiac Audit Programme (NCAP) – Patent Foramen Ovale Closure (PFOC) Registry	✓	✓	Approx 50 cases
37.	National Cardiac Audit Programme (NCAP) – Transcatheter Mitral & Tricuspid Valve (TMTV) Registry	✓	✓	40 cases
38.	National Child Mortality Database (NCMD)	✓	✓	
39.	National Comparative Audit of Blood Transfusion – 2025 Major Haemorrhage Audit	✓	✓	18pts
40.	National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓	51pts so far
41.	National Emergency Laparotomy Audit (NELA) – Laparotomy	✓	✓	150pts so far
42.	National Emergency Laparotomy Audit (NELA) – No LAP	✓	✓	
43.	National Joint Registry	✓	✓	
44.	National Major Trauma Registry (NMTR)	✓	✓	1,777 so far
45.	National Maternity and Perinatal Audit (NMPA)	✓	✓	
46.	National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	✓	✓	2,036 pts VON – circa 113
47.	National Ophthalmology Audit Database	✓	x	** See comment below
48.	National Paediatric Diabetes Audit	✓	✓	
49.	National Perinatal Mortality Review Tool (NPMRT)	✓	✓	
50.	National respiratory Audit Programme (NRAP) – asthma in children	✓	✓	
51.	National respiratory Audit Programme (NRAP) – asthma in adults	✓	✓	
52.	National respiratory Audit Programme (NRAP) – COPD secondary care	✓	✓	
53.	National respiratory Audit Programme (NRAP) – Pulmonary rehabilitation	✓	✓	57 pts *** See comment below
54.	National Vascular Registry (NVR)	✓	✓	**** See comment below 280 incomplete data
55.	Paediatric Intensive Care Audit Network (PICANet)	✓	✓	
56.	Perioperative quality improvement programme	✓	x	***** See comment below

No	Total number of NCAs UHS were eligible to participate in (n=62)	Eligible (61)	Participated 60=97%)	% Actual cases submitted/ expected submissions
57.	Sentinel Stroke National Audit Programme (SSNAP) continuous SSNAP Clinical patient audit, organisational audit	✓	✓	Oct 24 – Oct 25 1,228
58.	Serious Hazards of Transfusion (SHOT) UK national hemovigilance scheme	✓	✓	53 cases
59.	UK Cystic Fibrosis Registry	✓	✓	208 pts
60.	UK Interstitial Lung Disease (ILD) Registry	✓	✓	400 pts
61.	UK Renal Registry Chronic Kidney Disease Audit	✓	✓	

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.

* For the NATCAN cancer services reports there has been an issue with the data quality / collection from the various national databases which is currently being investigated.

** The National Ophthalmology Audit Database could not be completed in 2025/26 due to the lack of audit functionality in the new ophthalmology system. We hope this will be resolved to enable completion of the audit in 2026/27.

*** National Respiratory Audit Programme Pulmonary Rehabilitation (PR) will be discontinued in May / June 2026 as the PR service at UHS is stopping.

**** For the National Vascular Registry, UHS submits all procedures, other than interventional radiology procedures.

***** Perioperative quality improvement programme - we have experienced ongoing challenges engaging effectively with PQIP. The programme is embedded within the national research delivery infrastructure but is not accompanied by sufficient funding to support the research nurse capacity required, particularly given the size and complexity of the dataset. Previous attempts to integrate PQIP within the perioperative medicine clinical service were unsuccessful, as clinical teams lacked the capacity to deliver the programme alongside routine duties. This resulted in significant data quality issues, including errors and incomplete follow up.
A further challenge is that PQIP is structured as a consented study, which creates an additional barrier to recruitment and means the current patient cohort is not fully representative of the wider UHS population. At present, only a limited number of patients are being recruited. This may increase in the future if opportunities arise to co enrol patients into other locally delivered studies.

The reports of 21 national clinical audits were reviewed by the provider in 2025/26. Appendix A lists actions identified during 2025/26, 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 61 trust-wide and local clinical audits were reviewed in 2025/26. Appendix B lists the resulting actions to improve quality of healthcare provided.

2.3.3 Recruiting to research

The number of patients receiving relevant health services provided or subcontracted by UHS in 2025/26 that were recruited during that period to participate in research approved by a research ethics committee is 14,636 so far.

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

2.3.4 Commissioning for Quality and Innovation (CQUIN) payment framework

University Hospital Southampton NHS Foundation Trust income in 2025/26 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because CQUIN was "paused" by NHSE for this contracting year.

2.3.5 Statements from the Care Quality Commission (CQC)



UHS holds an unconditional registration with the Care Quality Commission (CQC) without any conditions. Since first registering in 2010, the organisation has consistently retained this status without conditions or enforcement action, including throughout 2025/26.

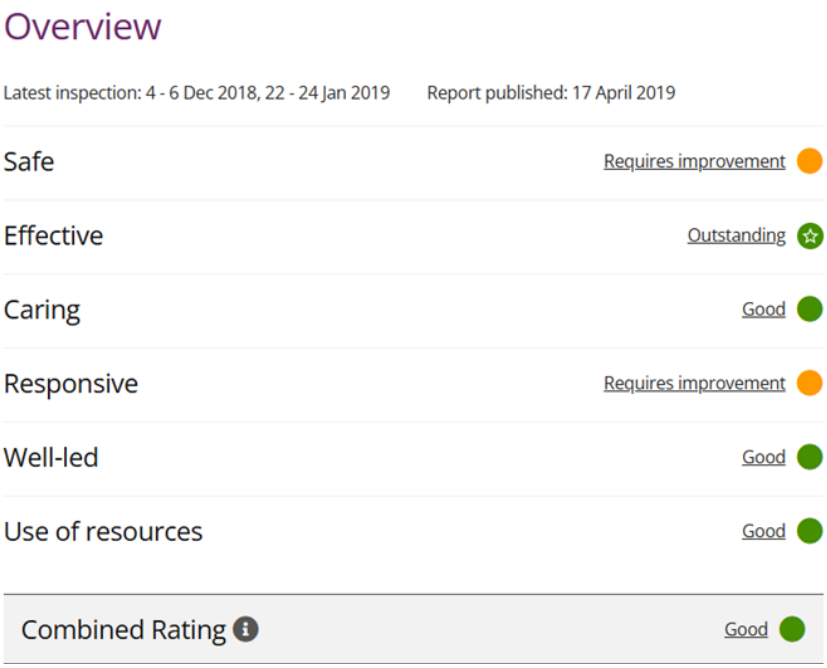
No enforcement action was taken against UHS by the CQC during 2025/26, and the Trust did not take part in any special reviews or investigations during the reporting period. Full registration information is publicly accessible via the CQC website.

Across the organisation, all sites and services are now rated as 'good' in both the effective and caring domains. Southampton General Hospital has achieved 'outstanding' ratings in these areas, and Hampshire and Isle of Wight Air Ambulance (HIOWAA) is rated 'outstanding' across all domains.

During 2025/26, the CQC undertook the following inspections:

- Hampshire and Isle of Wight Air Ambulance (HIOWAA), inspected in October 2025 and awarded 'outstanding' in every domain. This was the first inspection since the formal collaboration between HIOWAA and UHS was established in November 2018.
- End of life care and children and young people services, reviewed during an unannounced inspection in November 2025. These services were inspected concurrently due to the time elapsed since their previous assessments. UHS is currently awaiting the draft report.

UHS overview of CQC ratings:



We continue to monitor our performance internally against the highest standards of care. We continue to engage with the CQC through a range of activities including CQC engagement meetings and monthly meetings to discuss escalations, updates and sharing of good news stories.

2.3.6 Payment by results

UHS was not subject to the payment by results (PbR) clinical coding audit for 202/26 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 an NHS approved clinical coding auditor.

2.3.7 Data quality

Reliable data sits at the heart of effective care and good organisational governance. When patient information is accurate, complete and up to date, it becomes possible to clearly track an individual's care journey and ensure they receive the right support at the right time. Strong data quality not only enables efficient service delivery but also plays a direct role in maintaining high standards of safety and overall care.

When data is incomplete or inaccurate, the consequences can be significant, treatment may be delayed, staff workloads can increase, income may be lost and the information used for planning or reporting can become misleading.

Our commitment to strengthening data quality continues to make a positive impact to both patient

experience and operational effectiveness. Each month, the data quality team audits hundreds of records, helping to highlight issues, support teams across the Trust and identify where further improvements can be made. Our aim is to promote better data entry practices and to keep refining the areas that matter most.

UHS submitted records between April 2025 and December 2025 to the NHS-wide Secondary Uses Service for inclusion in Hospital Episode Statistics. As of December 2025 (latest reporting month) the percentage of records in the published data:

Which included a valid NHS number were:
- 99.7% for admitted patient care (0.3% improvement from last year).
- 99.8% for outpatient care (no change from last year).
- 96.6% for accident and emergency care (0.8% improvement from last year).

Which included a valid General Medical Practice code were:
- 100% for admitted patient care (no change from last year).
- 100% for outpatient care (0.1% improvement from last year).
- 99.7% for accident and emergency care (0.2% improvement from last year).

UHS will be taking the following actions to improve data quality:
- Data services to routinely review and update 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.
- Raise awareness of data quality and its importance.
- Review and update training materials and guidance.

2.3.8 Data Security and Protection Toolkit (DSPT)

The DSPT is an online self-assessment tool that enables the Trust to measure its performance against the national data guardian's ten data security standards and the cyber assurance framework (CAF). The CAF provides a systematic and comprehensive approach to assessing the extent to which cyber and information governance risks to essential functions are being managed. Submission of the DSPT is a mandatory annual requirement. The Trust submitted its 2024/25 assessment in June 2025. The Trust was not able to provide the required level of assurance for all 18 principles. As a result, the Trust was not able to fully demonstrate it was practising good data security and achieved "standards not met". An improvement plan was submitted to NHSE which was accepted and as a result our rating was changed to "approaching standards".

For the 2025/26 DSPT the Trust is working towards meeting the 18 principles of the CAF under the following categories:
- Managing risk.
- Protecting against cyber-attack and data breaches.
- Detecting cyber security events.
- Minimising the impact of incidents.
- Using and sharing information appropriately.

Submission for the 2025/26 DSPT is due at the end of June 2026.

2.4 Overview of quality performance

2.4.1 Single Oversight Framework

The Single Oversight Framework is the joint NHS England and NHS Improvement framework for assessing trusts' performance against key statutory performance indicators.

Progress against the indicators in the Single Oversight Framework indicator threshold 2025/26

	2024/25	2025/26
Percentage of patients waiting less than 18 weeks (absolute performance)	63.0%	62.1%
Percentage of patients waiting over 52 weeks	1.86% (Mar 25)	1.95% (Mar 2026)
Percentage of emergency department attendances admitted, transferred or discharged within 4 hours (all types)	77.3%	77.9%
Percentage of emergency department attendances spending over 12 hours in the department	2.0%	3.2%
Percentage of urgent cancer referrals to receive a definitive diagnosis within 4 weeks	83.5%	79.2%
Percentage of patients treated for cancer within 62 days of referral	78.1%	75.1%
Percentage of people waiting over 6 weeks for a diagnostic procedure or test	12.1%	18.3%
Under 18s elective waiting list (number of under 18s waiting for elective treatment as at year end)	9,366	8,573

2.4.2 Reporting against core indicators for 2024/25

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/DHSC.

Core indicator 12: The value and banding of the Summary Hospital-level Mortality Indicator (SHMI) and the percentage of patient deaths with palliative care coded at either diagnosis or speciality levels) for the Trust for the reporting period:

SHMI

	February 2023 - January 2024		February 2024 - January 2025		February 2025 - January 2026	
	Value	OD banding				
UHS	0.85	3	0.81	3	0.84	3
National average	1	-	1	-	1	-
Highest Trust score	1.25	1	1.34	1	1.34	1
Lowest Trust score	0.7	3	0.71	3	0.71	3

Regulatory/assurance statement: UHS considers that this data is as described for the following reasons: SHMI is an NHS Digital-derived tool available nationally and provided to all trusts for monitoring their rates of mortality, amongst other parameters, on a monthly basis. It follows an open and transparent process, based on the mandatory reporting of data all trusts provide via secondary user's service. UHS has had a consistently strong SHMI performance for several years and continues to provide a statistically significantly better than expected trend. The high level of coding depth measured in the monthly SHMI reports give reassurance that the mortality measures are a fair reflection of UHS' performance.

Core indicator 18: The Trust's patient-reported outcome measures scores (PROMs) for:

(i) Groin hernia surgery
(ii) Varicose vein surgery
(iii) Hip replacement surgery and
(iv) Knee replacement surgery

PROMs coverage for groin hernia and varicose vein surgery

National patient reported outcome measures (PROMs) are no longer collected on a mandatory basis for groin hernia surgery and varicose vein surgery. Following a national consultation, NHS England formally ceased mandatory PROMs collection for both procedures from 1 October 2017, as the data was assessed as providing limited additional value at national level. Since that date, national PROMs reporting has focused exclusively on hip and knee replacement surgery. 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.

PROMs: Hip and knee replacement surgery

		2023/24			2024/25		
Procedure	**Measure**	**UHS**	**Highest provider**	**Lowest provider**	**UHS**	**Highest provider**	**Lowest provider**
Hip replacement primary	Oxford hip score	20.694	25.660	18.600	22.638	25.817	16.392
Knee replacement primary	Oxford knee score	18.049	19.788	11.716	18.559	21.34	12.356
Total hip replacement	Oxford hip score	21.126	25.492	18.101	22.624	25.583	16.174
Total knee replacement	Oxford knee score	17.906	20.115	11.445	18.265	21.559	21.411

Regulatory/Assurance statement: UHS considers this data is as described for the following reasons: adjusted average health gain has improved in the last year in both hip and knee replacements. UHS is not an outlier in any domain. During the last year, a new elective hub has been created in an ICS partnership with Hampshire Hospitals NHS FT, specifically for hip and knee arthroplasty. It is expected that this hub will increase the number of participants in providing PROM scores. UHS intends to improve, through the hub, the number of participants in providing PROM scores. We hope that this unit will also increase the health gains of hip and knee arthroplasty operations as it is likely to reduce waiting times.

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.

	2024/25	2025/26 YTD
Readmission rate band (within 30* days) - non elective	12.31%	12.890%

*UHS report against the NHS England metric of emergency readmissions within 30 days, rather than 28 days.

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 implemented actions to reduce unplanned readmissions by strengthening treatment and discharge practices and working with system partners to address demand, capacity, patient flow and discharge safety.

Core indicator 20: The Trust's responsiveness to the personal needs of its patients during the reporting period.

NHS England (NHSE) no longer calculates or publishes Friends and Family Test (FFT) response rates, as there is no restriction on how frequently patients or service users can provide feedback. NHSE has also clarified that FFT data is not comparable across organisations. However, it can serve as an informal indicator to monitor trends over time within an organisation.

To better assess the Trust's responsiveness to personal needs, asking "Overall, how was your experience of our service?" offers a more meaningful measure and comparing the trends alongside our supplementary "five core questions" results.

FFT - Positive responses

A&E	Q1 2024/25	Q2 2024/25	Q3 2024/25	2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	2025/26
UHS	74.43%	81.11%	80.78%	79.14%	80.88%	78.10%	68.32%	81.73%	78.84%
National average	78.12%	80.50%	76.59%	78.64%	79.49%	79.46%	77.50%	78.74%	78.82%
Highest trust	100.00%	100.00%	98.57%	100.00%	100.00%	98.57%	100.00%	100.00%	100.00%
Lowest trust	40.00%	53.13%	12.50%	12.50%	17.39%	33.33%	22.22%	54.55%	17.39%

Inpatient and daycase	Q1 2024/25	Q2 2024/25	Q3 2024/25	2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	2025/26
UHS	97.53%	97.21%	97.85%	97.54%	97.47%	96.92%	96.99%	96.40%	97.00%
National average	94.44%	94.76%	94.61%	94.67%	94.98%	94.90%	94.69%	94.79%	94.85%
Highest trust	100.00%	100.00%	98.57%	100.00%	100.00%	98.57%	100.00%	100.00%	101.34%
Lowest trust	55.93%	53.69%	71.76%	53.69%	5.88%	80.65%	62.50%	70.73%	0.00%

Negative responses

A&E	Q1 2024/25	Q2 2024/25	Q3 2024/25	2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	2025/26
UHS	16.75%	11.11%	13.25%	13.63%	10.99%	16.43%	23.27%	11.92%	14.28%
National average	14.04%	12.49%	15.29%	13.79%	13.02%	13.09%	14.78%	13.87%	13.67%
Highest trust	52.00%	41.67%	88.00%	88.00%	82.61%	61.00%	77.78%	45.45%	82.61%
Lowest trust	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Inpatient and daycase	Q1 2024/25	Q2 2024/25	Q3 2024/25	2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	2025/26
UHS	0.62%	0.75%	0.62%	0.75%	1.19%	1.19%	1.20%	1.38%	1.23%
National average	2.57%	2.51%	2.61%	2.54%	2.41%	2.44%	2.48%	2.46%	2.45%
Highest trust	22.25%	16.67%	24.00%	24.00%	22.25%	13.22%	25.00%	17.07%	25.00%
Lowest trust	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Low UHS response rate to A&E FFT

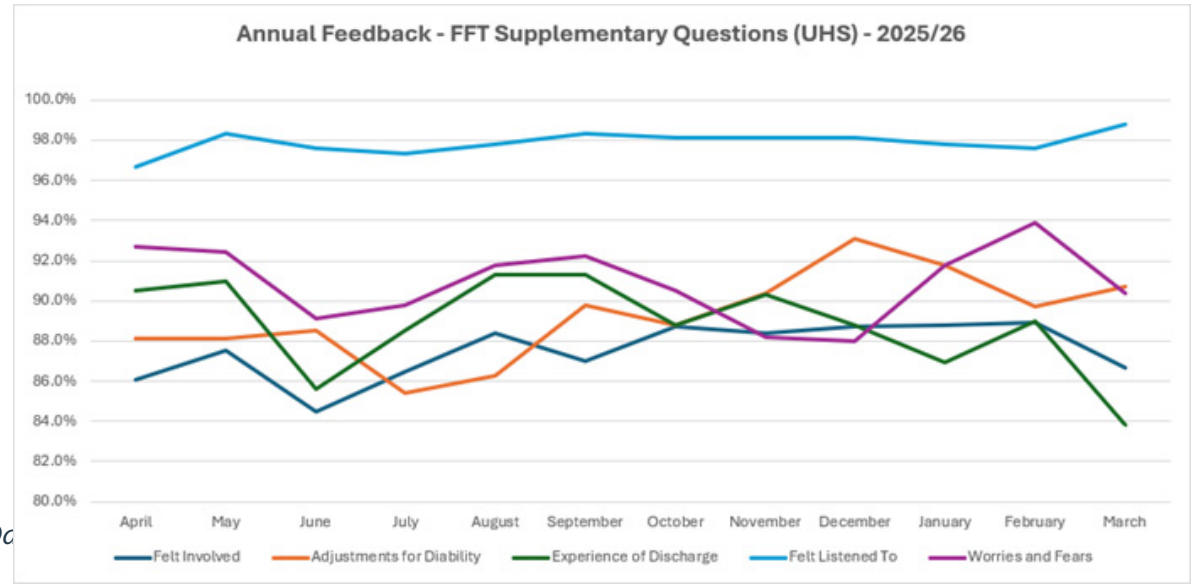
Patients are prompted to complete the FFT link sent to them by SMS text message, introducing self-selection bias into the completion rates. The continuation of SMS text messages as introduced in 2023/24 has meant that engagement continues to be significantly higher than previously attained, from previously single-digit to low-teen responses to now receiving an average of more than 200 responses a month. The Trust continues to aspire to introduce SMS text messaging for FFT surveys post-discharge for all care groups to help improve overall response and engagement rate to ensure that these figures are representative of the whole patient demographic.

Slight increase in negative response rate to inpatient and day case FFT

The slight increase in negative feedback aligns with an increase in awareness spreading of the FFT, with the introduction of QR code on bedside tables and an increase in poster campaigns. This also coincides with the growth of surveying volunteers and an increase in awareness of staff on the impact and necessity of the FFT. All care groups and divisional management teams now receive monthly notifications of their FFT score to identify successes and improvements and teams are encouraged to work on negative feedback to improve overall satisfaction, with the negative response rate showing gradual but continual improvement over the three quarters reported.

UHS FFT: Five core questions results

The Trust captures data beyond the core 'overall, how was your experience of care' question in the FFT in what is called the 'five core questions or 'supplementary' questions. These focus on core elements of patient experience: feeling involved in their care, making adjustments for people with disabilities, their experience of discharge processes, feeling listened to regarding their care, and having their worried and fears addressed. In 2025/26, the Trust scored an average of 90.8 across all of the supplementary questions asked, with 'felt listened to' achieving the highest score of 97.8.



Do

Regulatory/assurance statement: UHS considers that this data is as described as it is taken from the collection of Friends and Family Test results recorded by the Trust and processed by the third-party provider, aligns with trends and themes apparent from the national inpatient survey, and is consistent with feedback the Trust receives through other means including, but not limited to, focus groups, word-of-mouth, events.

UHS has taken the following actions to improve the Trust's responsiveness to the personal needs of its patients:

- Providing data to the governance teams on a monthly basis to allow for scrutiny of results and identification of themes requiring improvement.
- Continuing to develop ways of promoting response to the Friends and Family Test, including through the use of QR code on bedside tables and displaying FFT posters.
- Continuing to receive feedback through a number of methods, including the use of surveying volunteers, with the intention of providing greater details and response to personal needs.
- Expanding the size and role of the involved patient group, engaging with more projects and activities undertaken by the Trust.

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 and friends.

	2021	2022	2023	2024	2025
Your org	83.15%	78.78%	76.28%	76.75%	70.49%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	6669	6921	5526	5301	4784

Regulatory/assurance statement: UHS considers that this data is as described for the following reasons: Our staff who recommend UHS as a place for their friends or family to be treated remains high, and significantly above the national average. This data represents the dedication and commitment of our staff to strive for high patient outcomes. Our staff are proud to be part of a large university teaching hospital, with a prominent research and development faculty, with specialist services delivering care regionally and nationally.

As part of the overall action to maintain or improve our results, UHS intends to take the following action:

- Increase the percentage of staff who complete the annual survey and quarterly Pulse surveys particularly in the nursing and midwifery workforce, to ensure we gain diverse and rich feedback, representing as many staff as possible.
- Develop the clinical leadership capability and confidence by delivering tailored leadership interventions to clinical leaders, in particular the senior nursing and midwifery pipeline and medical clinical leads.
- Develop a new education strategy in line with national priorities and local needs, and revise the education, training and development infrastructure to maximise the impact on people development now and the workforce of the future.
- Roll out and embed the new violence, aggression and abuse framework, increasing staff safety and managing poor behaviours, abuse and violence against staff.

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 resumed in 2024/25 following the original suspension due to the COVID-19 pandemic.

VTE risk assessments

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
UHS	96.00%	95.00%	95.00%	95.00%
National average (acute trusts)	89.00%	89.00%	90.00%	90.00%
Highest trust score (acute trusts)	100.00%	100.00%	100.00%	100.00%
Lowest trust score (acute trusts)	15.00%	14.00%	13.00%	13.00%

Regulatory/assurance statement: UHS considers that this data is as described for the following reasons: UHS has continued to collect this data and remain above prescribed national averages i.e. 95%. UHS has taken the following actions to continue to maintain and improve the above average compliance and the quality of its services, by ensuring there is an ongoing hard block within our standard electronic prescribing system where resident doctors are signposted to complete VTE risk assessment. The data is shared regularly with the chair of thrombosis committee, it is a standing agenda item on the thrombosis committee, and the data is signed off by the chief medical officer. We are also working with divisions and care groups, emphasising the importance of risk assessment, as well as excluding cohorts where risk assessment is inappropriate.

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:

C difficile per 100,000 bed days

	2022/23	2023/24	2024/25	2025/26
UHS	21.85	26.36	31.58	22.01
National average	26.82	28.38	31.39	25.28
Highest trust score	84.38	92.54	77.81	54.64
Lowest trust score	0.00	0.00	0.00	0.00
Lowest trust score (non-zero)	1.4	5.9	2.3	0.83

Data source: UK Health Security Agency (UKHSA)

Regulatory/assurance statement: UHS considers that this data is described for the following reasons: We use nationally reported and validated data; we monitor performance regularly through our Trust infection prevention and control (IP&C) committee, quality governance steering group and daily and weekly reviews.

UHS has taken the following actions to improve the rate of C difficile infection per 100,000 bed days of 21.34 and the quality of the services, by:

1. Focus on antimicrobial stewardship (AMS) and application of the principles of prudent antimicrobial prescribing including review and update of antimicrobial prescribing guidelines.

2. Ongoing focus on improving IP&C practice standards including equipment cleanliness, hand hygiene practices, appropriate glove use, care and management of patients requiring isolation.
3. Participation in the sentinel surveillance programme of Clostridioides difficile infection (CDI) by whole-genome sequencing (WGS) which will provide both C. difficile ribotyping data and further information on potential genetic relatedness of a sample our CDI cases.

Patient safety indicators data for 2024/25:
Public Health England healthcare associated infections (HCAI) data capture system (DCS) national reporting case capture compares rates and counts of infections occurring in organisation of the same type.

Benchmarking (allows users to compare their organisation to other organisations in terms of rates and counts of reported cases) – benchmarking is against nationally reported cases of healthcare associated cases rate per 100,000 overnight bed-days plus day admissions.

UHS healthcare associated figures

	2021/22	2022/23	2023/24	2024/25	2025/26
Healthcare associated infection MRSA bacteraemia reduction	1	4	7	5	8
Healthcare associated infection clostridium difficile reduction	74	84	105	120	91

MRSA performance against national limit

	2021/22	2022/23	2023/24	2024/25	2025/26
MRSA annual limit	0	0	0	0	0
UHS healthcare associated infection MRSA bacteraemia performance	1	4	7	5	8

UHS C. difficile performance against national limit

	2021/22	2022/23	2023/24	2024/25	2025/26
C.difficile annual limit	64	61	60	99	100
UHS healthcare associated infection clostridium difficile performance	74	84	105	120	91
C.difficile variance from plan	15.6%	37.7%	42.86%	17.5%	-10%

Data sources: UKHSA

Infection prevention practice standards
There is a Trust annual infection prevention audit programme in place for 2025/26 to monitor infection prevention and control practice standards in clinical and non-clinical areas.
The audit programme is made up of the following:

- High impact intervention audits (care processes to prevent infection) - self-assessed audits.

- Hand hygiene:
  - o The hand hygiene audit process covers a wide selection of staff groups and ensures any missed opportunities for hand hygiene are addressed during the audits.
  - o Monitoring and assurance of hand hygiene practice for inpatient areas in 2025/26 consisted of: Self-assessed audits by ward leaders and/or matron with clinical lead.
    Covert audits carried out by an independent infection prevention nurse out of uniform.
    Monitoring and assurance of hand hygiene practice for outpatient areas consists of peer audits.
- Miscellaneous audits – self assessed (shown in appendix C)

Areas/wards who do not achieve the expected audit standards are required to identify actions for improvement and are offered support and input from the infection prevention team. Processes are in place for regular review of areas not achieving expected standards. Performance in relation to audit standards has been reviewed monthly by the infection prevention team to identify areas of concern/ those requiring additional support to improve practice standards.

High impact intervention audits

Audit title	Actions
Infection, prevention and control (IPC) – Saving lives HII 1 central venous catheter care	**Central venous catheter insertion audit.** No individual elements of the audit fell below the 95% expected standard. **Central venous catheter ongoing care audit.** No individual elements of the audit fell below the 95% expected standard.
Infection, prevention and control (IPC) – Saving lives HII 2 peripheral intravenous cannula care	**Peripheral intravenous cannula insertion audit.** No individual elements of the audit fell below the 95% expected standard. **Peripheral intravenous cannula ongoing care audit.** No individual elements of the audit fell below the 95% expected. standard.
Infection prevention and control (IPC) – Preventing surgical site infection	**Preventing surgical site infection pre-operative audit.** No individual elements of the audit fell below the 95% expected standard. **Preventing surgical site infection intra-operative audit.** No individual elements of the audit fell below the 95% expected standard. **Preventing surgical site infection post-operative audit.** No individual elements of the audit fell below the 95% expected standard.
HII No 5 Ventilated patients - undertaking care of ventilated or tracheostomy patients	**Care of ventilated patients.** No individual elements of the audit fell below the 95% expected standard.

Audit title	Actions
Infection, Prevention and Control (IPC) – Saving lives HII 6 Urinary Catheter Care	**Urinary Catheter insertion audit.** No individual elements of the audit fell below the 95% expected standard. **Urinary Catheter ongoing care audit.** Elements not meeting expected standards: • There is a clear plan for review and removal of the catheter, which is documented in the patient's records. • When indicated, urine samples are obtained using aseptic technique non-touch technique (ANTT) via the catheter sampling port, as per the UHS ANTT Guideline for catheter urine sampling. Infection Prevention Focus continues to be on addressing themes/learning from invasive devices, specifically improving the management and care of indwelling urinary catheters.

Hand hygiene audits

Audit title	Actions
Infection, Prevention and Control (IPC) – Inpatient and outpatient hand hygiene audit	**UHS trust-wide audit of hand hygiene.** An improvement framework specifically for hand hygiene is in place with the aim of driving improvements in practice. Areas will be measured against performance improvement target. All areas are responsible for developing and implementing an action plan based upon their results following their audit.

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.

	2024/25	2025/26
Patient safety incidents (PSIs) - PSIs uploaded to learning from patient safety events - (LFPSE) portal	8,477	11,305
Number of PSIs that resulted in severe/major/catastophic harm*	77	103
PSIs that required a patient safety incident investigation (PSII)**	9 (Apr-Mar)	20
Never events	10 (Apr-Mar)	9
Avoidable hospital acquired grade III and IC pressure ulcers	184***	245***
Total number of falls with significant harm	56 (Apr-Mar)	46
Thromboprophylaxis (VTE) % patients assessed	>95%	95%

** Section 2.4.3 Learning from deaths includes details about PSI resulting in death.*

*** UHS transitioned from the serious incident (SI) framework onto the patient safety incident response framework (PSIRF) on 2 October 2023. Methodology changes from SIRIs to PSIIs in 2024/25 making comparisons to historical years not meaningful.*

**** This figure also includes pressures ulcers which are unstageable, which means they are a III or IV but unclear which. In the 2024/25 quality account, the number published for 2024/25 did not include ungradable.*

Regulatory/assurance statement

UHS considers that this data is as described for the following reasons: although an increase in the number of patient safety incident investigations attributed to increased concerns regarding patient care and pathways, this is likely led by an enhanced awareness of PSIRF and the promotion of a proactive learning culture across the Trust.

An increase in the number of PSII can be explained by a combination factors, not necessarily a deterioration in care quality:

- Improved reporting culture: ongoing work to promote openness, psychological safety, and learning has led to increased confidence among staff to report incidents. This often results in higher reporting rates and more matters meeting the threshold for PSII.
- Greater awareness of PSII criteria: enhanced training and familiarity with the PSIRF have improved recognition of incidents that warrant formal investigation.
- More robust triage and governance processes: strengthened oversight and clearer decision-making pathways leading to more consistent identification of incidents requiring PSII.
- Increasing complexity of patient need: a rise in clinical complexity, multimorbidity, and safeguarding or system interface issues can increase the likelihood of incidents meeting PSII criteria, especially in vulnerable patient groups.
- Thematic or cluster effects: multiple incidents with similar contributory factors may appropriately trigger PSII to support deeper learning and systemwide improvement.

UHS has taken the following actions to improve patient safety by continuing to enhance awareness of PSIRF and the promotion of a proactive learning culture across the Trust.

Avoidable hospital acquired pressure ulcers:
A number of changes have been agreed in relation to the pressure ulcer steering group. The group currently meets on a quarterly basis; however, this will be revised to monthly meetings to ensure it remains responsive to current issues and emerging trends, enabling timely implementation of improvements. Attendance will also be required at care group level rather than through divisional representation, in order to strengthen accountability.

A re-audit will be undertaken by the lead tissue viability nurse in quarter one/two (2026/27). The findings will be presented at the clinical leadership group (CLG), and consideration will be given to delivering a workshop event to facilitate further discussion of the key issues identified.

These actions represent the initial planned response, with further actions expected to follow. It is recognised that education and staff engagement are essential, alongside the need for consistent prioritisation of pressure ulcer prevention within nursing practice. The focus will be on identifying the most effective and accessible ways to support staff in ensuring this remains a high priority for patient care.

2.4.3 Learning from deaths

During 2025/26, a total of 1,846 UHS patients died. These deaths were distributed across the reporting year as follows, by quarter:

Number of deaths per quarter 2025/26

Q1	Q2	Q3	Q4
500	383	513	450

Mortality and morbidity (M&M) reviews
During 2025/26, 56 cases were referred by the Southampton medical examiner office for Trust mortality and morbidity review. In all cases, the deaths were deemed unavoidable, and care and treatment were assessed as appropriate.

Learning from Reviews of Care
Structured reviews undertaken during the year have identified recurring themes in the delivery of complex clinical care, particularly within high-pressure settings such as end-of-life care, emergency care and transitions between services. The Trust has focused on learning at a system and process level, using these reviews to strengthen patient safety, dignity, consistency of care and staff support. Key themes identified include the management of complex and long-term conditions, medication safety and the impact of human factors, timely escalation and recognition of patient deterioration, effective communication with patients and families, safe discharge processes, and maintaining dignity and privacy in constrained environments.

In response, the Trust has strengthened education and training to support clinical teams in managing complex care, recognising deterioration, and delivering safe and compassionate end-of-life care. This includes reinforcing good practice in maintaining situational awareness, minimising interruptions and supporting staff working in pressured clinical settings.

Medication safety systems have been reviewed and strengthened, with clearer guidance, improved organisation of medicines and more robust checking processes to support safer administration and reduce the risk of error, including during out-of-hours care.

Escalation processes have been reinforced, with clearer expectations around senior clinical oversight, documentation and communication. Work continues to embed effective screening and early recognition tools, particularly within acute and emergency settings, to support timely intervention.

Learning from reviews also highlighted the importance of dignity, privacy and effective communication at the end of life. Actions have focused on strengthening guidance, improving consistency of communication with patients and families, and ensuring environmental and capacity constraints are recognised and managed through established risk and governance processes.

Discharge processes have been further strengthened through updated policies, checklists and training, supporting safer transitions of care and improved continuity across services. Operational pressures and capacity risks continue to be monitored through governance arrangements, with learning used to inform ongoing quality improvement.

Learning from reviews has been shared through established governance structures, including morbidity and mortality processes, leadership forums and organisational reporting, and has informed Trust-wide improvement work and reporting to the Trust Board.

Patient safety incidents:
The patient safety team received and triaged eight referrals from the medical examiners from April 2025 until March 2026:

- Three cases were directed to be discussed/reviewed at relevant M&M meeting.
- One case pertained to a patient who had sustained a fall; therefore, this was managed via the high harm fall process.
- One case was subject to a patient safety case review and subsequently a patient safety incident investigation.
- Three cases were deemed as not requiring any further action.

	April 2025 – March 2026			
	Q1	Q2	Q3	Q4
Cases triaged	21	22	19	16
Patient safety case review	6	5	7	5
Patient safety incident investigation	5	3	2	0

A total of 23 cases were subject to a patient safety case review meeting. Ten progressed to be investigated as patient safety incident investigations, as per UHS patient safety incident framework plan.

Three were 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:

- One representing 0.01% for the first quarter.
- One representing 0.01% for the second quarter.
- One representing 0.01% for the third quarter.

- Zero representing 0% for the fourth quarter.

In 2025/26, the child death and deterioration (CDAD) group reviewed 22 deaths and 164 deterioration cases between the dates requested.

Improvements to learning from lives and death – people with a learning disability and autistic people (LeDeR)

A total of 18 cases were reviewed at LeDeR meetings between April 2025 and March 2026.

Engagement in the LeDeR process has remained consistently positive, supported by strong collaboration across clinical teams and a clear commitment to learning, quality improvement and patient-centred care. Overall, discussions reflected high levels of engagement and a developing culture of reflection and continuous learning. While a number of areas for improvement were identified, particularly in relation to documentation and referral pathways, there were also numerous examples of compassionate, well coordinated care delivered to some of the most vulnerable patients.

2.4.4 Seven-day hospital services

The seven-day hospital services (7DS) programme was developed to support providers of acute services to deliver high quality care and improve outcomes on a seven-day basis for patients admitted to hospital in an emergency.

Ten 7DS clinical standards were originally developed and since 2015 trusts have been asked to report on four priority standards:

- Clinical standard 2: consultant-directed assessment.
- Clinical standard 5: diagnostics.
- Clinical standard 6: interventions.
- Clinical standard 8: ongoing review.

The Trust currently meets all four of these standards and delivers a comprehensive 7DS which helps keep patients safe and helps with flow through the hospital seven days a week. This has been particularly important during our recovery from the COVID-19 pandemic and while working to meet the national challenges around patient flow.

Clinical standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

All emergency specialties have consultant on call rotas with either planned ward round review to support the standard or continuous review throughout the shifts. The timing of review is entered through the electronic system which enables monitoring.

Clinical standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within one hour for critical patients.
- Within 12 hours for urgent patients.

- Within 24 hours for non-urgent patients.

UHS consistently achieves this standard across seven days a week, all specialties provide consultant cover and interventions seven days a week:
- Within one hour for critical patients.
- Within 12 hours for urgent patients.
- Within 24 hours for non-urgent patients.

We also provide many of these services for neighbouring trusts, including interventional radiology, MRI, interventional endoscopy, emergency surgery, percutaneous coronary intervention and complex cardio arrhythmia and microbiology.

Clinical standard 6: Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

Due to radiology working practices and economies of scale UHS consistently achieves clinical standard 6 target across seven days a week for:
- Critical care.
- Interventional radiology.
- Interventional endoscopy.
- Emergency surgery.
- Emergency renal replacement therapy.
- Urgent radiotherapy.
- Stroke thrombolysis and seven-day mechanical thrombectomy cover.
- Percutaneous coronary intervention.
- Cardiac pacing.

Clinical standard 8: All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

The Trust is meeting this standard by twice daily consultant reviews taking place in admission areas, intensive and high care areas and once daily review in other inpatient wards.

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

2.4.5 Freedom to Speak Up

Freedom to Speak Up (FTSU) is available to anyone who works in health. This includes all healthcare professionals, non clinical staff, senior, middle and junior managers, volunteers, students, locum, bank and agency workers, as well as former employees.

The Trust has an independent and impartial Freedom to Speak Up guardian who provides confidential advice and support to anyone wishing to speak up. The FTSU guardian is supported by both an executive and a non executive lead, each of whom is knowledgeable about Freedom to Speak Up. The role of the executive lead is to provide the Board with reliable, independent and integrated information that assures the Board that:

Workers across all areas understand and support the FTSU vision, are aware of the policy, and have confidence in the speaking up process.

To support this, the Trust provides FTSU awareness sessions at corporate induction so that all new starters are aware of the FTSU guardian and champions, as well as the Trust's raising concerns (whistleblowing) policy.

We provide training to ensure managers understand their roles and responsibilities when handling concerns and are equipped to respond effectively. We also issue regular Trust-wide communications to raise the profile and understanding of the raising concerns agenda.

Steps are taken to identify and remove barriers to speaking up for those in more vulnerable groups, including Black, Asian and minority ethnic (BAME) staff, agency workers, disabled staff and all staff with protected characteristics. We have developed a network of fully trained FTSU champions so that all staff can access confidential and impartial support.

Champions support staff who may be subject to, or accused of, bullying, harassment or discrimination, staff who need advice on issues such as workplace conflict and staff considering leaving UHS.

We continue to expand our community of champions and now have 78 trained champions from a wide range of backgrounds, staff groups and areas across UHS.

Speak up issues involving immediate patient safety concerns are escalated quickly.
Action is taken wherever there is evidence that workers have been victimised as a result of speaking up, regardless of seniority.

Lessons learned are shared widely across the Trust. Concerns are reviewed through a **multidisciplinary raising concern (whistleblowing)** steering group, chaired by an executive lead.

This group shares key findings and recommendations from concerns raised in order to foster a culture of openness, transparency and learning. It also monitors whether investigations are evidence based and carried out by individuals who are suitably independent.

FTSU policies and procedures are reviewed and improved using feedback from workers. The Trust's raising concerns policy clearly sets out escalation routes, including:
a) Raising the concern with a line manager.
b) Contacting the FTSU guardian or an FTSU champion.
c) Contacting the executive lead for FTSU.
d) Contacting the non executive lead for FTSU
e) Raising the concern externally.

The FTSU guardian sends a feedback form to individuals once their case has closed to understand their experience, learn how the process is working and identify improvements.

In addition, the Board receives a report every six months from the FTSU guardian. These reports are provided frequently enough to allow the Board to maintain effective oversight of FTSU matters. Reports are presented by the FTSU guardian in person.

Our progress and performance are measured through the annual staff survey, Friends and Family Test (FFT) results and direct feedback from those who have raised concerns. Benchmarking against the National Guardian's Office (NGO) data and the regional FTSU network also helps us track performance. We discuss progress against national FTSU office guidance, the NHS Trust **self-assessment** tool and any recommendations arising from national publications.

In July 2025, the Dash Review of patient safety across the health and care system recommended that the responsibilities of the NGO should be incorporated into providers, with functions aligned to wider staff voice mechanisms within NHS England. The review emphasised that ensuring these functions are carried out consistently by commissioners and providers should be a core function of theCQC.

Following the review, a national engagement exercise was launched to set out proposals for the future of Freedom to Speak Up as the NGO prepares to close. Views were sought, with the consultation closing on 20 February 2026. We now await confirmation of the new arrangements, which are due to take effect from July 2026.

Key points include:

- The National Guardian's Office will close by the end of June 2026 in line with the Dash Review recommendations.
- Essential FTSU functions will transfer to NHS England, the Department of Health and Social Care (DHSC), the CQC, and individual providers.
- There is a commitment to maintaining support for FTSU guardians and the wider speaking up agenda.
- The national engagement exercise ran from January to February 2026.

What Staff tell us:

Reassurance during difficult times:
"Thank you for arranging the meeting with the manager. It was truly reassuring for me during this stressful time. The support and advice received from both of you will really help me recharge and move forward."

Grateful for continued guidance:
"I am sincerely grateful for all the wonderful support and guidance you have offered me, as well as to my colleagues. With heartfelt thanks."

Growing in confidence and succeeding:
"I spoke with you last year about the stress I was experiencing because of how I was treated by colleagues. You met with me on Teams and were really supportive and encouraging. I started coaching through UHS and developed tools to build my self confidence and communication skills. The job went out again as a six month development post and I'm really pleased to tell you that I was successful at interview! I've been recruited."

2.4.6 Rota gaps

The resident doctor contract was introduced in 2016 in part to ensure that the doctors in training and thus their patients and colleagues are safe.

The contract enshrines several important rules which pertain to issues such as the maximum length of shifts, the number of shifts which can be worked in a row, the numbers of out of hours shifts and the number of hours of uninterrupted rest that is required between shifts.

The guardian of safe working hours (GOSW) supports the implementation and maintenance of the contract for all doctors in training, has independent oversight of resident doctors'(RD) working hours and works with the medical workforce team to identify any training challenges.

The GOSW provides a route whereby safety concerns relating 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, short term vacancies and longer gaps with plans for improvement. In addition, at UHS the GOSW has a role as a senior figure for the RDs to seek out for advice, concerns, ideas and suggestions about all aspects of the resident role. In this role the guardian works closely with the chief resident, the director of education and workforce, the executive and the resident doctor representatives.

The GOSW works with the medical workforce team, the rota leads and care group clinical leads 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 resident doctors whether in deanery training posts or not.

At present there are 826 Wessex training resident doctors employed by the Trust and they all work on the 2016 contract. This figure includes hosted posts such as radiology, general practice and foundation community posts.

There are 448 locally employed doctors; they work on UHS local terms and conditions which mirror the 2016 contract.

The current vacancy rate (from February) is 5.39% which equates to 52 whole time equivalent vacant posts. Recruitment continues for current vacancies and medical HR are working with departments to plan for future gaps. There are certain specialties including ophthalmology, cancer care and pathology where recruitment and retention are particularly challenging and the relevant departments are actively involved in managing specific challenges.

Medical recruitment remains a high priority for the Trust and there is continued vigilance around rotas, sickness and sustainability of the working patterns of resident doctors.

UHS has an internal medical locum bank which supports the management of both short-term vacancies and longer-term gaps in the rotas, with the expenditure being monitored continuously. From February 2025 to February 2026 there were 4,901 requests for locum shifts of which 3,595 (73%) were filled by the UHS system.

In February 2026 the exception reporting system underwent significant change. The main changes involve a simplification of the system for exception reports (ERs) less than two hours, the introduction

of consistent confidentiality within the ER system and a fines system for immediate safety concerns.

In 2025 the number of ERs we received at UHS averaged 56 each month; since February 2026 we have received 184 ERs, a monthly average of 92. Although these numbers remain both low risk and low cost to the Trust there is ongoing monitoring of exception reporting and appropriate support is given to the clinical rota leads, the medical workforce team and the education teams.

Rota annualisation can help alleviate the problem of annual leave and the utilisation of the internal medical locum bank 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 ongoing around the role of resident doctors, advanced nurse practitioners, physician assistants and a range of non clinical roles.

NHS England published the Priorities and Operational Planning Guidance paper in March 2024 which had specific recommendations around improving resident doctors working lives. In April 2024 actions were requested from each trust to implement these recommendations and this piece of work led to the launch of the NHS Ten Point Plan which seeks to mandate the changes which are aimed at fundamentally improve the lives and working conditions of RDs.

In April 2024 UHS formed a working group to ensure that the appropriate improvements were made. This work is ongoing; many of the recommendations were already in place at UHS and other improvements have been made. Of note this group has been able to open discussions about a number of important issues, most notable non clinical space for resident doctors which remains challenging.

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 RD workforce are in place in UHS.

The executive and non executive teams are fully cognisant of the challenges that RDs face and engaged in finding solutions. The medical workforce and the medical education teams work hard to support the residents and optimise their time at UHS.

2.4.7 Duty of Candour

The Duty of Candour, set out in regulation 20 of the Health and Social Care Act 2008, establishes a statutory obligation for all providers registered with the Care Quality Commission (CQC) to act with openness and transparency when patient harm occurs.

Both the statutory and professional Duty of Candour share a common purpose: to ensure that healthcare professionals communicate with honesty, clarity and integrity when something has gone wrong while providing care.

An incident is subject to the Duty of Candour requirements when harm arises during the delivery of care, regardless of whether an error has occurred. The harm must be a direct consequence of the incident, rather than the result of the individual's underlying condition or the natural progression of their illness.

The Duty of Candour policy provides guidance on the principles and standards that healthcare staff must follow when engaging with patients, relatives or carers after a patient safety incident. Its aim is to support and strengthen a culture that prioritises openness, honesty and transparency across the organisation.

The impact of patient safety incidents can be significant and far reaching for patients, families, carers and staff. A compassionate, transparent and respectful response is therefore essential to maintaining trust and supporting all those affected.

Resources and guidance are available to support staff in fulfilling the requirements of the Duty of Candour and in contributing to the wider patient safety investigation process.

Oversight of Duty of Candour compliance rests with the divisional governance groups, with additional support provided by the corporate patient safety team when the Duty of Candour relates to a patient safety incident investigation. This structure ensures that statutory obligations are met consistently and that staff are supported to apply the Duty of Candour effectively and appropriately.

Part 3:
Other information

3.1 Our commitment to safety

We are proud of our long-standing commitment to patient safety and continue to strengthen the quality of care we provide. In line with the principles of the Patient Incident Response Framework (PSIRF) we prioritise a proactive safety culture in which staff feel psychologically safe to speak up, report concerns and share learning without fear of blame.

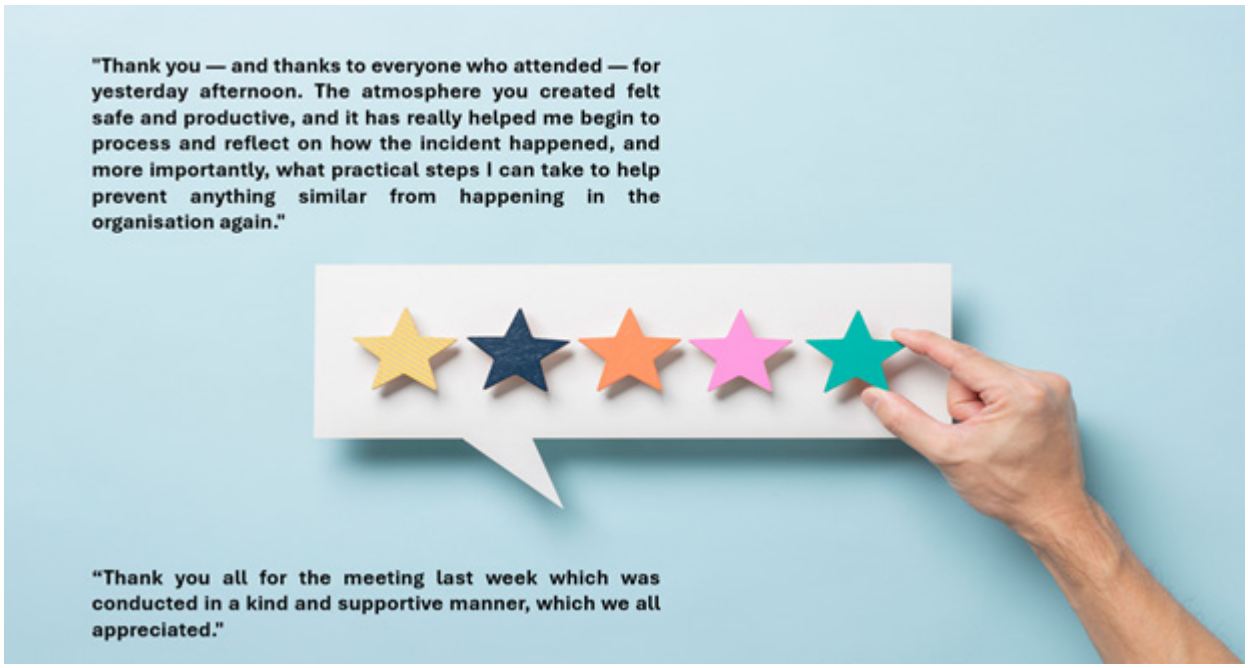
We recognise the vital importance of providing compassionate, appropriate and timely support to staff involved in patient safety incidents, as we recognise that being involved in a patient safety incident might feel difficult and overwhelming. Resources are available, explaining the investigation process, its expectations and information such as, key contacts to provide additional support, when needed.



Use of after-action reviews (AAR) for never event investigations
Following NHS England never event consultation and the move toward proportionate learning focused responses, we have adopted an approach that allows flexibility in how potential never events are reviewed. After action reviews have been used to explore incidents that may meet the never event criteria, ensuring that the response remains centred on learning rather than attributing blame.

These have been well received by those involved so far and helped foster an open and safe

environment in which staff involved in the incident feel able to reflect and contribute to the learning.



Patient safety focused matron's walkabout

As part of developing a more proactive approach to patient safety, a dedicated matron's walkabout was carried out with a specific focus on safety culture. The purpose of this walkabout was to understand what staff felt most proud of in their work, as well as how they perceived patient safety concerns to be raised, managed, and communicated back as learning. In addition, the walkabout explored staff knowledge and practice related to minor invasive procedures, particularly those undertaken outside of the theatre environment.

Although further work is needed to continue strengthening our safety culture, feedback from the walkabouts indicated that staff generally feel comfortable using the Trust wide electronic incident reporting system. They also reported that learning from incidents and complaints is effective and helps support ongoing improvement.







Improvements to learning from lives and death – people with a learning disability and autistic people (LeDeR)
Engagement in the LeDeR process has remained consistently positive, with strong collaboration from clinical teams and a clear focus on learning, quality improvement, and patient-centred care.

Overall, the discussions demonstrated strong engagement and a growing culture of reflective practice and learning. While several areas for improvement were identified, primarily around documentation and referral processes, there were also multiple examples of compassionate and coordinated care for some of the most vulnerable patients.

Good practice was identified with the most consistent themes being:
- Compassionate, personalised end of life care.
- Early and effective family engagement.
- Positive multidisciplinary team collaboration.
- Advocacy for patients without next of kin, ensuring their wishes were upheld, with appropriate escalation of community barriers to discharge.
- Sensitive communication with families aligned with patient preferences.

Going forward, in order to continue to strengthen the LeDeR process, we will focus on:
- Exploring a new meeting model that includes inviting the clinical team directly involved in the patient's care to present cases, which in turn will support better real time learning and immediate dissemination of key findings.
- Improving timeliness and quality of documentation.
- Ensuring prompt referrals to learning disabilities and autism services.
- Enhancing DNACPR documentation standards.

Improvements / next steps

1. Increase use of the central action plan module
Strengthen consistency, visibility and accountability for actions arising from patient safety incidents. This will improve follow through on learning actions, better organisational oversight and reduced risk of repeated incidents due to unmet actions.

2. Expand use of broader investigative tools and techniques
Promote and increase staff confidence in using a wider variety of investigative tools, such as SWARM huddles, thematic analysis to enhance the quality and depth of patient safety investigations. This will lead to improved multidisciplinary input (clinical, operational, human factors, and digital systems) into complex investigation and stronger learning.

3. Establish clear feedback routes for those involved in patient safety incidents
Improve transparency, close the loop for staff and strengthen a culture of learning by:
- Creating standardised communication pathways to ensure individuals who reported incidents or were involved receive timely updates.
- Set expectations for feedback timelines.
- Capture and analyse feedback from staff to ensure communication processes remain effective and supportive.

This will lead to enhanced staff engagement in patient safety, increased reporting confidence and improved organisational learning.

3.2 Our commitment to improving the experience of the people who use our services

Strengthening patient involvement and voice
The Trust is committed to ensuring that patients, families, and carers are central to service design and improvement. Historically, patient feedback relied primarily on the Friends and Family Test (FFT), which, while valuable, did not fully capture the breadth of patient experience or support consistent patient involvement across the organisation.

From October 2024, the patient experience team led a comprehensive redesign and expansion of the patient involvement programme to establish a more systematic, inclusive and visible approach to engagement. A coordinated framework was introduced, incorporating targeted promotion, increased onsite presence and a wider range of engagement methods, including specialist surveys, focus groups, patient led assessments of the care environment (PLACE), face-to-face events, and virtual opportunities.

This work has resulted in a significant increase in patient involvement and strengthened the representativeness of patient insight across the Trust.

Patient involvement programme – key metrics

- Involved patients: increased from 34 (Q2 2024/25) to 3,000+ (Q2 2025/26)
- Growth in patient involvement: over 8,700%.
- Increase in engagement opportunities: 185%.
- Targeted survey responses received: 5,491.
- Bespoke engagement activities delivered: 37.

- Approximately equal split between face-to-face and remote engagement.
- Face-to-face involvement events: 11, including PLACE assessments and Trust Board attendance.

Involved patients have contributed to service improvement activity including appointment communication reviews, outpatient signing improvements, PLACE assessments and attendance at Trust Board meetings to share patient stories. Patient feedback has directly informed the co-production of the locally recognised waiting well project and supported the development of the Trust strategy, ensuring that patient, family, and carer priorities are embedded.

The Trust has strengthened feedback loops through, "You Said, We Did" communications, providing assurance that patient contributions lead to tangible change. Targeted staff awareness activity has supported consistent use of involved patients across clinical and non clinical workstreams. Whilst these projects make a difference to the standard of care we can provide to future patients and families, we are now also seeing the benefits to the involved patients themselves by sharing, 'You Said, We Did' actions with them after their involvement.

Speaking on one of the co-produced projects, one involved patient told us: **"This is the perfect support needed. It shows that we are cared about and considered."**

Staff that have taken part in these events alongside patients have also shared their thoughts, with one stating: **"It's been invaluable hearing about the patient experience and seeing the service through their eyes".**

Learning from this programme has been shared across the local health system and national patient experience networks. This work provides assurance that UHS is embedding meaningful patient involvement at scale and strengthening patient experience in line with Trust values and quality priorities.



Some targeted awareness activities have also been carried out with our staff, helping to support the understanding of how involved patients can be contacted and used to support with key workstreams (clinical and non clinical) and what this process looks like. With the support of multidisciplinary teams, we have now hosted 37 bespoke feedback opportunities for our involved patients, with an almost equal split between face-to-face and remote engagement.

Learning that has been captured from growing the involved patient group has been shared across the local NHS network, including with other providers and the integrated care board as well as with the national patient experience network through forums and leadership meetings. The work and development of our involved patients is gold standard and is a prime example of how regional and nationwide services can enhance the patient, family and carer voice to truly and wholly embody the values of UHS.

Improving preprocedural hydration: Sip 'til Send

Issue identified

Baseline experience data collected in January 2025 highlighted that many patients experienced prolonged thirst prior to procedures, driven by traditional fasting practices that exceeded evidence-based requirements.

Intervention
Sip 'til Send was introduced across adult and paediatric services to support patients to safely drink clear fluids until transfer for their procedure. The initiative focused on clear messaging, consistent staff practice and patient reassurance, aligning with national fasting guidance.

Impact (October 2025 review)
All patients surveyed had consumed water within the previous two hours; almost all within the previous hour.

Reports of significant thirst fell by over 50 percentage points compared to baseline.

Patients reported fewer symptoms associated with dehydration, including nausea, light-headedness and headache.

Outcome
Sip 'til Send has improved patient comfort without compromising safety and has supported a more compassionate, consistent approach to care delivery across the Trust.

UHS Patient and Family Support Hub
The Patient and Family Support Hub (PFSH) was established last year to provide equitable access to support for all UHS patients and their families and carers. Its operational delivery continues to develop, with volunteer responders now supporting an average of three patient discharges each day. Typical activities include transporting personal laundry for long-stay patients, delivering essential mobility aids such as zimmer frames to support timely discharge and ensuring urgent respiratory equipment reaches patients in the community. These services make a significant contribution to patient experience and safe, efficient transitions of care.

The PFSH team have had a high impact this year, supporting 22 patients a day on average:





The PFSH will be supporting our quality priorities for 26/27 focusing on unpaid carers support. We aim for the PFSH to be a central hub for unpaid carer support within the Trust. Work has already commenced in engaging with our local community by holding our first carers engagement event.

We have also secured funding from the UHS League of Friends to provide dedicated washroom facilities for unpaid carers. We are pleased that this estates work has started, and the facilities will be available in early summer 2026. Feedback has highlighted that carers often spend extended periods with loved ones and currently rely on patient or staff facilities. Locating these facilities within the PFSH will both address this need and provide opportunities to identify unpaid carers who may benefit from additional support and signposting.

Nobody should die alone - Butterfly Friends volunteer service

The bereavement and family support team has partnered with the Anne Robson Trust to introduce Butterfly Friends, supporting patients at end of life and their families, in line with the belief that no one should die alone (unless this is personal choice).

Since the November 2025 launch, 11 volunteers have completed approximately 360 visits to provide end of life companionship. Feedback has been overwhelmingly positive, with the initiative reducing the emotional burden on staff and enabling them to focus on the care of other patients. We were proud that the BBC News covered the successful launch and the news campaign meant we received 30 expressions of interest from the public to sign up as Butterfly Friends.





3.2 Our commitment to improve the quality of our patients' environment

The environment in which the Trust cares for patients plays a crucial role in their overall experience and, in some cases, their clinical outcomes. We believe that every patient should feel assured that they will receive care with compassion and dignity in a clean, safe setting.

Patient led assessments of the care environment (PLACE) is a patient-focused assessment system designed to evaluate the quality of the care environment from the patient's perspective, rather than through traditional technical audits. These assessments are led by patients and their representatives,

with support from Trust staff. The patient assessors reflect the diverse demographic of those receiving care within the Trust, ensuring that their insights provide a direct and meaningful perspective on how the environment affects them and where improvements can be made.

In 2025, PLACE assessments were conducted across five UHS operational sites. These assessments were unannounced and carried out by teams comprising both staff and patient representatives. We were privileged to have ongoing support from Healthwatch Southampton, Trust governors, independent representatives, Trust volunteers and a strong presence of youth ambassadors. This diverse group of assessors brought valuable insights and experiences, strengthening the overall assessment process.

Our 2025 results compared to 2024 were:

	Cleanliness	Combined food	Organisational food	Ward food
2025	97.56%	87.90%	97.92%	86.29%
2024	98.71%	87.22%	97.40%	85.54%

	Privacy, dignity and wellbeing	Condition, appearance and maintenance	Dementia	Disability
2025	86.24%	95.14%	80.95%	82.32%
2024	83.87%	95.64%	75.50%	78.84%

We have seen some significant improvements in dementia and disability score following work and focus through the year, whilst maintaining good scores across all other areas.

Premises assurance model (PAM) assessment: The NHS Premises Assurance Model (PAM) return for 2025 provided a comprehensive overview of estate and service-related assurance across the Trust. The findings highlighted areas of strong performance, particularly within the safety hard domain, where most improvements and outstanding results were recorded. Positive progress was also evident in safety soft, patient experience, effectiveness, and efficiency, reflecting a balanced approach to maintaining high standards of care and operational effectiveness. Overall, the PAM assessment improved by 8.63% against a target of five percent.

Capital development and infrastructure improvements: The capital projects team is managing over 27 projects within design, development, and construction phases. Notable project completions include:

- **Robbie's Rehab:** A specialist four-bed rehabilitation ward has officially opened at Southampton Children's Hospital for children with neurological injuries and illnesses. Funded by a charity in memory of Robbie Keville, this £500,000 investment transforms neurorehabilitation by providing tailored care at the bedside in a dedicated, child-friendly environment. The unit significantly improves the quality of care, offering dedicated spaces for therapy sessions and personal care, ultimately leading to shorter hospital stays and better long-term outcomes for patients. This development also enhances efficiency for staff by centralising rehabilitation activities.
- **Solar PV project:** The Trust has completed a significant solar project, installing 444 solar panels

on the roof of car park 4 as part of its decarbonisation programme. This initiative, funded by a public sector decarbonisation grant, will generate approximately 225,150 kWh of clean energy annually. The project will reduce the Trust's carbon footprint by 47 tonnes of CO2 equivalent and saves around £83,000 in electricity costs each year, while also providing shade and rain cover for 52 parking spaces.

- **Woodlands ward neo-natal unit:** The Trust has unveiled a new state-of-the-art special care baby unit (SCBU), Woodlands Ward, at Princess Anne Hospital, marking a significant advancement in neonatal care. This purpose-built expansion increases capacity with 12 cot spaces and four family integrated care rooms, allowing parents to stay overnight with their babies. Designed to provide enhanced specialist and family-centred care for sick and premature babies, the unit serves approximately 900 babies annually from across the region and beyond. This £10 million investment transforms the environment for some of the region's most vulnerable patients and their families.

These achievements underscore the exceptional capabilities of our project management team and their dedication to enhancing both patient and staff experience. The Trust's healthcare facilities are continually being optimised to meet the evolving demands of modern healthcare delivery.

Estates: Throughout the past year, the estates (engineering) team has intensified its focus on clinical support. By fostering closer collaboration, the team has demonstrated increased responsiveness to issues directly impacting patient outcomes. This enhanced agility has resulted in improved uptime of clinical facilities and, consequently, a better patient experience. Furthermore, the estates team has made significant strides in statutory compliance, achieving a five percent increase in planned maintenance over the last six months, thereby ensuring safer and more compliant buildings. Recognising the challenges posed by rising summer temperatures, substantial investment has been made over the winter to upgrade cooling equipment, anticipating more reliable theatre availability during warmer months.

Facilities: The comprehensive support provided by our facilities teams is also crucial to maintaining a high-quality patient environment. Our catering services continue to deliver patient satisfaction, with new menus and increased survey participation. Cleaning teams, despite facing challenges in meeting national standards, have implemented action plans and are improving audit performance. Waste management efforts are focused on improving compliance and recruiting dedicated auditors. Linen services have seen a smooth transition to new suppliers and efficient management of scrubs. Transport initiatives have successfully reduced reliance on hire vehicles and improved cost-effectiveness. Security teams are actively managing incidents and exploring new contract options to enhance safety. Car parking solutions are being explored to ensure improved services and financially favourable outcomes for the Trust, and post services are transitioning to more efficient digital methods.

Compliance and business: The estates and facilities compliance and business team remains instrumental in upholding a safe, efficient, and regulatory-compliant patient environment. Key accomplishments this year include:

- Formulating new fire strategies for Trust buildings to guide future refurbishment and investment.
- Systematically reviewing critical infrastructure risks to inform investment priorities.
- Successfully implementing a new computer-aided facilities management system to ensure optimal maintenance, safety, and suitability of facilities for patient care.
- Bolstering emergency preparedness and resilience through comprehensive reviews of contingency plans for power failures, extreme weather events, and facility-related emergencies.

3.4 Our commitment to sustainability and the environment

The climate emergency is a health emergency, with climate change posing a significant threat to both human health and the planet. The World Health Organisation identifies it as the greatest health challenge facing humanity. The NHS, contributing around 5% of the UK's carbon footprint, must act urgently to mitigate its impact. Many aspects of care, such as surgery and intensive care, are resource-intensive, requiring a shift towards more sustainable healthcare delivery.

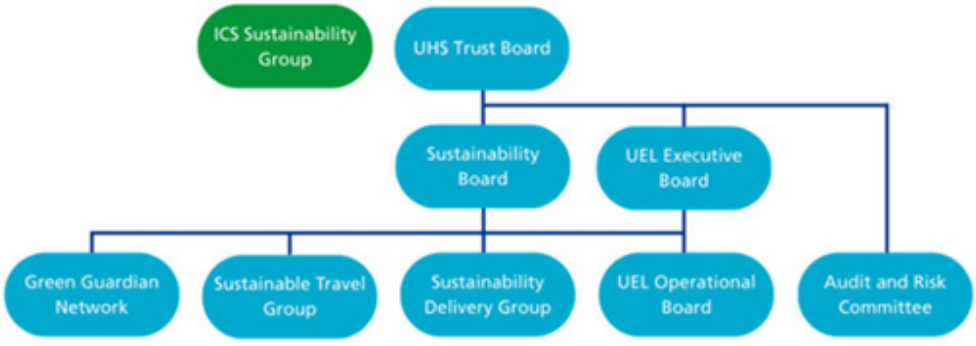
Sustainable healthcare means helping people stay well, empowering patients to manage their conditions, reducing unnecessary interventions, optimising resource use and switching to lower carbon alternatives, where possible. These changes not only improve health outcomes but can also reduce costs. In October 2020, the NHS became the world's first health service to commit to achieving net zero carbon emissions, reinforcing the need for urgent action. This commitment was further emphasised by Lord Darzi in his independent review of the NHS in England, highlighting that health and climate goals are often mutually reinforcing and that the NHS must remain committed to its net zero ambitions. The 10 Year Health Plan for England also stipulates that the NHS's commitments to delivering a net zero health service must be prioritised.

UHS set out its response to the net zero challenge via our green plan, updated in 2025. It outlines how we as an organisation are planning to help address environment and sustainability issues at a local level, the metrics that are being measured and the progress made since the first Trust green plan was published in 2022.

During 2025, we have continued to work towards becoming a more sustainable trust, with progress on ambitions declared in our green plan reported against each of the 10 key areas covered within the document:



Delivery of the green plan is overseen by a reporting structure that ensures clear visibility of both progress and challenges across all priority areas and allows for both strategic and operational decisions to be made in a timely and effective manner.



For specific projects, the Trust continues to roll out a package of energy efficiency improvements via funding awarded through the public sector decarbonisation scheme (PSDS), to ensure that our buildings can cope with the impact of the changing climate and reduce our environmental impact. Works are progressing to deliver a heat pump facility aimed at replacing the old gas boilers, expected to reduce carbon footprint by approximately 2,000 tonnes CO2e, and a solar car port has been installed on top of the multi storey car park 4 to provide additional on-site energy generation. Once fully commissioned, the project will generate approximately £83k financial savings and reduce carbon emissions by approximately 47 tonnes.

In January 2025, the Trust received £100k from the NHS energy efficiency fund to expand the electricity live sub-monitoring system at SGH. This system enhances visibility and understanding of power usage in buildings, enabling targeted actions to reduce energy waste. It also provides insights into essential and non essential loads, which is crucial as service demand increases.

Across clinical pathways we have continued to make good progress in terms of reducing environmental impact as a result of our activities and adopting triple bottom line principles in decision making. Notable impacts include:

- Appointment of a clinical lead with oversight of net zero clinical transformation.
- Engagement with patient pathways, including the recognition of sustainability priorities in quality and patient safety partnerships.
- Support for direct action by clinical teams to implement operational change projects, for example reducing the use of printers in endoscopy department.
- Decommissioning of nitrous oxide manifolds, transitioning to cylinders.
- Improved waste segregation compliance in theatres and ICUs.
- Cessation of single use inhalers in paediatric ED and transition from Ventolin to Salamol branded inhalers, halving related GHG emissions/CO2e.
- RCN-led gloves off campaign to reduce unnecessary single use glove use.
- Stopped routine use of the anaesthetic gas desflurane and switched to lower carbon alternatives (currently 0.4% of total volatile anaesthetic gas use across the Trust).
- Implemented reusable fabric gowns and hats in theatres.
- Introduced systems and processes to reduce medication waste and return any unused medication to the pharmacy.
- Implemented a walking aid reuse scheme across all three sites reducing waste and saving money.
- Introduced remanufactured catheters in cardiac treatment pathways.

The majority of these interventions have reduced operational costs as well as improving sustainability outcomes.

For travel and transport, we updated our travel plan in January 2026, setting objectives and targets relating to staff, patient and visitor travel options and working closely with local authority partners. The 2025 travel survey indicated that 37% of Trust staff currently drive as their primary mode of transport, which is a significantly lower percentage than other Trusts as a result of good connectivity via other modes. The updated travel plan therefore focuses on further improvements to facilities for sustainable travel and increasing use of the park and ride facility at Adanac Park, for those with no option other than driving.

The Trust has taken additional steps to electrify its fleet vehicles, with the addition of charging facilities and electric vehicles for our estates team. Planning is also underway to support the migration of ambulance fleet to full electric, working with regional partners. This switch to EVs will contribute to the reduction in air pollution from the Trust's transport fleet, and associated vehicle movements, benefiting staff, patients and the environment.

Overall, the Trust continues to make good progress towards our sustainability objectives and has a robust structure in place to report and measure impact, aligned with our updated green plan. The early focus for 2026 is to add resource to the delivery team, with recruitment of a sustainability manager and development of cross-trust relations to support increased impact and visibility.

3.4 Our commitment to staff

Key achievements and celebrations for 2025/26
In 2025/26 a key priority of the Trust has been to balance operational priorities with the funding available, and part of that work has been to reduce workforce costs.

We undertook an organisational restructure of the clinical divisions in summer 2025, with an aim to align services to the NHS 10 Year Plan priorities, and improve operational efficiency, enabling more effective care for our patients. During this time leaders were offered tailored support to lead and manage change and resources to support their own and others wellbeing during the transition, over 700 leaders participated in the leading through change programme. We also made a significant reduction in agency usage, improving cost efficiency of our staffing and consistency of skill mix.

We have continued to deliver our flagship programmes in relation to inclusion and belonging; our allyship programme achieved its target participation of over 11,500 staff, and in 2026 we will be designing the "next steps" of this programme aligned to our revised approach to tackling violence, aggression and abuse at UHS. We also celebrated the graduation of 24 more leaders from our positive action leadership programme, which aims to develop and support leaders from a range of underrepresented backgrounds into senior roles at UHS, to improve the representation of our senior leaders from across the communities we serve.

Our reward programmes have continued to thrive in 2025/26, 2,675 people were given High-5 awards, and 19 monthly Star awards were presented, these nominations highlight the extraordinary contributions made by our dedicated teams, whether it's through their clinical excellence or invaluable support in non- linical roles.

As part of our annual awards ceremony, UHS Champions, we recognised teams who had achieved excellent outcomes or had shown dedication to service delivery.



Our Proud2bAdmin network celebrated its first year anniversary reflecting on the achievements during the previous 12 months, which included strengthening the network membership and implementing Trust-wide admin huddles to share best practice, communicate changes and priorities, and celebrate success.

We have continued to invest in our wellbeing faculty across the organisation. We have increased the number of trauma risk management (TRiM) managers and practitioners, and in January 2026 we trained a group of staff to use the REACTMH tools from March on stress. This will enable managers and supervisors to be trained in having psychologically informed and supportive conversations with colleagues about their mental health, with anxiety and mental health now the main reason for sickness absence, this is a critical programme of work for 2026.

In October we held our third We Are UHS week, which celebrated the innovations and achievements of our staff and offered a variety of ways to recognise each other in local teams. The week included a special edition of our monthly Spotlight session which focused on individuals and teams who have been recognised throughout the year both internally and externally. We also recognised the contribution of the Filipino nursing community at UHS, noting a milestone of 25 years since the first Filipino nursing cohort started at the hospital.





In February 2026 a major incident was declared at the hospital due to a major fire in our endoscopy department. This unprecedented event saw the evacuation of 500 patients from the west wing of the hospital to safe areas within 40 minutes. The professionalism, compassion and courage shown from the staff during the event to keep patients and other staff safe and cared for was truly outstanding. Equally the actions from staff in the days and weeks afterwards in managing the incident and the subsequent recovery was tremendous. We are immensely proud of how the staff, patients and visitors dealt with the major incident; we are planning to recognise our staff more formally during 2026.

The fire and subsequent recovery efforts had a significant impact on our staff; many staff were displaced from their usual place of work or had to work differently. A pathway of wellbeing support was stood up within 24 hours of the fire starting, including psychological support, trauma risk management (TRiM), bespoke wellbeing interventions, regular wellbeing walk arounds and drop in sessions. Leadership visibility was increased and the Southampton Hospital Charity supported the delivery of over 500 boost boxes, filled with refreshments, wellbeing items and treats delivered across the hospital.

What you are most proud of in 2025/26

- Increased professional nurse advocates significantly from five in 2021 to 40 qualified, 12 in training and 20 on waiting list; this symbolises our commitment to ongoing professional development and support.
- We continue to offer interest free loans for Indefinite leave to remain payments for staff – 18 provided this year. This is a local initiative that has received plaudits nationally and others are looking to adopt. This is part of our staff support programme which also includes hardship grants, food vouchers and meal.
- We have a hardship support programme offering small grants to support unexpected expenses e.g. replacement washing machine and/or food vouchers/free food at our staff canteen (Feast). Unfortunately, given the cost of living challenges many are facing, these are well used by our staff. We appreciate the support for this from Southampton Hospitals Charity.

Some quotes:

- *"I am very appreciative of the help the Trust charity gave me towards my car repairs in July, thank you so much for that" (hardship grant).*
- *"Thank you very much this will take lots of pressure off myself" (hardship grant).*
- *"Thank you so much. This will be a great help to me" (Feast vouchers).*
- *"I just want to thank you and let you know how helpful these have been" (Feast vouchers).*
- *"Having the vouchers means I can ensure my family have good meals at home and I don't have to worry about sourcing lunches" (Feast vouchers).*
- *"Thank you so much. This will be a great help to me" (Feast vouchers).*

Interesting or innovative plans for the coming year

2026/27 will be about consolidation and a continued focus on maximising the productivity of our staff, to deliver the optimal care for our patients. We are focusing on how we can use AI and automation to simplify people processes and free up time for our colleagues to contribute to patient care.

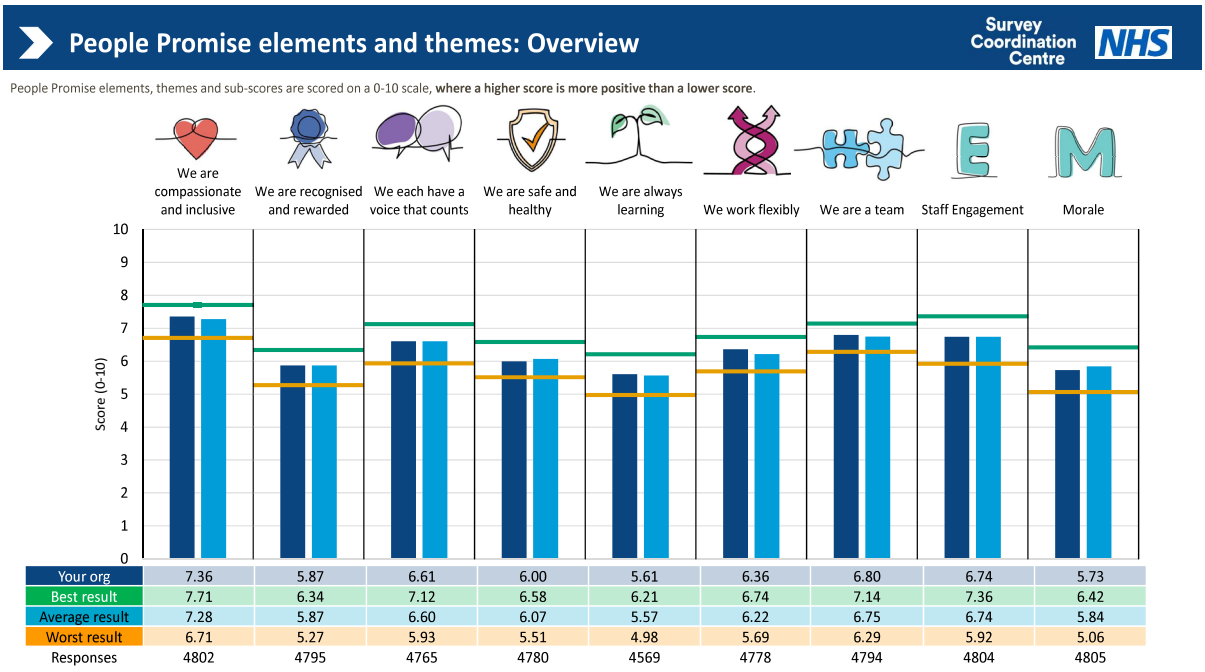
We have launched an early-stage staff benefits engagement campaign, discover and win, to increase awareness and uptake of available benefits through targeted daily highlights and prize draws. In the first 28 days, the campaign generated 125 new Vivup registrations, increasing total registrations to 11,693 (89.9% of the workforce). Activity data shows a sustained upward trend, supported by a "treasure hunt" approach that signposts existing users to benefits, savings and support they may not have previously accessed. The employee assistance programme continues to be well utilised, providing counselling and financial wellbeing support.

We will be launching and embedding our revised approach to tackling violence, aggression and abuse towards staff which enables compliance to the NHS violence prevention reduction standard.

The programme includes a refreshed policy and process, staff training, communications and engagement, and collaboration with other community partners.

The annual NHS staff survey continues to be the largest mechanism which enables us to gauge how staff are feeling and their experiences at work. This year 4,808 staff completed the survey (35% of staff).

Overall, despite the significant challenges, UHS Trust-wide results remain at or above average across seven of the nine NHS people promise themes. Our highest scores relate to being compassionate, inclusive, effective teamwork and staff engagement. Our areas of improvement relate to learning, morale and recognition and reward. We will be continuing to work on improving staff experience this year.



3.6 Our commitment to education and training

As a university teaching hospital, the training, development and support of our current and future workforce lies at the heart of what we do. Despite the significant financial and workforce challenges of the past year, we continue to aspire to the highest standards, to ensure our staff and students are equipped with the right skills and are supported to deliver the best quality care to our patients.



July 2025 heralded the publication of the long-awaited 10 Year Health Plan for England. The plan outlined a commitment to expanding and integrating education and training across all professions to build a skilled, flexible and compassionate workforce capable of delivering high-quality care. In 2025/26, our focus has been on ensuring that workforce and education initiatives demonstrably contribute towards quality, safety and experience.

Skills for practice

In 2025/2026 the skills for practice (SfP) team have successfully provided regular clinical skills training sessions to meet the needs of the revalidated undergraduate medical curriculum, in partnership with the University of Southampton Faculty of Medicine. We will continue, with the Faculty of Medicine, to deliver key elements of the revalidated curriculum over the next four years.

The SfP team continue to offer high-quality training for support workers. In collaboration with stakeholders across the organisation, we have developed an ambitious and structured support worker development programme. This programme is designed to support individuals new to care, enabling them to progress from agenda for change (AfC) band 2 role to a band 3 senior healthcare support worker position within six months.

The support worker development programme curriculum is aligned with the care certificate standards and integrates key internal initiatives, including the Fundamentals of Care and deteriorating patient working groups. This ensures that participants not only meet national requirements but also contribute meaningfully to the Trust's strategic priorities.

UHS continues to lead the way in support worker education. Our dedicated support worker hub, comprising of experienced support workers who now educate and mentor the future workforce, exemplifies this commitment. This work continues to evolve and the hub are now running quarterly housekeeper development days and beginning to expand the competencies to include housekeepers, research support workers and AHP support workers.

In 2025 we have further strengthened our relationship with South Hampshire College Group, by developing a tailored learning programme consisting of accredited level 3 diploma units for support workers. This opportunity has enabled individuals to explore further education and gain confidence to undertake study.

Widening participation and apprenticeship provision

Apprenticeships
We currently have 480 active learners on apprenticeships with 26 currently paused and 38 referred pending start dates. Within this calendar year we have had 48 successful completions and attrition has remained under the 5% benchmark from previous years.

UHS encouraged the uptake of level 7 programmes before the levy funding cut-off date at the end of December 2025. This resulted in 37 members of staff being referred to various providers for both clinical and non clinical programmes.

UHS has worked closely with Hampshire Hospitals NHS Foundation Trust's apprenticeship centre to become an apprenticeship training subcontractor to deliver the level 2 pharmacy apprenticeships, with the first UHS apprentices starting towards the end of 2025.

We are also continuing the work around development pathways facilitated using apprenticeships, most notably HCSW roles undertaking healthcare support worker apprenticeships as part of their employment with UHS to progress onto clinical degree apprenticeships.

Career events
We have continued to attend career events at a range of local education establishments ranging from primary schools to universities. This calendar year we have attended 32 career events and supported activities including mock interview facilitation, career presentations and career fairs.

Through these we have reached over 3,000 local students and other young people who are not in employment, education or training (NEET), giving advice and information on the career in the NHS. We are particularly keen to ensure that many of these events reach those in socio-economically disadvantaged areas of Southampton to support young people better in making informed career choices.

We have received very positive feedback from these activities and will be looking to continue this into 2026.

Work experience
Although the Trust has not been able to offer as much on-site work experience opportunities to local young people, we are looking to increase this over the next year.

We have also organised and facilitated multiple virtual medical work experience events in conjunction with University of Southampton. These events allow aspiring young people nationwide who are considering a career in medicine to observe and engage with our medical staff online. Through the virtual work experience we have reached over 300 individuals, many of whom qualify under the "widening participation" selection criteria. We will also be continuing these in 2026 due to the positive feedback and popularity of the events.

T level placements
We have also continued the support of internal work placements via the T level route for aged 16–18 and choices college initiative for young people with disabilities who are aged between 18 and 25.

UHS works with three local colleges to offer both clinical and non-clinical T level placements. We have also been exploring more placement options related to areas of targeted growth within the NHS 10 Year Plan, particularly in digital areas. We continue to offer successful clinical T level placements and now offer these for up to 45 health T level students.

The Trust continues to support young people who are undertaking a technical level (TL) in health. UHS has provided a total of 63 placements over the last year in a wide variety of clinical areas. We successfully recruited four students into health care support worker (HCSW) posts at the end of their programme and most other learners who have completed programme have commenced healthcare related degree programmes.

Through the choices college initiative, we facilitated seven supported internships this calendar year with one attendee obtaining a permanent job offer as a result.

In the coming year we are hoping to increase this provision and work towards the Government's new aim of providing "meaningful work experience" to more secondary school students.

Pre-employment training - insight days and boot camps
Work with both the King's Trust pre-employment training placements and Yuzu training health bootcamps have continued this year. We have facilitated six events for 67 attendees in total.

These events help us to reach NEET individuals who have some interest, or previous experience, in healthcare roles. At the on-site sessions Trust staff come along to explain their roles and career pathways and the support worker hub provide demonstrations of care activities and insight of the HCSW induction. Yuzu health bootcamp attendees are guaranteed an initial interview for a HCSW post upon successful completion of the programme which has resulted in some attendees being offered roles.

Feedback from these events has been extremely positive and we are on course to increase our provision of these in the year ahead.

Education quality team

Safe learning environment charter
Following the release of the NHSE safe learning environment charter (SLEC), the framework has supported the development of a SLEC based update for nursing and midwifery students as well as

the UHS practice assessor training. A pre-placement information pack, started by three senior nursing students from Solent University, has been completed and forwarded to universities to support students as they prepare for placement.

The next workstream, which has started is to use the SLEC framework as a comprehensive quality assurance driver, which will enable self-assessment, collection of evidence and the development of ongoing action plans, supported by external scrutiny by universities.

Continuous professional and personal development
Through last year's streamlining of applications for CPPD (continuous professional and personal development) we have seen a 27% increase in applications from 2024/25. The new digitalisation has decreased the time taken to complete forms for applicants from over one week to 23 minutes on average.

By January 2026, 1,553 applications have been processed of which 40% are accredited modules. The evaluations received have continued to express positive impact on skills, knowledge and development which in turn will contributed towards improving services for our patients.

Out of 702 evaluations received to date 86.8% stated there was an improvement to their delivery of safe patient care.

89.6% of colleagues said they would recommend the training they had received to other colleagues. The aim for 2026/27 is to focus on the impact of learning on patients and continue to strive to reduce administration input for CPPD processes.

Inplace – non-medical student placement management system
The contract for InPlace student placement management system has been agreed for the next year, which will support improvements in collaboration with universities and local HIOW trusts to support placements. UHS will be working on ensuring staff who need access to this system are independently able to use all required functions, with the education quality team looking to expand system use to placements for those on nursing apprenticeships and college students undertaking a T level. This allows for better oversight of utilised placements and use of the system to support data collection for non medical placement tariff.

Schwartz rounds
As an evidence based, multidisciplinary forum to help all staff reflect on the emotional impact of working in healthcare, Schwartz rounds deliver significant, measurable improvements in staff wellbeing, team connection and compassionate culture. In 2025 we have seen the successful embedding of Schwartz round across the organisation. We have delivered 18 rounds including 45 multi-professional storytellers and 548 attendees.

With 327 evaluations (60% return rate), this provides strong evidence of:
- High impact on emotional wellbeing, staff support and understanding of colleagues.
- Excellent experience ratings (mean = 4.68/5).
- Broad multidisciplinary engagement, with representation from 25+ staff groups.
- Strong return on investment (ROI) in relation to retention, morale, team functioning and alignment with NHS people plan / CQC well-led expectations/Trusts strategic aims.

Staff frequently described the sessions as:
- *"reassuring"*, *"re-energising"*, *"restorative"*, *"powerful"*, *"inspiring"*

- Helping them reconnect with *"why we do this work"*

Schwartz rounds have demonstrably become a core cultural asset at UHS, supporting psychological safety, compassion and retention — especially for newly registered professions, internationally recruited and high-risk staff groups.

Fundamentals of Care
Maintaining our focus on the Fundamentals of Care and keeping patients safe, a new one-day course 'applying the Fundamentals of Care in clinical practice' has been developed. The aims are to enable learners to listen to the voices of patients and carers to help guide their practice, to identify how they can evidence that they are applying the Fundamentals of Care in their everyday work and to understand how to involve patients with additional needs in their care and in accordance with what matters to them most.

The course was offered Trust-wide and to staff of all professions mirroring the ambition to be inclusive in our practice and celebrate the diverse roles of staff and how we each contribute to person-centred care through the application of the fundamentals of care.

The initial day had 31 staff participate, comprising of nurses, health care support workers, therapists and healthcare science practitioners. The rich diversity of learner's experiences and knowledge was enhanced and increased by a multi-professional faculty.

Feedback on the day has been overwhelmingly positive with learners suggesting that further courses should be made available so that more staff can attend. Learners particularly referenced how powerful it was to listen to the experiences of patients and carers and their intention to use and share these stories in their workplaces as part of an individual action plan for implementing their learning from the day.

A second course is planned and designed to offer a more focused approach by exploring the fundamental care needs of patients with a learning disability and/or autism and their carers. Reference to patient and carer feedback of their experiences of care at UHS will be used to identify three specific areas of practice which would be addressed, these being communication, pain and working with carers. 52 staff from eight different professions are attending.

Moving forward, this course will contribute to a planned portfolio of programmes aimed at enabling staff across the trust to recognise and share the good work they are doing in embedding the Fundamentals of Care in their practice and provide staff with the tools they need to support them in areas where patient experiences of care could be improved.

Recognise, evaluate, act, communicate, teamwork and simulation (REACTS)
To build on the ongoing improvement of keeping people safe, in 2025 skills for practice and education teams have created a UHS specific deteriorating adult programme called REACTS – recognise, evaluate, act, communicate, teamwork and simulation. This was initially piloted with the new resident doctors during their induction week. Consisting of an initial e-learning package, followed by a three-hour simulation session, REACTS is a training programme that utilises simulation facilities to deliver an experiential learning opportunity.

Within this session staff are exposed to three different clinical scenarios that they need to work through and utilises real simulated patients. The learning point for each scenario is related to themes gathered from incidences and in conjunction with the trust acuity lead.

During the first phase over 100 doctors completed the programme and an average confidence score increased from 5.9 to 8.23. As a result of this success a REACTS for nurses has been created and piloted with 30 nurses from various clinical areas. The content of the course mirrors that of the doctors to give assurance that all staff have received the same training. This small pilot showed an average confidence score increase from 6.37 to 8.27.

Due to the success of both programmes, REACTS is now embedded in the resident doctor induction and is to be included in the trust preceptorship programme for nurses.

Ongoing work will begin to look at widening the REACTS offer to allied health professionals and the wider work force for 2026/27 as well as developing a specific package for those caring for paediatric patients.

This has been part of a larger piece of work expanding simulation training at UHS, specifically the use of simulated participants, focused on training in the fundamentals of care and leadership skills.

Post graduate medicine
The 2025 General Medical Council (GMC) survey results for the Trust have been positive with overall improvement on previous years. Overall satisfaction was 79.13, which is higher than the national average of 78.4. UHS ranked 209 in 2025 in comparison to 223/460 in 2024.

There were several areas where the trust was a positive outlier within the GMC survey. These include eendocrine, GP F2, medical oncology, neonatal, neurosurgery, paediatric emergency medicine, paediatric surgery, palliative, vascular surgery, and rheumatology.

Surgery F1 feedback has improved considerably in this year's GMC survey following being placed on the NHS England risk register. NHSE has now removed the risk. There is now in place a lower risk for cardio-thoracic, but this does not need reporting to the GMC.

In 2025 we introduced the REACTS course as outlined above. This replaced the ALERT course and was developed within UHS by our postgraduate medicine education fellow. REACTS focuses on developing recognition of the acute deteriorating patient and how to manage these patients within UHS. It has been rolled out for resident doctors, international fellows, and nursing staff. We have had positive feedback on the course so far since its formal rollout in August 2025.

UHS has continued to deliver education to our medical trainers and residents. The educational supervision course has been updated to include new session on feedback, locally employed doctors (LEDs), and kindness within the workplace. This year as the educational supervision offering by the Deanery has changed we will also be offering a new supervisor course. Last year we ran a successful portfolio pathway study day for specialty, associate specialist and specialist (SAS) doctors and LEDs. We had over eighty delegates attend in person and forty attend online. The feedback was excellent, and we are planning to run the course again this year. We also ran a webinar for breast surgery portfolio pathway. This was the first of its kind in the UK and had more than one hundred national and international graduates.

Undergraduate medicine
Over the past 12 months, University Hospital Southampton has managed a substantial increase in undergraduate medical student numbers, including a 46% rise in year 3 placement sessions following the increase of the year 3 University of Southampton cohorts. As the University's largest clinical placement provider, UHS has taken deliberate steps to ensure that educational quality, student safety, and clinical standards are maintained during this period of growth. This has included

the appointment of additional clinical teaching fellows to strengthen bedside teaching, structured clinical reasoning, and simulation-based learning, alongside the appointment of a deputy associate clinical sub-dean to enhance governance capacity, resilience, and senior oversight of placements across the Trust.
The Trust has continued the transparent allocation of undergraduate placement tariff income into care groups in line with delivery, while reinvesting in central infrastructure to support educational leadership, supervision, and administrative coordination. This has enabled expansion of educational leadership roles within specialties, strengthened job-planned teaching capacity, and reduced reliance on informal goodwill. In response to student feedback and quality assurance recommendations, the Trust has also improved practical aspects of the placement experience, including clearer induction processes and the provision of Trust ID badges to ensure appropriate access to clinical areas and systems, supporting both student integration and site security.

Collectively, these developments are designed to ensure that increasing student numbers do not compromise supervision, patient safety, or the quality of the learning environment, while positioning the organisation to continue to deliver the revalidated undergraduate curriculum in 2026/27 in a sustainable and governance-aligned manner.

Preceptorship
Preceptorship is embedded within UHS for all newly registered nurses, nursing associates, midwives, AHPs and return to practice staff. Whilst there are national frameworks for each professional group, UHS extends the programme and offer of preceptorship to newly registered health care scientists and pharmacists. Although there are currently no national frameworks for these professions, UHS felt it important to be fully inclusive in our multi-professional preceptorship. In July 2025, UHS were proud to be awarded the national preceptorship quality mark, this recognises the programme and its support to both preceptees and preceptors.

Overall, between October 2024 and September 2025 UHS has supported 269 preceptees, with another 90 recorded from October 2025 – January 2026. Preceptee and preceptor meetings require protected time to ensure effective planning for the preceptee development. This can be one of our greatest challenges but also our highest commitment to ensure preceptorship is effective. We have seen an improvement in initial meetings occurring potentially because of improved digital templates and overall awareness.

UHS has designated preceptor champions within education and clinical areas to promote preceptorship. UHS now has 39 nominated champions being recognised for working above and beyond in their role. This is an esteemed accolade for our preceptors, who have been nominated by preceptees and matrons over the past two years.

To ensure a robust and effective programme is provided, preceptees were invited to appraise their preceptorship through written evaluations and forums. This provides essential information which will support the future planning of programmes. Some of the most current data demonstrates that 100% of preceptees felt welcomed at the start and 94% of preceptees at the end of preceptorship felt that preceptorship has been very useful or useful in helping to build their confidence. Retention data is also collected, collated and shared as a way of recognising how preceptorship can impact on the retention of our early careers staff. In the most recent review, there was a significantly improved reduction in two yearly turnover of newly registered staff across UHS.

Recommendations and improvement plans are focusing on continuing to evaluate and review the offer of preceptorship across UHS, to introduce REACTS training for all newly registered nurses and continue to be inclusive and interactive in the delivery of the programme.

Pharmacy education
Our pharmacy education team continue to work with our partner universities (Portsmouth, Reading and Bath) to deliver increased undergraduate placements for the new MPharm course including supporting students to reach the prescriber-ready status which is now required on qualification. The number of pharmacist prescribers in the Trust has increased, currently sitting at 79 trained and registered with eight qualified pharmacists in training and a further 14 trainee pharmacists being supported to complete their prescribing qualification (12 employed by UHS on a training contract and two externally employed and on a split placement with UHS).

In November 2025 the pharmacy team began delivery of the pharmacy support assistant L2 apprenticeship in partnership with HHFT and open awards, currently two on programme and three to start in Q4 of this year.

The training team continue to support L2 SMPO, L3 SMT and L4 pharmacy technician apprentices with all candidates to date having passed, the team are supporting our first 2 individuals on the scientist training programme, alongside the aseptic services team.

In addition to the above pharmacy specific training programmes the pharmacy team are also supporting one business administrator apprenticeship and one chartered management degree apprenticeship in health and care currently for the first time.

End of life care
To increase the offer of education for palliative and end of life care we have reinvigorated the use of palliative care champions and created a community of practice. We now have 100 staff members from across the Trust from a range of different professions including, but is not limited to, health care support workers, ward clerks and nurses.

This in turn has increased our reach with updates and communications for end of life care and has supported the roll out of the end of life observations. We rely on our champions to help promote best practice, highlight policy changes and to ensure we deliver a high standard of care, which in turn gives our patients and relatives a positive experience.

Since January 2025 we have run multiple ward-based teaching sessions covering a range of topics including documentation at the end of life, anticipatory medications, care of the patient after death and syringe driver teaching. By delivering education this way we have reached 468 members of staff including health care support workers, nurses, physiotherapist, occupational therapist, pharmacy staff, doctors and more. On the ward teaching topics are directed by incidences that have occurred and reported from clinical areas.

Included in the portfolio of end of life care teaching is a new programme called 'the Introduction to palliative and end of life care'. It is offered to all staff professions including those who work in non-clinical areas. Since January 2025 we have run this day four times and have had a total of 76 attendees. Attendance has been from a variety of staff groups including, student nurses, student allied health professionals, health care support workers, physiotherapist, occupational therapists and administrators.

Advancing practice
In 2025/26 we have continued to grow our advancing practice teams and services. This was demonstrated in another successful annual forum where individuals and teams working across advanced practice roles presented examples of service improvement and innovative ways of working to improve patient pathways and make tangible cost savings.

In 2025/26 we have had 15 advanced practitioners (APs) go successfully through the panel process on completion of an MSc AP programme, or equivalent, and showcase portfolios that evidence meeting the four pillars of advancing practice and their capabilities in practice.
We have had trainees and qualified APs present and receive recognition locally and nationally. We had our first ACP (physiotherapist) for neurocritical care, not just at UHS but nationally, qualify and go through panel.

We finalised and went live with our advancing practice accountability and assurance document which was a multidisciplinary piece of work and will ensure standards and equity of practice throughout UHS.

Healthcare science
Healthcare science (HCS) has continued to prioritise workforce development to support safe, high-quality and innovative services across UHS.

Through a structured learning needs analysis process, over £155k of priority training needs were identified in 2025/26, reflecting the scale and complexity of the HCS workforce.

We are incredibly grateful to Southampton Hospitals Charity for awarding £86,557 to support key development initiatives. This investment has enabled targeted training aligned with service delivery, regulatory requirements, and emerging technologies.

Work continues to strengthen sustainable development pathways for the wider HCS workforce,

National School of Healthcare Science funded programmes			
	Scientist training programme (STP)	Higher specialist (HSST)	Echocardiography training programme (ETP)
Audiology	1		
Cancer genomics	3		
Cardiac science	2		1
Clinical biochemistry	1		
Clinical bioinformatics genomics	3		
Clinical immunology	1	1	
Clinical scientific computing	1		
Critical care science	4		
Genomic counselling	5		
Genomics	2		
Haematology & transfusion science	1		
Histopathology	2		
Imaging (non-ionising)	1		
Microbiology	2		
Nuclear medicine	2		
Pharmaceutical science	2		
Radiation safety and diagnostic radiology	2		
Radiotherapy physics	1	1	
Respiratory and sleep sciences	1		
Vascular science	1		
	37	2	1

ensuring staff are supported to maintain professional standards and adapt to evolving service demands.

Workforce
UHS continues to embed systematic evidence-based workforce planning, aligned to national policy and local service need. Workforce KPIs are reported monthly through established governance routes; particularly via the people report at various people-based forums and committees. Significant reductions in agency usage have been sustained into 2025/26, supported by strengthened approval processes.

UHS continued to further integrate work between various departments and services to align our internal direction with national policy initiatives such as the NHS people plan, NHS England focus on strategic workforce planning.

Workforce key performance indicators and workforce planning data (including forecasting) are reported monthly to the Trust Executive Committee (TEC), people & OD committee (PODC), and the UHS Trust Board in line with our governance requirements, highlighting any risk areas. These are also reviewed monthly with each division and weekly with the ICB Community of Practice. A monthly staffing status and patient safety report is also submitted.

There are regular internal and external (to NHS England and Hampshire & Isle of Wight ICB) reports that have been provided throughout the year on workforce trends, KPIs, and performance. Our focus is also on future workforce planning and oversight for 2026/27 and beyond; a moderate substantive growth (reflecting approved business case whole time equivalent (WTE) and expansion in referral to treatment pathways), and continued and sustained bank and agency reduction. UHS has reduced agency usage by 66% since January 2023 and reduced agency usage further by another 36% since January 2024.

There are now extra approval/control layers needing executive sign off for all agency and non-clinical/medical bank placements and dual approver requirement for nursing bank shifts before being released. New system functionality introduced, ensures that available hours in the rosters are being used before a person can work additional bank shifts.

Some of the initiatives include reviews to streamline processes, improving the systems and support rostering managers to be able to utilise staff across functions, as well as have better visibility of shifts going out across multi-shift holders. We have managed to bring the full process of placing shifts, approving shifts and take up of shifts into the same rostering system.

Along with the weekly reviews of bank and agency, we are actively reviewing pay rates across the region to ensure there is consistency.

Regular (internal and external) workforce reporting and reviews including the following:
- **Monthly provider workforce return (PWR).**
- **Monthly people report.**
- **Vacancy report.**
- **Weekly and monthly workforce trends (substantive, bank and agency).**
- **Unavailability (headroom).**
- **Regular HCA tracker.**
- **Monthly appraisals.**
- **AHP monthly return.**
- **Monthly divisional breakdown by cost centre of workforce trends (substantive, bank and agency).**

- **Care hours per patient day.**
- **Human resources (HR) divisional business partner reports (workforce data, HR data, EDI data, statutory and mandatory training, retention, bank/agency/overtime usage, financial detail).**
- **Weekly starter and leaver report to Hampshire & Isle of Wight ICB.**
- **NHS England monthly temporary staffing data submission via our temporary resourcing team.**

From April 2025 to January 2026, there have been successful targeted recruitment in areas of need:
- Medical and dental 29 WTE.
- AHPs 23 WTE.
- Nursing and midwifery 15 WTE.

UHS completed and returned a self-assessment for NHS England and NHS Improvement levels of attainment and were reviewed by the ICB roster optimisation team. The results continue to be positive, and our teams are working on sharing best practice and establishing benchmarking across the region.

Electronic rostering continues to be fully adopted for all agenda for change staff and significant progress has been made with medic rostering and job planning. This will improve the workforce capacity and planning for all staff groups, identify gaps in service through accurate recording of activities delivered and identify income generated from activities to contribute to financial planning and objectives.

The 'improving working lives (doctors in training)' initiative was launched last year, and UHS is continuing to make good progress in meeting the standards. These are being reported at the Trust Executive Committee and people & OD committee on a routine basis.

UHS were early adopters to ensure all previous statutory and mandatory training compliance is transferred over from previous trusts to prevent repetition of training, we are also supporting the digital passporting workstream.

The appraisal process has been improved with new functionality deployed within our virtual learning environment which supports a better quality of conversation and review whilst also enabling better metrics to improve staff pathways with their development and learning.

In 2025/26, the Trust intensified its focus on sickness absence reduction, wellbeing support and career development, recognising the link between staff health, continuity of care and patient experience. This included learning from the major incident (endoscopy fire) on 1 February 2026 and the subsequent wellbeing and support offers to all affected staff.

UHS coaching

UHS has been running an all staff coaching service since April 2024. Previous external evaluation (2023) of the service for consultant staff had demonstrated its benefits for retention of staff and reducing the likelihood of sickness absence due to stress and burnout. Over 300 consultants have now had coaching via this service and almost 100 non-medical staff since we started. Over the past year, numbers of non-medical staff have begun to make up the majority of those who approach the service for coaching.

The coaching faculty is made up of coaches with various equivalent qualifications. We have 29 active coaches and another 16 who have trained but not yet qualified. Training to be a coach is time consuming and can be extremely challenging whilst working full time, so we have introduced a mentoring scheme to try to increase the chances of our trainee coaches completing their

qualification. The coaches are from a range of professional backgrounds such that anyone seeking coaching can see that there are people like them who coach.

Coaches are supported by weekly peer supervision and regular external CPD support which is highly valued. In 2025 we introduced an additional quarterly half day CPD to broaden the appeal of the offering. In addition, one of our coaches is training to be a coach supervisor so that our service has that expertise.

In the later part of the year, we have focused on raising awareness of our offer as we recognise that it can be challenging to appreciate the benefits of coaching until you, yourself, have experienced it. 2026 will focus on this work as well as strengthening the administrative system behind the offer.

3.7 Our commitment to clinical research



In 2023, Caroline Palmer, 50, was diagnosed with a rare and aggressive blood cancer affecting the brain and spinal cord.

"When I was diagnosed, I was really scared because I thought I was going to die, and my first thought was for my son, who was just ten," she said. "We'd waited a long time to become parents, and I just thought, 'I can't die, I need to be here for him.'"

Primary central nervous system lymphoma (PCNSL) is typically treated with a combination of four to five drugs designed to kill cancer cells, followed by a stem cell transplant to prevent the cancer returning. While effective, these drugs are highly toxic to the body. Around a third of patients are unable to complete treatment, and between 30% and 50% do not survive.

The OptiMATe clinical trial, running from 2022 to 2026, was the first trial funded by Stand Up To Cancer to address this challenge. Delivered by the Southampton Clinical Trials Unit, it tested a gentler treatment approach using fewer cycles. Caroline explained, "I was offered the OptiMATe clinical trial, and it was a complete lifeline. Now thanks to the people who fundraise for Stand Up To Cancer, I'm here today watching my son grow up..."

Our commitment to research makes it possible to offer innovative treatments to patients like Caroline. This same commitment underpins our work to keep people well and out of hospital.

In 2023, UHS co-led an international clinical trial of a respiratory syncytial virus (RSV) vaccine for babies. RSV affects nine in ten children by the age of two, hospitalises 30,000 under-fives in the UK each year, and causes around 30 deaths. The HARMONIE trial demonstrated an 80% reduction in infections among newborns. In October 2025, the NHS extended the vaccination programme to pre-term babies. Approximately 9,000 babies are born in the UK before 32 weeks' gestation each year, and the vaccine could prevent around 350 hospital admissions if 95% of eligible infants are vaccinated.

Ceri Cox, 33, and her son Harry, now two, took part in the research at UHS. Ceri told UHS: "I wanted Harry to be protected as much as he could against RSV. I know quite a bit about the virus from working as a paediatric nurse in a unit where we see a lot of children with RSV every year. It's amazing

that this immunisation will now be offered to young babies around the country. I hope we will see fewer little ones in our hospital this winter."

Other life-changing research this year included:
- A targeted drug that controlled the growth of a rare cancer caused by asbestos.
- Results showing antibody treatment works for children with a rare cancer.
- A world-first trial of a fridge-free vaccine. That tetanus-diphtheria jab could transform immunisation globally. With no need for refrigeration, it could protect millions across developing countries.
- Positive results for a new vaccine for whooping cough. That jab could prevent debilitating and life-threatening infections in newborns and infants.
- Development of a stick-on patch that could help children overcome peanut allergy.
- Promising results for a new drug to tackle a fatal lung scarring condition. That paves the way to slowing progressive pulmonary fibrosis, with fewer side effects.
- Positive effects of a weight loss pill that mimics fullness by expanding in the gut. The results open a new front in tackling obesity.
- Data showing surgery is better than antibiotics for a common, debilitating sinus condition.

Acute hospital and acute healthcare research
Prehabilitation helps people prepare both mentally and physically for major surgery. UHS clinicians pioneered this approach in cancer surgery, and in 2023 we established the first NHS funded prehabilitation clinical service. This was built on evidence from our trials showing:
- Faster recovery, shorter hospital stays, and fewer complications.
- Improved quality of life.
- Cost savings and better use of hospital resources.

In 2025, national prehabilitation guidelines were launched, co developed by experts from Southampton working alongside colleagues across the UK, Macmillan Cancer Support, and the World Cancer Research Fund. The guidelines cover exercise and nutrition, psychological support, and how to embed prehabilitation into routine care. They also support hospitals to set up their own services, with advice on technology, workforce models, and business cases.

June Davis, Lead Nursing and Allied Health Professional Advisor at Macmillan Cancer Support, said: "We know from listening to people with cancer and clinicians what a difference good preparation for cancer treatment and surgery can make. We would now like to see cancer prehabilitation widely adopted across the healthcare system to benefit people with cancer, in preparation for and recovery from cancer."

Other advances in acute care included:
- Becoming a partner in the NIHR Translational Research Collaboration in Surgery and Perioperative Care, which aims to improve surgical safety, recovery, and outcomes nationwide. UHS experts also contributed to an international agreement on how surgical training programmes should operate.
- Southampton surgeons becoming the first in the world to trial a new surgical device, informing best practice for cutting and sealing blood vessels as well as cutting, grasping, and dissecting tissue.
- UHS becoming the first NHS trust to use a device that monitors kidney pressure during surgery, with the potential to reduce serious complications and speed recovery.

Early diagnosis – vital and fairer
Early, simple diagnosis is critical to improving survival and quality of life across many conditions. It is also central to reducing health inequalities by bringing testing closer to communities with poorer

access to healthcare. This year's advances included:

- Discovery of new genetic patterns linked to increased risk of pancreatic cancer, alongside the launch of a clinical trial of a new blood test for the disease.
- Introduction of improved scoring systems for severe asthma, designed to identify high risk patients earlier and tailor treatment more effectively.
- Trials of a rapid diagnostic test to reduce the time taken to identify winter respiratory viral infections.
- A study assessing a new blood test aiming to detect ten different cancers at very early stages.
- Trials of a 'pill on a thread' device for oesophageal cancer screening.
- Further evidence supporting 'virtual' stroke assessments, where paramedic video calls en route to hospital speed decision making and reduce long term disability.

Access to clinical trials

We believe every patient and staff member should have the opportunity to participate in research. Through strong regional and national partnerships, we continue to widen access. In 2025/26, key achievements included:

- The inflammatory bowel disease (IBD) genetics study exceeding 3,000 participants, improving understanding of the condition and supporting the development of more personalised treatments.
- A major children's hip study reaching 1,000 participants, strengthening evidence to improve care for children with hip dysplasia.
- Enrolment of more than 1,000 babies into a newborn eye screening study testing a new approach to detecting cataracts, the leading cause of preventable childhood blindness.
- A further 1,000 participants joining a Southampton led study on respiratory infections to improve prevention and treatment strategies.
- Fast tracking patients across the South into cancer vaccine trials, including a new head and neck cancer vaccine and national melanoma vaccine studies.
- Securing £16.3 million to support applied health research across Wessex until 2031. The NIHR Applied Research Collaborative focuses on dementia, long term conditions, obesity,and health data innovation.
- Official opening of a new commercial research centre hosted by UHS, expanding access to cutting edge treatments and trials across the region.
- Joining a new UK wide partnership accelerating the development of better treatments for brain tumours.

Award winning research

In 2025/26, UHS staff received national and international recognition for their work:

- Professor Tristan Clark was named one of six new national research leaders through an NIHR Research Professorship, recognising his work on rapid diagnosis to combat antibiotic resistance.
- The Southampton Antibody and Vaccine Group and Professor Jessica Teeling received awards at the British Society for Immunology Awards 2025 for outstanding achievements in cancer immunotherapy and public engagement.
- Dr Harnish Patel and colleagues were recognised by the International Journal of Older People Nursing for research showing the importance of listening to patients to reduce avoidable hospital readmissions.
- Dr Elizabeth Curtis, Dr Leo Westbury, and Dr Faidra Laskou received Young Scientist, Experimental Research, and Young Investigator awards respectively at the 25th World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal Diseases.
- Mr M. Waqas Ilyas received a national award for his contributions to hip trauma research at the Orthopaedic Trauma Society and NIHR awards.
- Professor Lisa Roberts became President Elect of Eurospine, reflecting her international leadership

in spinal health and back pain management.
- iFAST Diagnostics, a spin out co founded by UHS researchers, won a prestigious award for innovation in rapid blood and urine testing to guide antibiotic use.
- Professor Tom Wilkinson was appointed Chair of the NIHR Respiratory Translational Research Collaboration.
- Professor Keith Godfrey received the 2025 David Barker Award for outstanding contributions to medical research.
- Professor John Holloway was elected as one of only 14 new Fellows of the European Respiratory Society.
- Dr Mark Burton secured a prestigious Vivensa Foundation Proleptic Fellowship to advance research into muscle loss in later life.

Adding value through investment
World class research relies on exceptional people, technology, and infrastructure, all of which directly support patient care. This year's highlights included:
- A £600 million national investment in health data research, including a UHS hosted Wessex Secure Data Environment. This will enable safe, linked data research to accelerate discovery and service improvement across the NHS.
- A £1.6 million award for advanced imaging technologies, including cryo fluorescence tomography (CFT), allowing researchers to explore cancer spread, drug distribution and gene behaviour deep within tissues.
- Completion of a next generation, UHS hosted sterile pharmacy serving the region, enabling faster delivery of personalised treatments and clinical trials closer to home across the South.
- A record intake of 12 staff into the UHS Research Leaders Programme, investing in and supporting the next generation of research talent.

3.8 Our commitment to technology

The Trust has continued to commit to the use of technology to deliver safe, high-quality, patient care in 2025/26.

UHS Digital has a wide portfolio of activities, including managing the Trust's IT infrastructure, protecting the organisation against cyber-security threats and providing and maintaining vital apps and systems that help clinicians deliver patient care.

The period 2025/26 has seen a number of major upgrades and improvements in the Trust's IT and technology systems and capabilities.

The most significant advance in IT systems this year has been the introduction of Miya ED, an entirely new, cutting-edge IT system in the emergency department (ED), which replaced a legacy system that was reaching end of life.

The new system allows the full digital recording and management of the ED-patient journey from arrival to discharge or transfer to onward flow wards.

Introducing an entirely new system required a significant amount of change management in preparing staff for new and improved ways of working.

The project therefore required a high degree of collaboration among a multi-disciplinary team representing the external supplier, digital, clinical, admin and operational colleagues.

ED consultant Dr Alasdair Moffat, who was the clinical-digital lead for the Miya ED project, said: "Miya ED is our new electronic patient record in the emergency department. It allows us to manage patient flow as patients arrive to the point where they're ready to leave the department. It manages electronic observations. It has task management, referrals, and allows us to work well with our specialty teams. It also integrates with the rest of the UHS digital systems, meaning we're able to see results in real time as they come through. And this improves the efficiency of our department."

The system was rolled out in October 2025, following a period of intense training and preparation for a significant number of staff who now use the system on a daily basis.

ED matron Carole Spratt, the digital nursing lead on the project said: "The development of Miya ED has been a huge project for us both in ED and UHS in the digital team. In ED, between our nursing, clinicians and our admin team, we have about 500 people. And so that implementation obviously involved all those people learning a brand-new system right from scratch. It's been an absolutely huge task, but very rewarding."

As well as having been a successful implementation of a system that is helping improve patient care in our emergency department, the Miya ED project has also been shortlisted for two HSJ awards in 2026, which is testament to a powerful collaboration between clinical and digital teams.

Whilst UHS Digital have been busy implementing new systems, developing and releasing new system updates which have provided valuable security and user improvements, providing digital education to support our clinical colleagues is equally important.

3.9 Conclusion

We are proud of the significant improvements we've made in the quality of our services. However, we remain committed to our ongoing journey towards achieving excellence in every aspect.

This quality account allows us to thoroughly assess our progress and establish priorities for 2025/26. By setting clear goals and benchmarks, we can ensure that our efforts are focused and measurable. Future reports will provide quantitative measures against our targets, offering a transparent view of our achievements and areas for improvement.

We are confident that our priorities, processes, and plans are well-positioned to enhance patient care and hospital experiences. Our dedicated teams are continuously working to implement innovative solutions and best practices. As we strive for excellence throughout 2026/27, we will remain vigilant in monitoring our progress and adapting our strategies to meet the evolving needs of our patients.

Part 4: Appendices

Appendix A - National Clinical Audit: actions to improve quality identified during 2025/26

National audit title	Actions	Action update
1. National Cardiac Audit Programme (NCAP) Transcatheter Aortic Valve Implantation (TAVI) Registry Report 2025	• Every patient to be rapidly appraised and treated in a timelier manner to increase TAVI procedure rates. • Steps to be taken to mitigate long waiting lists.	Actions ongoing
2. NCAP Transcatheter Mitral & Tricuspid Valve Registry (TMTV) Report 2025	• Discussions to take place regarding low volumes of mitral TEER procedures.	Action ongoing
3. National Respiratory Audit Programme (NRAP) Pulmonary Rehabilitation Report (QA/0110v4)	• To ensure all patients are entered into NRAP for all respiratory conditions. • To continue with ISWT. • To ensure all who attend PR have a formal discharge assessment.	Actions complete
4. NCAP Myocardial Ischaemia National Audit Programme (MINAP) Report (QA/0050v8)	• For self-presenters to ED processes have been put in place and is audited monthly. Collaborative working with ED has led to alternative working. Ongoing audits to be maintained. • Monthly audits are ongoing to ensure referrals from surrounding hospitals are well timed and any issues resolved quickly. • Monthly audits on MINAP data are ongoing and reports written to showcase both successes and areas for improvement.	Actions complete
5. Society for Acute Medicine Benchmarking Audit (SAMBA) Report (QA/0141v2)	• To fill gaps in rota on HCA and nursing front to increase compliance around timely EWS recording.	Action ongoing

National audit title	Actions	Action update
6. National Neonatal Audit Programme (NNAP) report (QA/0043v7)	• To ensure data is entered for thermal management and parental presence on ward rounds.	Action ongoing
7. NRAP Children's and Young Persons Asthma Audit report (QA/0072v5)	• To complete further education sessions to remind staff to complete the wheeze proforma. • To signpost families and children to smoking cessation advice. • To remind staff of the importance of documenting on the proforma that inhaler technique and PAAP has been completed.	Actions ongoing
8. Female Genital Mutilation Report (6956v5)	• Joint policy going through ratification now and will then be publicised across the Trust. • Communication on the new policy will be put into a newsletter and shared trust-wide. • The new ED lead will be focusing on the new policy and will complete training within ED for staff. • To recirculate FGM as Theme of the Week as a reminder to all staff to document disclosures of FGM on BadgerNet form.	Actions complete
9. NCAP National Audit of Cardiac rhythm Management (NACRM)	• To increase AF ablations to comply with NHSE Blueteq process for AF ablations. • To update the TA324 and TA314 secondary prevention data on the website.	Action ongoing
10. National Paediatric Diabetic Audit (NPDA) Quarter 4 2024/25 data report	• To get approval for a business case for additional staffing within the MDT, which are a diabetes educator to help with patient and carer diabetes education also ward staff education, additional administrator time and a family support worker. • To increase number of patients being offered hybrid closed loop in line with other centres nationally.	Actions complete
11. National Ovarian Cancer Audit Quarter 1 2023 data report	• To increase compliance with data collection on 'morphology of tumour'. • To discuss with NOCA the data from UHS as this is believed not to be accurate. • To conduct a separate audit on this data.	Ongoing review of data. National problem with reports
12. National Pancreatic Cancer Audit Quarter 4 2024	• To review the areas on low compliance and increase reporting on these couple of areas.	Action ongoing

National audit title	Actions	Action update
13. National Child Mortality Database (NCMD) Learning from child deaths reviews on palliative and end of life care provision published July 2025	• Funding for provision of key worker role within UHS child health for all deaths will be reviewed and made available within the next year. • A requirement for a dedicated pharmacy experienced in paediatric palliative care to be reviewed and followed up within the next year.	Actions ongoing
14. NHS Organ and tissue donation transplantation activity report published August 2025	• To continue to raise awareness in the community about organ transplant. • To raise awareness in the community about registering their donation decision on the NHS Organ Donor Register and to tell their family.	Actions ongoing
15. UK Renal registry for chronic kidney disease audit report 2025	• To review the upload criteria and the new v5 renal dataset / submission process.	Action complete
16. National Pregnancy in (NPID) Diabetes Audit Report 2025	• To discuss results of audit within the diabetes maternity team with review of pregnancy timing and admission to NNU. • To maintain contact with primary care and specialist diabetes services to continue progress towards better preconception care.	Actions ongoing
17. NCEPOD Review of acute limb ischaemia (ALI) report	• To update referral protocol for ALI. • To review all SLAs with all participating centres in our vascular network.	Complete Ongoing
18. National Cardiac Audit Programme (NCAP) – Transcatheter Mitral & Tricuspid Valve (TMTV) Registry	• To formally audit the mitral service locally in September 2026.	Not started yet
19. National Vascular Registry	• To rework the SLAs for the network to try and increase the amount of work managed in peripheral trusts as UHS currently overloaded with work.	Action ongoing

National audit title	Actions	Action update
20. National Audit of Care at the End of Life (NACEL) report	• To launch the UHS end of life care strategy 2025 – 2030. • To launch the end of life care resources for patients and families. • To launch the comfort observations and guideline. • To launch the end of life discharge checklist • To launch the new programme of education for the UHS foundation programme.	Actions ongoing
21. Sentinel Stroke National Audit Programme (SSNAP)	• To complete a quality improvement project to improve CT and CT angiography door to scan times. • To increase discharge capacity with more patients being sent home with early supported discharge in line with national average with the help from a regional project via the ICB. • To work through the integrated stroke delivery network to increase thrombectomy treatment numbers, to aim for 10% of all ischaemic strokes across Wessex.	Actions ongoing

Appendix B - Local Clinical Audit: actions to improve quality identified during 2025/26

Audit title	Actions	Action update
1. Daily external temporary pacemaker threshold check (7718v1)	• To hold education sessions for both nurses and junior doctors to emphasise the importance of daily pacemaker checks and documentation. • To create a daily pacemaker, check sheet to add in to all patients record for ease of use. • To re-audit in a couple of months once sheet has been created and been in use for several months.	Actions complete Re-audit in progress
2. An audit to assess image quality and DRLS of KUB x-rays (7824v1)	• To improve staff knowledge and understanding of departmental protocol for KUB collimation, centring and positioning for additional views (cross kidney views and bladder views). • To discuss he change exposure or change of protocols for additional views or change the local diagnostic reference levels to have a more appropriate baseline for abdomen x-rays.	Actions complete

Audit title	Actions	Action update
3. Anticoagulation and antiplatelet therapy post cardiac surgery Evidence vs practice (8010v1)	• To develop a guide on the most recent ESC/ EACTS guidelines for the management of ACS, AF and Valve heart disease to ensure practice is standardised for the prescribing of anticoagulation and antiplatelet therapy. • To ensure staff add these therapies to discharge summaries for continuity of care.	Actions complete
4. Insulin safety at UHS (8092v1)	• To provide additional training to staff on diabetes and insulin safety. • To consider adding this training within the statutory and mandatory training requirement. • To create a poster for staff to ensure they use insulin needles for making insulin infusions. • To ensure staff do not store insulin needles next to or mix with 1ml needles. • To provide additional training on disposable insulin pen needles to improve staff awareness. Outcome of actions – Ongoing training sessions on insulin and diabetes safety and education sessions which highlights the risk of storing the diabetes needles correctly.	Actions complete
5. Opioid stewardship at UHS - Is UHS preventing opioid related harm in the trauma and orthopaedic population (8131v1)	• To add a compulsory section to discharge summaries to ensure why the opioid has been prescribed, what type of pain it was prescribed for and the ongoing plan.	Action complete
6. UHS Trust wide Audit of Hand Hygiene Practice by Infection Prevention Team Quarter 4 24/25 (7506v2)	• Divisions, care groups and clinical teams to review their individual reports and identify areas and actions for improvement as per Hand Hygiene Improvement Framework • Report to be reviewed and discussed at Infection Prevention Committee, with divisional representation, and improvement actions agreed.	Actions complete
7. Infection Prevention & Control (IPC) – Saving lives Hll8 Cleaning and decontamination (5581v6)	• 38 areas to complete the audit within the next month. • 15 areas scored below 85% to develop and action plan and re-audit within 1 month. • 1 area scored between 85% and 94% to re-audit within 3 months.	Actions complete

Audit title	Actions	Action update
8. IPC – Personal Protective Equipment (PPE) (5588v8)	• 23 areas to complete the audit within the next month. • One area scored below 85% to develop and action plan and re-audit within one month. • 17 areas scored between 85% and 94% to re-audit within three months.	Actions complete
9. Heart failure management and follow up post cardiac surgery (7249v2)	• To discuss with heart failure department on results and to decide the ongoing plan. • A protocol for the management of patients with severe LVSD post cardiac surgery to be implemented. • A re-audit to be completed for assurance of improvement. Outcome of actions – Agreed protocol for the management of patients with severe LVSD post cardiac surgery, this was implemented as a development plan, and the service was then re-audited.	Actions complete
10. Quality of diagnostic chest X-ray (8068)	• To do regular teachings and re-enforcement on importance of Posterior-Anterior (PA) view chest X-ray over Anterior-Posterior (AP) view. • To add reason for performing AP view chest X-ray rather than the PA view.	Actions complete
11. Clinical Audit – Image Quality of Y View Shoulder (8127v1)	• Radiographers to improve their collimation, centring and position on the interest area and the marker placement. • Radiographers to adjust the exposure factors to increase the quality of the images. Outcome of actions – Teaching helped to improve the collimation and improve the selection of exposure factors. • To re-audit in one years' time.	Actions complete Waiting re-audit
12. X-ray confirmation of nasogastric tube placement: documentation in patient notes (8048v1)	• To update the chest x-ray review form on MetaVision. Outcome of action – Form reviewed and updated by CIS team on MetaVision.	Action complete

Audit title	Actions	Action update
13. Auditing the Acute Medical Units' Speech and Language Therapy Referrals Against the Oropharyngeal Dysphagia Policy and Communication expectations (8087v1)	• To feedback results to lead on general medicine, SLT team lead and wider SLT team. • To circulate report to ward leads/matrons/ AMU medical leads, AMU therapy leads. • To meet with ward managers and matrons to share audit data and create an action plan for improvement where required. • To provide training to wards as appropriate. • To re-audit post training to see if this has improved how the standards are met. Outcomes of actions – Trolley dashes completed, shared report and shred to wider AMU team and wider SLT teams. Further trolley dash due in January 2026.	Actions complete
14. The prevalence of use of reduced coverage CTPA and projected effectiveness of reduced coverage CTPA in reducing patient dose (8132v1)	• To provide teaching to registrars and present at cardiothoracic radiology department.	Action complete
15. IPC – Handwashing and facilities audit (5590v5)	• Care group managers/matrons/care group clinical leads to provide support to 24 areas scoring between 94% and 85%. • 10 areas scoring below 85% to produce an improvement plan and re-audit.	Actions complete
16. Initiating Methotrexate in Rheumatology Outpatients (7844v1)	• To create Methotrexate Initiation Bundle on e-quest. • To do a promotion on the Methotrexate checklist in poster form for clinic rooms to promote consistent counselling and documentation.	Actions complete
17. Audit of the appropriate prescription of Thorax Jackets following cardiac surgery (7901v1)	• To create a Standard Operating Procedure for the Prescription of Post Thoracic Jackets (PTJ). • To update cardiovascular & thoracic (CV&T) matrons and CV&T care group manager. • To consider alternative RTJ. • To audit patient compliance in wearing a PTJ. • To evaluate the effectiveness of a new PTJ.	Actions complete

Audit title	Actions	Action update
18. Compliance to hand hygiene guidelines on ASU ward (8271v1)	• Spread the awareness among both ASU nurses and doctors through poster presentations that contain audit results, recommendations and QR codes with hand hygiene guidelines. • Email audit results, recommendations and hand hygiene guidance to all ASU doctors, outcome of actions – Poster presentation designed and provided to ASU ward and junior doctor's office. Audit results and hand hygiene guidance were delivered to all ASU nurses and doctors through presentation and email address. • Monitor compliance through re-audit within two to three months.	Actions complete
19. Review of local pathway for patients with acute knee injuries and inappropriate referrals to ED physio clinic (7416)	• To feedback to ED nursing staff on ENP day on audit findings. • The clinical knee specialists teaching to ED staff to improve compliance. • To feedback to the clinical effectiveness MSK meeting on findings and improvement • Re-audit in one year.	Actions complete Waiting re-audit
20. A pilot 'Physiotherapist in organ donation' (POD) role to improve competence and confidence in the respiratory management of patients on the organ donation pathway (7920)	• To produce a grab pack. • To distribute the grab pack within the physiotherapy department. Outcome of action – Grab pack produced and distributed to therapy department. • Teaching the physiotherapists on the respiratory physiotherapy in organ donor patients, on yearly bases. This will be ongoing educational sessions.	Actions complete Ongoing training sessions
21. Handover from T&O night shift team to dayshift foundation doctors (8079v1)	• A handover sheet to be implemented into the current practice to measure the compliance rate of efficient and accurate handover of jobs to the day team.	Action complete
22. Saving Babies Lives Element 1 Reducing Smoking in Pregnancy 2024/2025 (8066v3)	• To continue support for Band 4 TDA smoking status and CO monitoring at 36 wks. • To continue to attend community meetings and work collaboratively with community matron.	Actions complete
23. The prevalence of use of reduced coverage CTPA and projected effectiveness of Reduced coverage CTPA in reducing patient dose (8132v2)	• The results to be discussed with the clinical supervisor for them to decided how to promote this protocol.	Action complete

Audit title	Actions	Action update
24. Management of weight loss in Idiopathic Intracranial Hypertension (IIH) (7161v1)	• To establish and disseminate the appropriate referral pathways for overweight patients with IIH. • To encourage colleagues to make documentation of BMI and weight a priority when seeing these patients by presenting results. • To encourage brief check ins with patients at most contacts to inquire about weight loss and whether the patient needs additional support by presenting results. Outcome of actions – Meeting held to discuss findings and actions required. Referral pathways established and disseminated.	Actions complete
25. Medical prescribing AERs in T&O department (7446v1)	• To add a time frame for prescribing when patient is admitted.	Action ongoing
26. An audit on DNA mismatch repair enzyme immunohistochemistry and sequential molecular testing strategies for lynch syndrome undertaken in colorectal biopsies (7935v1)	• To investigate this further, we plan to determine the methods used by the individual consultant gastrointestinal pathologists for the administration of notifying when lynch syndrome is suspected.	Action complete
27. Indications for PPI prescription on cardiac surgery on discharge vs practice (8011v1)	• The audit results will inform the development of a flowchart, based on the current available evidence and recommendation, that will inform practice in the initiation of PPI post cardiac surgery and improve standardisation and continuity of care. Outcome of action - Flowchart for gastric protection on discharge post-cardiac surgery has been created in collaboration with pharmacy and is being implemented. A re-audit might take place in the future to ensure there was improvement in practice.	Actions complete
28. Compliance with European guidelines for initiating anticoagulation bridging post-mechanical heart valve replacement (8232v1)	• To assess the blood products, use in the re-audit group. Outcome of action – Re-audit completed and shows a clear improvement. Lessons have been embedded into departmental protocols.	Action complete

Audit title	Actions	Action update
29. Compliance to boast guideline for ankle fractures documentation (8253v1)	• To send an email to all SHOs and registrars reminding them of the parameters they need to document while assessing patients with ankle fractures in ED. Outcome of action – Email sent to all colleagues and next audit cycle in progress.	Action complete
30. Auditing provision of driving advice and completion of National Adult Cardiac Surgery Audit data input on discharge after cardiac surgery (8215v2)	• To add poster to clinician offices explaining how to fill out HICSS form to register into NACSA, and what it is used for. • To educate new SHOs rotating into department on importance of NACSA registry and to remind of driving advice. Outcome of action – Improvement in next cycle increased to 78%. Further improvement required in next cycle.	Actions complete
31. An internal audit of speech and language therapy (SLT) communication intervention in relation to the therapy outcome (8088v1)	• To roll out TOMS scoring to SLT stroke service.	Action complete
32. Improving sedation safety in interventional radiology (8175v1)	• All nursing staff to undergo sedation training. Outcome of action – Funding agreed for nurses to complete training. • To re-audit after sedation course completed. Outcome of action – Nurses were reaudited after the course. • Departmental protocol for sedation to be developed.	Actions complete
33. Evaluation of intravenous vancomycin prescription on cancer care wards (8243v1)	• Education and increasing awareness of the protocol: a) during teaching sessions involving doctors and advanced clinical practitioners. b) peer to peer reminders.	Actions ongoing
34. Neurosurgical recovery handover audit (8282v1)	• To implement aide memoire to assist handover. • To re-audit to assess efficacy.	Actions ongoing

Audit title	Actions	Action update
35. Uterine Rupture (8347v1)	• Consensus not to change current counselling (keep with UKTOCS data) as limitations to our data. • Consensus to update guideline so that consultant should be informed if suspected/ proven rupture but discussion about whether they are required to attend (rather than must attend). Uterine rupture to be updated to reflect discussion at meeting. Currently submitted for consultation. • Consensus that follow-up should be offered but individualise (as majority of our cases had uneventful recovery and good outcomes). • Agreement that we need to obtain uterine rupture rate for our VBAC group so we can better look as to whether the rate is higher than expected in this group (and also those VBAC who undergo IOL).	Action complete All ongoing
36. Re-audit: Compliance to hand hygiene guidelines on ASU ward (8271v2)	• Posters summarising hand hygiene guidelines and providing brief advice to be distributed across all surgical wards, patient bays, and doctors' offices. Outcome of action – Posters added to all areas.	Action complete
37. Compliance of WHO checklist in procedures performed in Interventional Radiology (8439v1)	• Education to the lead radiographers of IR over a power point presentation to be completed. Outcome of action –Education delivered to staff.	Action complete
38. Paediatric foreign body aspiration (7395v1)	• To disseminate the results of this audit to the ENT and paediatric respiratory teams. Outcome of action – This audit has been discussed at paediatric respiratory clinical governance meetings and ENT registrar training days as well as published in the International Journal of Paediatric Otolaryngology.	Action complete
39. MUST audit on the Acute Medical Unit (1-5) and HOBS (8039v1)	• To recommend ward based talks/training on MUST assessments and how important it is to have an accurate weight recorded when possible. • To have discussions with staff to ensure they have enough equipment to weigh patients.	Actions ongoing

Audit title	Actions	Action update
40. Compliance with the ERAS medications protocol, for patients undergoing elective HPB surgery on post operative admission to Surgical High Dependency (8155v1)	• Prescribing bundle to be created for MetaVision in collaboration with ITU pharmacists – Implemented on 2 of April and explained to new doctors in induction. Outcome of action – second cycle of audit showed improved compliance to 100%.	Action complete
41. An audit on Perioperative temperature monitoring and management of hypothermia in patients undergoing elective hip and knee replacement (8262v1)	• To put up posters in various areas. • Email all staff with actions. Outcome of actions – Posters have been placed in all wards in T&O and in theatre areas. Recommendations were finalised and emailed to respective department leads.	Actions complete
42. Cord gases audit (8328v1)	• Indications for taking cord gases to be discussed on foetal monitoring study day, which all staff delivering intrapartum care must attend. • Need for increased awareness amongst senior MW (band 7) and obstetric staff on need to cord gasses even if normal birth and well-baby if previous CTG concerns. Advice to be put on LW comms board for discussion at each clinical handover.	Actions complete
43. Narrow Your Focus! A journey of treatment escalation plan (TEP) forms on cancer care wards (8476v2)	• Results to be presented to haematology consultants in haematology morbidity and mortality meetings, to multiple oncology consultants, speciality registrars and senior house officers in oncology audit meeting. Outcome of action – Oncology teams are on board with the TEP forms and the importance of them.	Action complete
44. Use of arterial lines within HEMS (7494v1)	• Need to be able to rely on times stated. • Need to not only use speed as the only metric. • To consider a drop-down menu (device type, US yes/no, where transduced). Outcome of actions – All presented at clinical governance day and discussed in detail.	Actions complete

Audit title	Actions	Action update
45. The monitoring of respiratory function in Gillian Barre Syndrome (GBS) patients admitted to Southampton Children's Hospital 2018-2023 (8485v1)	• To create GBS clinical pathway or guideline which outlines respiratory monitoring steps to follow in paediatric patients to reduce variability and strengthen early detection of respiratory decline. • To develop a structured alternative monitoring pathway for children unable to perform conventional monitoring techniques (e.g. FVC) and clarify thresholds for escalation for these children. • To enhance early identification of respiratory deterioration and reinforce the need to begin early respiratory monitoring on day of admission wherever possible. • To standardise criteria for PICU referral to ensure consistent practice, documenting triggers from FVC or alternative markers.	Actions ongoing
46. Compliance with speech and language therapy (SLT) case note standards (6189v3)	• To review SLT abbreviation list. Outcome of action – Abbreviation list reviewed and updated.	Actions complete
47. IPC – Saving Lives Hll6 urinary catheter care audit (5585v9)	• Ongoing care – Care groups that scored below 85% to submit an action plan and re-audit within one month.	Actions complete
48. Major trauma secondary transfers from Isle of Wight (IoW) (6182v1)	• To disseminate wider the trauma unit bypass tool amongst both ambulance crews and acute healthcare staff working in the Emergency Department (ED) at St Marys hospital IoW. • A discussion to be held to form the best way forward for an education plan at HEMS CG and IoW helicopter operations group where this will be presented. • To ensure documentation to be completed and stored appropriately in line with the TARN data handling standards. Data collection for audit should be transparent and timely. This will be addressed with education of pre-hospital health care professionals and ED staff at IoW.	Actions complete

Audit title	Actions	Action update
49. Audit of consistencies used in video fluoroscopy (VFS) Clinic (6983v2)	• Review all recipes used for barium preparation in VF clinics. Outcome of action – Recipes have been amended with a view to improving compliance. • Ensure fork drip test is being used to test consistency of level 4 during VF clinics. Outcome of action – Information was cascaded to radiographers and assistants to ensure this is being completed during preparation.	Actions complete
50. Povidone iodine application Re-Audit (7941v2)	• To apply a printed paper in theatres to remind staff about the time to leave Iodine prep three minutes before starting the surgery.	Action complete
51. 4AT - Are we appropriately identifying and escalating patients with a presentation of delirium in trauma and orthopaedics? (8474v1)	• Educational poster, prompting review of patients with signs of delirium and prompting referral for senior review. Outcome of action – Poster created and posted across department in T&O wards and trauma meeting room. This poster shows a pathway of actions to follow. • Teaching with foundation trauma and orthopaedics doctors. Outcome of action – Teaching completed on audit findings to group of T&O FY1 doctors and advised them on referring patients with delirium. • • Presentation of audit at trauma and orthopaedics doctors' induction. Outcome of action – At doctor's induction day for new doctors in T&O we presented the audit. We focused the first part on education, what delirium is, how to complete a 4AT assessment, establishing who the orthogeriatric team are, how to refer for senior review, what the reversible causes of delirium are. We then discussed the findings, where we noted that we need to improve by referring patients for senior review. • Informed nursing team that patients with delirium need senior OG review to prompt patient referrals for review i.e. at handovers. Outcome of action – Nursing teams on orthopaedic wards informed of audit and pathway to refer to OG seniors for individual review of patients with delirium.	Actions complete

Audit title	Actions	Action update
	• To create clear pathway for doctors to follow when patients have delirium. Outcome of action – This pathway was created on audit presentation and posters. This pathway gives doctors a guide on what to do when patients present with signs of delirium, to establish cognition with 4AT, identify reversible causes, refer patient for senior orthogeriatric review, treat reversible causes.	
52. Audit of 'Drainage of Malignant Ascites in Cancer Care' clinical guideline (7532v1) (7532v1)	• To review and amend procedural documentation as part of update to clinical guideline. • To re-share expectations of procedural documentation and post-management instruction with clinicians responsible for performing paracentesis and temporary ascitic drain insertion.	Actions ongoing
53. An audit on perioperative temperature monitoring and management of hypothermia in patients undergoing elective orthopaedic surgeries (8262v2)	• To ensure the availability of temperature monitoring devices in all areas. • To hold education sessions for staff in various areas - surgical day unit, theatres, recovery, orthopaedic wards	Actions complete
54. To assess compliance with documentation of paediatric trauma meeting discussions following presentation of cases by the adult T&O department (8505v1)	• To Introduce a standardised trauma meeting documentation proforma. • To agree a named individual responsible for documentation - fellows / registrar. • To have a standardised location of documentation in the EPR.	Actions complete
55. Compliance with speech and language therapy case note standards (6189v4)	• A further update to the approved abbreviations list to be completed. • To request amendment to SLT liaison template to ensure there is a time and location box. • To hold a team discussion around which templates are acceptable in the different areas of the service.	Actions ongoing

Audit title	Actions	Action update
56. Audit the use of the local lumbar puncture (LP) checklist (both the inclusion and completeness of the documentation) on the acute medical unit (AMU) (8041v1)	• To consider whether any further improvements in LP completeness are required. • To consider ways to improve the uptake of the LP documentation and safety checklist among clinicians performing LP on AMU.	Actions ongoing
57. Review of obstetric service for substance misuse during pregnancy, and of compliance to local guideline (8165v1)	• The substance misuse MDT to review PN contraception plan via eDocs proforma. • To review proformas to determine % documented.	Actions ongoing
58. Compliance of WHO checklist in procedures performed in interventional radiology (IR) (8439v2)	• To email CT radiographers superintendent to make sure compliance of procedural checklist alongside the contrast related / CT checklist.	Action complete
59. IPC Saving Lives HII 1 Central venous catheter group report (5584v9)	• Eight areas to submit their audit within one month. • Ongoing care – One area scored between 85-94% to re-audit within three months ensuring compliance addressed through action plan. • One area scored below 85% and will need to produce an action plan and then re-audit within one month.	Actions ongoing
60. IPC Saving Lives HII 2 peripheral intravenous cannula care (5582v9)	• 38 areas to submit their audit within one month. • Insertion – three areas scored between 85% and 94% are required to re-audit within three months. • Five areas scored below 85% and the following actions will be required: o To produce action plan to address non-compliance and provide evidence of implementation. o To re-audit within one month ensuring compliance addressed through action plan. • Ongoing care – five areas scored between 85% and 94% are required to re-audit within three months.	Actions ongoing

Audit title	Actions	Action update
	• Eight areas scored below 85% and the following actions will be required: o To produce action plan to address non-compliance and provide evidence of implementation. o To re-audit within one month ensuring compliance addressed through action plan.	

Appendix C - Miscellaneous IPC audits

Audit title	Actions
Infection prevention and control (IPC) audit programme patient placement / assessment of infection risk / isolation.	**Patient placement / assessment of infection risk / isolation** No elements fell below the 95% expected standard.
Infection prevention and control (IPC) audit programme personal protective equipment (PPE) audit	**Personal protective equipment** One element of the audit fell below the expected 95% standard: • No evidence (witnessed) of PPE being worn inappropriately for near patient administrative tasks e.g., when using the telephone, using a computer or tablet, writing in the patient chart; giving oral medications; distributing or collecting patient dietary trays • All areas are responsible for developing and implementing an action plan based upon their results following their audit.
Infection prevention and control (IPC) audit programme safe management of equipment	**Safe management of equipment** No individual elements of the audit fell below the 95% expected standard.
Infection prevention and control (IPC) audit programme safe management of environment	**Safe management of environment** No individual elements of the audit fell below the 95% expected standard.

Audit title	Actions
Infection prevention and control (IPC) audit programme safe management of linen	**Safe management of linen** One element of the audit fell below the expected 95% standard. • There is no build-up of linen receptacles awaiting collection. All areas are responsible for developing and implementing an action plan based upon their results following their audit.
Infection prevention and control (IPC) audit programme waste	**Safe management of waste** One element of the audit fell below the expected 95% standard. • There is no build-up of waste receptacles awaiting collection All areas are responsible for developing and implementing an action plan based upon their results following their audit.
Infection, prevention and control (IPC) – occupational safety: prevention of exposure (including sharps injuries)	**Occupational safety** Prevention of exposure (including sharps injuries) Two elements of the audit fell below the expected 95% standard. • Sharps are not passed directly hand to hand. • Used needles/sharps are not re-sheathed/recapped or disassembled after use. All areas are responsible for developing and implementing an action plan based upon their results following their audit

Data source: UHS

Annex 1: Statements from commissioners, governors and overview and scrutiny committee

Response to the Quality Account 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 2025/26.

The Panel recognises the challenges that the Trust has experienced during the previous financial year. Despite significant progress achieving savings, the Trust remains in a difficult financial position; interventions have been put in place with the support of the NHS Emergency Care Improvement Support Team and regional teams to improve the performance of the Emergency Department and nearly 60,000 patients are currently on a waiting list at UHS.

In addition, in February 2026 a major incident was declared at the hospital due to a fire. While no patients or staff were directly harmed by the fire, the impact on capacity at UHS was significant. The Panel have commended the response of UHS staff and the wider system to the incident, but it has drawn attention to the ongoing problem with discharging patients from hospital with, on average, 223 inpatients that were medically optimised for discharge occupying hospital beds every day at UHS in 2025/26.

Despite these challenges we are encouraged by the Trust achieving progress against all six of the quality priorities set for 2025/26. This reflects the hard work of staff and their commitment to providing well-led, safe, consistent, and compassionate care.

Aligning the quality priorities set for 2026/27 with the Trust's Strategy and the Clinical Strategy is sensible and understandable. The Panel remain supportive of the continued focus on improving outcomes for unpaid carers, including how unpaid carers are identified, involved and supported, so they are recognised as partners in care, have equitable access to support, and experience improved health and wellbeing. These actions will contribute to the citywide efforts to support unpaid carers that include the development of a Carers Vision, Charter and Action Plan.

The ongoing prioritisation of the Trust to tackle health inequalities is particularly welcome. The focus on tobacco dependency, hypertension and obesity in 2025/26, chosen in collaboration with public health teams, will have a long-term impact on health outcomes in Southampton. However, as UHS recognises, there remains a need to work with partners across the system over the longer-term to reduce the impact of inequalities and help to address the most prevalent challenges for our population.

The Panel looks forward to working closely and positively with UHS in 2026/27. The commitment in the Statement on quality from the Chief Executive on collaboration being central to achieving the Trust's ambitions, strengthened partnerships with local authorities, public health teams and the integrated care system, is encouraging. The HOSP will continue to advocate for a system wide response because, as the Quality Account identifies, the challenges facing health and care require collective action to improve outcomes for the communities we serve.

We greatly appreciate and value the work of UHS and your dedicated staff in our city. With that in mind, the Panel would also like to give thanks to your efforts at the helm of UHS over the past six years and wish you every success in your new ventures after you leave the Trust in July.



Cllr Warwick Payne
Chair of the Health Overview and Scrutiny Panel
Southampton City Council

Response to the Quality Account from NHS Hampshire and Isle of Wight Integrated Care Board

NHS Hampshire and Isle of Wight Integrated Care Board (ICB) welcomes the opportunity to review and comment on the Trust's Quality Account for the 2025/26 reporting period, in line with its statutory responsibilities for commissioning and oversight of quality.

The ICB is satisfied that the Quality Account meets the required regulatory standards and presents a clear and balanced overview of the Trust's quality priorities, achievements, and areas for ongoing development.

Through ongoing engagement with the Trust, the ICB has sought assurance that commissioned services are delivered in line with expected standards of safety, effectiveness and person-centred care. Where required, the ICB has supported and overseen agreed improvement actions through established governance and assurance arrangements.

The ICB recognises and commends the Trust for achieving all of its stated priorities for 2025/26. In particular, the continued focus on the Fundamentals of Care and the work undertaken to embed approaches that reduce health inequalities demonstrate a strong and sustained commitment to improving outcomes and experiences for patients and communities.

The ICB acknowledges the ongoing challenges associated with the number of surgical incidents meeting the current Never Event criteria. The ICB supports the Trusts continued focus on safer surgical interventions as demonstrated through the 2026/27 contract and welcomes the Trust's plans to further strengthen safety reporting through local and divisional governance structures. The ICB expects that these actions will contribute to continued improvements and looks forward to seeing the impact of this on safety outcomes.

The ICB is also pleased to see that the Trust has identified ongoing, key areas for further improvement linked to each of last year's priorities, along with methods for ongoing monitoring and measurement, to support further embedding during 2026/27.

The ICB acknowledges and values University Hospital Southampton NHS Foundation Trust's engagement in quality governance arrangements, including facilitating ICB participation in internal quality meetings and on peer support visits, to support assurance and commissioning oversight. We also recognise the Trust's contribution to local and system-wide quality improvement through its active participation in the Hampshire and Isle of Wight (HIOW) System Quality Group and through the Patient Safety Specialist Network.

The ICB welcomes the 2026/27 quality priorities set out in the Quality Account and is looking forward to seeing the progress on the development of an integrated quality management system. Successful delivery of this priority will enable improved access to timely data, from ward to Board, proactive response to challenges, sharing of good practice, organisation wide learning and measurement of delivery. Learning and good practice can be shared through appropriate system quality forums, including Hampshire and Isle of Wight System Quality Group.

Overall, the ICB considers the Quality Account for 2025/26 to be a fair and accurate reflection of the services provided. The ICB will continue to work with University Hospital Southampton NHS Foundation Trust during 2026/27 through established assurance and oversight arrangements to support ongoing improvement.in the quality of care delivered to the population we serve.

Yours sincerely



Wendy Newnham
Interim Chief Nursing Officer
NHS Hampshire and Isle of Wight Integrated Care Board

Response to the Quality Account from from our lead governor on behalf of the Council of Governors

Governance and Engagement
UHS Council of Governors meets regularly to consider key Trust matters and issues relevant to our constituents. We also attend regular Governor Focus Sessions which strengthen our understanding and keep us informed of important developments within the Trust. As quality is a key area of interest for Governors, one of these sessions includes an annual presentation of the draft Quality Report from the Head of Clinical Quality Assurance.

Review and Challenge
During this focus session, Governors were given the opportunity to consider the report in detail before its completion. This provided the opportunity for us to question the content and challenge decisions from an external perspective, particularly on behalf of our constituents. The Quality team considered governors' comments and ensured that relevant issues were reflected in the final version.

Value of Early Involvement
Early involvement has been valuable in sharpening our focus on governance responsibilities and ensuring that our constituents' views are represented.

Progress Against Previous Objectives
It was encouraging to see that all the previous quality objectives had been achieved over the year, despite the significant challenges encountered in many areas.

Confidence in Delivery
Our discussions about the priorities, together with the responses to our questions, reinforced our confidence in the Trust's competence, care, and commitment. They also strengthened our view that the Trust is well placed to deliver the new objectives, despite the increasing level of challenge they present.

Priorities for 2026/27
We were encouraged that the priorities identified for 2026/27 focus clearly on the quality and safety of patient care while also recognising the needs of families and carers. The development of the Patient Support Hub and improvements to End of Life Care are likely to make a meaningful difference. We will continue to monitor the progress measures for both of these priorities, alongside the Fundamentals of Care standards.

Health Inequalities
Reducing health inequalities remains a long-term issue of particular interest in our focus groups. Continued efforts to address this across our community are therefore especially relevant and closely aligned with the Trust's values.

Leadership and Culture
Through our access to Board committee meetings, we see a consistent focus on delivering the agreed priorities. We also see constructive challenge from Non-Executive Directors and staff to ensure this focus is maintained and that solutions are developed collectively. This collaborative culture has clearly

supported the quality framework and contributed to the delivery of previous objectives through the hard work and dedication of staff, despite increasing pressures on resources.

Stakeholder Involvement
We believe that the priorities for 2026/27 have been developed in consultation with relevant stakeholders and reflect the Trust's requirements accurately and realistically. Governors hope that despite the announced future changes to the governance structure, this level of external involvement and independent scrutiny of Trust decisions will continue.

Ongoing Support and Transparency
Governors recognise the effort and expertise required to produce this report and value its role in supporting continuous improvement and transparency. We will continue to monitor progress against these objectives and support their success wherever we can. In particular, we will seek to ensure that our constituents are aware of the substantial work being undertaken to deliver the Trust's strategic quality improvement aims.

Oversight and Assurance
We will continue to monitor the performance of the Non-Executive Directors to ensure they support the Board in delivering these objectives and provide constructive challenge on its effectiveness.

Acknowledgement
The Council of Governors would like to thank the Quality Assurance team and all staff for their tireless work in delivering high-quality services and ensuring that the patient voice is heard across University Hospital Southampton NHS Foundation Trust.

Signed



Shirley Anderson
Lead Governor
University Hospital Southampton NHS Foundation Trust

ANNUAL ACCOUNTS



Statement from the Chief Financial Officer

The Trust set itself a plan to deliver a breakeven financial position in 2025/26, incorporating a record savings plan of £110m, which was >7% of expenditure. This was an extremely ambitious and stretching target.

The main drivers of the scale of challenge included:

- Entering the year with a significant monthly underlying financial deficit.
- Demand for our services being materially higher than affordable funding levels from commissioners.
- The level of patients remaining in the hospital who no longer need to be here continuing to grow, resulting in additional costs.
- The number of patients who would be better served in another setting (e.g. mental health) continuing to grow.
- Additional surge bed capacity being open to varying extents during the year.
- Challenges in delivering the level of recurrent cost savings and improvements to productivity required.

The organisation has therefore focused significant efforts on achieving financial sustainability, with a plan to reduce the size of the workforce and reducing the dependency on agency and bank staffing. The Trust simultaneously targeted improved waiting list and performance targets, whilst continuously aiming to improve the quality of care.

Financial Position

In 2025/26, the Trust started the year struggling to meet its stretching financial targets. With the support of NHS England, Hampshire and Isle of Wight ICB and several independent reviews, the Trust set about turning around its financial deficit. The Trust reported a deficit of £45m at year end. This was in line with its agreed mid-year target, and a significant turnaround from early forecasts.

The Trust delivered £95.1m of Cost Improvement Programme (CIP) savings, which is a record achievement in a single year. However, this was £15m below the plan, contributing to the overall deficit. The Trust also faced unexpected financial pressures, including continuation of increased demand for services over and above the level of agreed funding in "block" contracts, pay award pressures, the costs of industrial action and sustained increases in patients having no criteria to reside.

The scale of the deficit put significant pressure on the Trust's cash position, resulting in £28m of cash support being required from NHS England.

Major Fire

On 1 February 2026, the Trust suffered a major fire in its endoscopy suite, causing extensive damage to the majority of the West Wing of the hospital. I won't repeat the operational details here, other than to reiterate the fantastic response of our staff, and the support we received from system partners in the aftermath of the fire.

The Trust immediately set about identifying alternative endoscopy capacity, with mobile units now operating on the main UHS site and at Adanac Park.

The Trust is also operating with circa 100 fewer beds than before the fire, supported by improvements to out of hospital capacity and reduced numbers of patients waiting to be discharged. A key challenge for the Trust in 2026/27 will be to maintain this reduced demand for beds.

The long-term financial consequences of the fire continue to be assessed with our insurers, with repairs expected to take 18 months before the Trust can fully return to pre-fire operations. Repairing and rebuilding will be an ongoing challenge for 2026/27 but also gives us the opportunity to build back better for our patients and staff.

Looking Ahead
The Trust's deficit position is not sustainable. We have therefore set a plan, agreed with NHS England, to achieve a breakeven position in 2026/27.

During 2025/26, commissioners completed an exercise of "deconstructing block contracts", which acknowledged funding levels below the level of Trust activity and demand. The Trust has therefore agreed additional income with commissioners, phased over the next two financial years.

The Trust has therefore set a breakeven plan for the year, requiring delivery of a further £81m (>5%) CIP, whilst also delivering operational performance targets (reducing waiting lists). Whilst the Trust has improved confidence in the plan, it is likely to be another challenging year, as we need to make significant savings to deliver a sustainable financial position.

Following the challenges in 2025/26, we believe that continual cost-cutting exercises will not deliver long-term financial sustainability. Instead, guided by the NHS Ten Year Plan, we are focussing on transforming services, embracing digital innovations and supporting changes in the way services are delivered. We are targeting improvements to the utilisation of our theatres, reducing unnecessary time in hospital for patients, and improving our outpatients.

In summary, the Trust has faced one of its most challenging years in its recent history, with significant cost reductions delivered and an unsustainable financial deficit. The Trust has also suffered a major fire, which has had a significant impact on our operational capacity and on our staff. I am proud of the way our staff have responded to these challenges. As we enter into 2026/27, we acknowledge the challenges are still with us, but we look ahead with positivity and a focus on transforming and improving our services, delivering sustainable improvement to our finances and to patient care.

Ian Howard
Chief Financial Officer

Independent auditor's report to the Council of Governors of University Hospital Southampton NHS Foundation Trust

Report on the audit of the financial statements

Opinion on 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 2026, which comprise the Consolidated Statement of Comprehensive Income, the Consolidated Statement of Financial Position, the Consolidated Statement of Changes in Equity for the Group, the Statement of Changes in Equity for the Trust, the Consolidated Statement of Cash Flows, the notes to the accounts, including material accounting policy information. 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 2025-26.

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 2026 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26; 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 (2024) ("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 2025-26 that the group's and the 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 the 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 2024) 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 the Trust and the group's and the 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, 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 and accounts. 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 November 2024 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 2025/26 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 the requirements of the NHS Foundation Trust Annual Reporting Manual 2025/26; and
- based on the work undertaken in the course of the audit of the financial statements, 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 on quality from the Chief Executive, 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 2025/26, 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 their 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 the 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 2025-26).

- We enquired of management and the audit and risk committee, concerning the group's and the 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 the Trust financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and fraudulent expenditure recognition. We determined that the principal risks were in relation to:
  – journals which were deemed to be high risk;
  – material journals processed after year end;
  – fraudulent expenditure recognition relating to operating expenses;
  – fraudulent revenue recognition relates to the Trust's other operating income streams (excluding education and training and research and development); and
  – accounting estimates, in particular those relating to income and expenditure accruals and changes in estimation methodologies.

- Our audit procedures involved:
  – 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 that met 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 and in particular the assumptions within the new modern equivalent asset model;
  – assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item;
  – 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; and
  – testing of year end accruals to ensure that are fairly stated.

- 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. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.

- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the group and Trust audit team members included consideration of their:
  – 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 the Trust operates; and
  – understanding of the legal and regulatory requirements specific to the group and the Trust including:
    – the provisions of the applicable legislation;
    – NHS England's rules and related guidance; and
    – the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:
  – the group's and the 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 process, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  – the group's and the Trust's control environment, including the policies and procedures implemented by the group and the 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 – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for University Hospital Southampton NHS Foundation Trust for the year ended 31 March 2026 in accordance with the requirements of Chapter 10 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed the work necessary in relation to the Trust's consolidation schedules and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2026. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2026.

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 Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Bristol

25 June 2026

Foreword to the accounts

These accounts, for the year ended 31 March 2026, 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
25 June 2026

STATEMENT OF COMPREHENSIVE INCOME

		Group	
		2025/26	2024/25
	Note	£000	£000
Operating income from patient care activities	3	1,293,822	1,256,309
Other operating income	4	168,009	197,669
Operating expenses	6,8	(1,645,219)	(1,457,045)
Operating surplus/(deficit) from continuing operations		**(183,388)**	**(3,067)**
Finance income	10	1,841	4,306
Finance expenses	11	(6,227)	(5,270)
PDC dividends payable		(8,082)	(11,576)
Net finance costs		**(12,468)**	**(12,540)**
Other gains / (losses)	12	(42)	(7,349)
Share of profit / (losses) of associates / joint arrangements	19	51	72
Corporation tax expense		(1,387)	(310)
Surplus / (deficit) for the year from continuing operations		**(197,234)**	**(23,194)**
Surplus / (deficit) for the year		**(197,234)**	**(23,194)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(26,589)	(6,295)
Revaluations	16	10,373	590
Total other comprehensive income for the period		**(16,216)**	**(5,705)**
Total comprehensive income / (expense) for the period		**(213,450)**	**(28,899)**
Surplus/ (deficit) for the period attributable to:			
University Hospital Southampton NHS Foundation Trust		(197,234)	(23,194)
Total		**(197,234)**	**(23,194)**
Total comprehensive income/ (expense) for the period attributable to:			
University Hospital Southampton NHS Foundation Trust		(213,450)	(28,899)
Total		**(213,450)**	**(28,899)**

Note 0 - NHS England Performance reconciliation - additional to Statement of Comprehensive Income
A reconciliation of the reported position according to NHS England regulations to the surplus / (deficit) for the year is as follows:
This table does not form part of the primary financial statements

	Group	
	2025/26	2024/25
	£000	£000
Deficit for the year	(197,234)	(23,194)
Add: net impact of consumables donated from other Department of Health and Social Care (DHSC) bodies	160	-
Remove: difference between donated income and donated depreciation	2,356	(18,585)
Add back I&E impairments	149,673	27,311
Add: charity deficit	-	7,479
Deficit for the year according to NHS England regulations	**(45,045)**	**(6,989)**

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

		Group		Trust	
	Note	31 March 2026 £000	31 March 2025 £000	31 March 2026 £000	31 March 2025 £000
Non-current assets					
Intangible assets	14	28,478	26,807	28,478	26,806
Property, plant and equipment	16	367,630	525,052	341,611	503,378
Right of use assets	18	104,725	95,108	129,693	115,499
Investments in associates and joint ventures	19	544	493	544	493
Other investments / financial assets	20	-	-	36,840	36,840
Receivables	22	4,926	5,413	82,325	90,587
Total non-current assets		**506,303**	**652,873**	**619,492**	**773,604**
Current assets					
Inventories	21	22,402	22,045	9,328	10,035
Receivables	22	82,253	106,014	94,319	125,145
Cash and cash equivalents	24	46,545	16,881	46,567	16,192
Total current assets		**151,200**	**144,940**	**150,214**	**151,372**
Current liabilities					
Trade and other payables	25	(179,960)	(174,359)	(163,544)	(192,160)
Borrowings	27	(15,308)	(17,375)	(18,745)	(16,405)
Provisions	28	(1,103)	(320)	(1,103)	(320)
Other liabilities	26	(28,578)	(33,063)	(28,632)	(31,705)
Total current liabilities		**(224,949)**	**(225,117)**	**(212,024)**	**(240,590)**
Total assets less current liabilities		**432,555**	**572,697**	**557,682**	**684,386**
Non-current liabilities					
Trade and other payables	25	(880)	(880)	(109,551)	(94,371)
Borrowings	27	(118,358)	(109,614)	(138,249)	(129,231)
Provisions	28	(4,874)	(5,793)	(4,874)	(5,793)
Total non-current liabilities		**(124,112)**	**(116,287)**	**(252,674)**	**(229,395)**
Total assets employed		**308,442**	**456,410**	**305,007**	**454,990**
Financed by					
Public dividend capital		398,799	333,317	398,800	333,318
Revaluation reserve		19,032	35,248	19,029	35,245
Income and expenditure reserve		(109,389)	87,845	(112,822)	86,427
Total taxpayers' equity		**308,442**	**456,410**	**305,007**	**454,990**

The notes on pages 275 to 318 form part of these accounts.



David French
Chief Executive Officer
25 June 2026

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2026

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2025 - brought forward	**333,317**	**35,248**	**87,845**	**-**	**456,409**
Surplus/(deficit) for the year	-	-	(197,234)	-	**(197,234)**
Impairments	-	(26,589)	-	-	**(26,589)**
Revaluations	-	10,373	-	-	**10,373**
Public dividend capital received	65,482	-	-	-	**65,482**
Taxpayers' and others' equity at 31 March 2026	**398,799**	**19,032**	**(109,389)**	**-**	**308,441**

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2025

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**304,293**	**40,953**	**103,559**	**7,479**	**456,284**
Surplus/(deficit) for the year	-	-	(15,715)	(7,479)	**(23,194)**
Impairments	-	(6,295)	-	-	**(6,295)**
Revaluations	-	590	-	-	**590**
Public dividend capital received	29,025	-	-	-	**29,025**
Taxpayers' and others' equity at 31 March 2025	**333,317**	**35,248**	**87,845**	**-**	**456,410**

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2026

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2025 - brought forward	**333,318**	**35,245**	**86,427**	**454,990**
Surplus/(deficit) for the year	-	-	(199,249)	**(199,249)**
Impairments	-	(26,589)	-	**(26,589)**
Revaluations	-	10,373	-	**10,373**
Public dividend capital received	65,482	-	-	**65,482**
Taxpayers' and others' equity at 31 March 2026	**398,800**	**19,029**	**(112,822)**	**305,007**

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2025

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**304,293**	**40,950**	**103,540**	**448,783**
Surplus/(deficit) for the year	-	-	(16,561)	**(16,561)**
Net Impairments	-	(6,295)	-	**(6,295)**
Revaluations	-	590	-	**590**
Other recognised gains and losses	29,025	-	-	**29,025**
Public dividend capital received	-	-	(552)	**(552)**
Taxpayers' and others' equity at 31 March 2025	**333,318**	**35,245**	**86,427**	**454,990**

CONSOLIDATED STATEMENT OF CASH FLOWS

		Group		Trust	
		2025/26	2024/25	2025/26	2024/25
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)		(183,388)	(3,067)	(187,040)	(7,549)
Non-cash income and expense:					-
Depreciation and amortisation	6	50,896	44,014	50,708	43,787
Net impairments	7	149,673	27,311	149,674	27,311
Income recognised in respect of capital donations	4	(1,205)	(21,102)	(1,205)	(21,079)
(Increase) / decrease in receivables and other assets		20,615	(30,866)	35,454	(53,377)
(Increase) / decrease in inventories		(357)	(1,935)	707	1,241
Increase / (decrease) in payables and other liabilities		(6,761)	(23,723)	(30,109)	(28,158)
Increase / (decrease) in provisions		(490)	(1,616)	(490)	(1,616)
Tax (paid) / received		(207)	(135)	-	-
Other movements in operating cash flows		315	2	1,320	860
Net cash flows from / (used in) operating activities		**29,092**	**(11,117)**	**19,019**	**(38,580)**
Cash flows from investing activities					
Interest received		1,841	4,306	2,640	7,928
Purchase of intangible assets		(12,323)	(6,267)	(12,323)	(6,267)
Purchase of PPE and investment property		(31,254)	(69,271)	(17,649)	(44,273)
Sales of PPE and investment property		121	-		-
Receipt of cash donations to purchase assets		1,205	21,102	1,205	21,079
Net cash flows from charitable fund investing activities		-	(4,075)	-	-
Net cash flows from / (used in) investing activities		**(40,410)**	**(54,204)**	**(26,127)**	**(21,533)**
Cash flows from financing activities					
Public dividend capital received		65,482	29,025	65,482	29,025
Movement on loans from DHSC		(1,256)	(1,533)	(1,256)	(1,533)
Capital element of lease liability repayments		(11,251)	(11,363)	(10,296)	(9,923)
Capital element of PFI, LIFT and other service concession payments		-	-	(3,903)	(2,811)
Interest on loans		(37)	(100)	(37)	(100)
Other interest		(5)	-	(5)	-
Interest paid on lease liability repayments		(5,575)	(4,541)	(5,304)	(4,437)
Interest paid on PFI, LIFT and other service concession obligations		-	-	(824)	(537)
PDC dividend (paid) / refunded		(6,375)	(12,404)	(6,375)	(12,404)
Net cash flows from / (used in) financing activities		**40,983**	**(916)**	**37,482**	**(2,721)**
Increase / (decrease) in cash and cash equivalents		**29,665**	**(66,238)**	**30,374**	**(62,833)**
Cash and cash equivalents at 1 April - brought forward		**16,881**	**83,119**	**16,192**	**79,025**
Cash and cash equivalents at 31 March	24	**46,545**	**16,881**	**46,567**	**16,192**

Notes to the accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

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 2025/26 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.

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.

Note 1.2 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.

Note 1.3 Consolidation

Other subsidiaries

The Trust wholly owns UHS Pharmacy Limited (UPL) and UHS Estates Limited (UEL), both of which are included in the consolidated accounts.

UHS Pharmacy Limited provides outpatient pharmacy services. Its turnover for the period ended 31 March 2026 was £28.1 million (£27.0m 2024-25), with a surplus for the period of £0.6 million (£0.7m 2024-25). Its gross assets at 31 March 2026 totalled £6.9 million (£5.8m 2024-25) and its liabilities totalled £3.4 million (£2.9m 2024-25).

UHS Estates Limited provides managed healthcare facility services to the Trust, delivering the full service lifecycle from initial project build through to ongoing facility management, including the supply and logistics of managed healthcare equipment and stock. In April 2025, the estates, facilities and capital development (EFCD) department transferred from UHS to UEL. This service had previously been delivered under a contractual arrangement and the transfer resulted in the movement of approximately 200 people and an associated budget of £60m . In addition, around 40 wte transferred during the year from UHS' joint venture company Wessex NHS Procurement Ltd (WPL), to UEL, with these services incorporated into the managed healthcare facility provision. As WPL is a joint venture, its accounts are not consolidated within the Trust Group accounts. Other services that commenced or transferred during the year including the Adanac Park's sterile services and aseptic building, Neonates intensive care unit and urology day centre. Its turnover for the period ended 31 March 2026 was

£166.7 million (100.4m 2024-25), with a surplus for the period of £1.4 million (£0.3m deficit 2024-25). Its gross assets at 31 March 2026 totalled £179.6 million (£156.7m 2024-25) and its liabilities totalled £142.6 million (£122.0m 2024-25).

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 adopted international accounting standards, 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 UHS Pharmacy Limited and UHS Estates Limited. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

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 2025; Wessex NHS Procurement Limited made a profit of £101,000 for the year ended 31 March 2026 (2024/25: profit of £113,000).

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 (e.g. revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, e.g., 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".

Note 1.4 Revenue from contracts with customers

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 of 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 NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under the Best Practice Tariff (BPT) scheme. Delivery under the scheme is part of how care is provided to patients. As such 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 and are accounted for as variable consideration under IFRS 15. Payment for BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

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 of 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.

Note 1.5 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 grants is used to fund capital expenditure, it is credited to the 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 apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs
NHS Pension Scheme
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.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 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 cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar 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 lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured 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. 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 value in existing use is defined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

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 meeting the location requirements of the services being provided.

The freehold property known as the University Hospital Southampton estate was valued at 1 April 2025 and 31 March 2026 by the Trust's external valuer, Carter Jonas, a regulated firm of chartered surveyors, following a review of the MEA model. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2020 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the NHS Treasury Financial Reporting Manual (FReM).

As part of the 2025–26 valuation exercise and following the appointment of new valuers, the Trust reviewed its Modern Equivalent Asset (MEA) valuation methodology to ensure that land and buildings are valued based on a modern, functionally equivalent facility at an alternative suitable location, rather than a replica of the existing estate with optimisation applied.

The Trust undertook a detailed review of the MEA model, identifying the revised Gross Internal Area (GIA) required for an optimised new building, and assessed an alternative site close to the current location that could theoretically accommodate such a facility.

This review resulted in a reduction in the Trust's land and buildings valuation of £116.8m as at 1 April 2025.

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 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 Private Finance Initiative (PFI) scheme where the construction is 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 and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets 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 lives or low values or both, as this is not considered to be materially different from current value in existing use.

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.

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 16.1.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as

revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 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 and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. 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.

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.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions
PFI 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. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition
In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement
Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Services received
The cost of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

Useful lives of property, plant and equipment
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life years	Max life years
Buildings, excluding dwellings	10	80
Dwellings	25	80
Plant & machinery	5	20
Transport equipment	5	7
Information technology	3	10
Furniture & fittings	10	25

Note 1.9 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably and the cost is at least £5,000.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset where it meets recognition criteria.

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. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Useful lives of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life years	Max life years
Software licences	4	10

Note 1.10 Inventories
Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method.

Note 1.11 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.

Note 1.12 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 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial assets and financial 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, i.e., 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 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 and a financing 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.

Financial assets measured 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.

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 of financial assets
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 estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Financial liabilities
Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Loans from the Department of Health and Social Care are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

Other financial liabilities
After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

De-recognition
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.

Note 1.14 Leases
A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a 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 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

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 payments.

Note 1.15 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 2026:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.64%	4.03%
Medium-term	After 5 years up to 10 years	4.22%	4.07%
Long-term	After 10 years up to 40 years	5.32%	4.81%
Very long-term	Exceeding 40 years	5.07%	4.55%

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 2026:

	Inflation rate	Prior year rate
Year 1	2.5%	2.60%
Year 2	2.0%	2.30%
Into perpetuity	2.0%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.95% in real terms (prior year: 2.40%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, 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 28.2 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.

Note 1.16 Provisions

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 29 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 29.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

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.

Note 1.18 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. 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.

Note 1.19 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.

Note 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.21 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.

Note 1.22 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.

Note 1.23 Early adoption of standards, amendments and interpretations

Changes to PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to valuation of property, plant and equipment (PPE) assets – The DHSC GAM for 2026/27 and associated consultation response document confirms future changes which will impact on the financial statements.

From 2026/27 NHS bodies' valuation methodology will be a mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. The requirement in IAS 16 to revalue an asset when its fair value differs materially from its carrying value is being withdrawn for the public sector.

Note 1.25 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Modern Equivalent Asset model

In preparing the financial statements, the Trust has exercised significant judgement in determining the appropriate valuation methodology for its estate. The Trust continues to apply the Modern Equivalent Asset (MEA) model as the basis for measuring the current value of specialised operational property in accordance with HM Treasury's Financial Reporting Manual (FReM) and the requirements of IFRS 13 Fair Value Measurement as adapted for the public sector.

The MEA approach requires the Trust to assess the cost of replacing an existing specialised asset with a modern, functionally equivalent asset that delivers the same service potential. This involves judgement in evaluating the design, capacity, specification, and functional obsolescence of the current estate, as well as the extent to which a modern replacement would differ in layout or construction. These judgements directly influence the valuation outcomes and therefore the carrying value of property, plant and equipment.

The Trust considers the MEA model to provide the most reliable and relevant measure of fair value for specialised clinical assets, given their unique configuration and the absence of an active market for directly comparable properties. The valuation has been undertaken by professionally qualified external valuers in line with the Royal Institution of Chartered Surveyors (RICS) standards, but management judgement remains necessary in reviewing key assumptions, assessing the appropriateness of the MEA methodology, and ensuring that the resulting valuations reflect the Trust's operational requirements and service delivery model.

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 16 Property, Plant and Equipment.

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.

Service concession arrangements
The Trust has assessed the arrangement it has with UHS Estates Ltd, to provide the managed hospital service, under IFRIC 12 Service Concession Arrangements and has concluded that it is a service concession arrangement as the Trust controls and regulates what services UHS Estates Ltd provides, the Trust controls through ownership a significant residual interest in the infrastructure at the end of the service arrangement and the infrastructure is existing infrastructure of the Trust to which UHS Estates Ltd has access for the purpose of the service arrangement.

Impact of fire at Southampton General Hospital
A major fire broke out in the endoscopy unit at Southampton General Hospital on 1 February 2026, causing damage to the endoscopy department and several floors of the West Wing. Temporary mobile endoscopy units were deployed to the Southampton General site in April and to Adanac Park in May to support service continuity.

The Trust values land and buildings using the Modern Equivalent Asset valuation method. Following assessment of the operational impact, advice from the Trust valuer and consideration of the temporary measures in place to maintain service delivery, the Trust concluded that there was no impairment of building values at the reporting date.

Access to the damaged area was restricted at 31 March 2026 and a physical inspection of equipment could not be completed by year end. Consequently, no equipment write-offs were recorded in 2025-26. The net book value of equipment in the endoscopy unit at 31 March 2026 (excluding additions purchased in March 2026) was £0.88m. An inspection and formal recoverable amount assessment will be completed as soon as access is restored; the Trust expects to conclude this assessment by July 2026 and will recognise any necessary adjustments in the period in which the outcome is determined.

Insurance receipts of £3.48m were received in 2025-26 and related costs of £0.93m were incurred. The Trust has deferred £2.55m of insurance income at 31 March 2026 pending finalisation of claims and confirmation of the appropriate matching of recoveries to repair and replacement costs.

Management has assessed the implications for service delivery and going concern and has concluded that, while there is operational disruption, there are no material uncertainties that would cast significant doubt on the Trust's ability to continue as a going concern.

Note 1.26 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Valuations

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 2026 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 2026 of the Trust's Property Plant & Equipment valued by professional valuers and reflected in these financial statements is £322.5 million (2024/25: £429.1 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 and reduction in the Revaluation Reserve of approximately £32.3 million in total. Depreciation of the assets in 2025/26 would be £1.5 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 an reduced charge to the Statement of Comprehensive Income and an increase in the Revaluation Reserve of approximately £32.3 million in total. Depreciation of the assets in 2025/26 would be £1.5 million higher.

Note 2 Operating segments

The Trust has assessed the requirements of IFRS 8: Operating Segments and concluded that it operates as a single reportable segment. The Chief Operating Decision Maker (the Executive Board) receives financial information on an aggregated, whole-entity basis for resource allocation and performance assessment. The Trust delivers acute healthcare services within a single economic environment, and no discrete business components have been identified that meet the criteria for separate reporting. Accordingly, no segmental disclosures are presented.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)

	2025/26	2024/25
	£000	£000
Income from commissioners under API contracts - variable element*	285,033	289,797
Income from commissioners under API contracts - fixed element*	704,815	668,628
High cost drugs income from commissioners	208,838	201,646
Other NHS clinical income	14,568	13,634
Private patient income	4,985	5,448
National pay award central funding***		3,454
Additional pension contribution central funding**	51,433	48,209
Other clinical income	24,150	25,493
Total income from activities	**1,293,822**	**1,256,309**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2025/26 NHS Payment Scheme documentation.

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.38% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%) and related NHS England funding (9.4%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 for implementing the backdated element of pay awards where government offers were finalised after the end of the 2023/24 financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)

	2025/26	2024/25
Income from patient care activities received from:	£000	£000
NHS England *	306,320	671,829
Integrated care boards *	956,777	550,057
Other NHS providers	1,130	3,384
Local authorities	-	6
Non-NHS: private patients	4,985	5,448
Non-NHS: overseas patients (chargeable to patient)	2,570	1,971
Injury cost recovery scheme	3,129	3,892
Non NHS: other	18,911	19,721
Total income from activities	**1,293,822**	**1,256,309**
Of which:		
Related to continuing operations	1,293,822	1,256,309

* The movement of income from NHS England (NHSE) to Integrated care boards (ICB) is for services delegated to the ICB under the statutory delegation agreement. Under these arrangements, NHSE retains ultimate statutory accountability, while the ICB is responsible for the operational delivery, commissioning, and financial management of the delegated services. Funding is transferred from NHSE to the ICB to support these functions, and associated expenditure is recorded within the ICB's financial statements in line with the delegation framework.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2025/26	2024/25
	£000	£000
Income recognised this year	2,570	1,971
Cash payments received in-year	946	1,041
Amounts added to provision for impairment of receivables	604	1,235
Amounts written off in-year	774	536

Note 4 Other operating income (Group)

	2025/26			2024/25		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	45,761	-	**45,761**	43,456	-	**43,456**
Education and training	56,972	-	**56,972**	53,394	-	**53,394**
Non-patient care services to other bodies	36,969	-	**36,969**	47,899	-	**47,899**
Receipt of capital grants and donations and peppercorn leases	-	1,205	**1,205**	-	21,102	**21,102**
Charitable and other contributions to expenditure	-	860	**860**	-	9	**9**
Other income *	26,242	-	**26,242**	31,809	-	**31,809**
Total other operating income	**165,944**	**2,065**	**168,009**	**176,558**	**21,111**	**197,669**
Of which:						
Related to continuing operations			168,009			197,669

* Other incomes includes income relating to the sales of goods, provision of healthcare activities, car parking and clinical excellence awards.

Note 5.1 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2025/26	2024/25
	£000	£000
Income from services designated as commissioner requested services	1,293,822	1,256,309
Income from services not designated as commissioner requested services	168,009	197,669
Total	**1,461,831**	**1,453,978**

Note 5.2 Fees and charges (Group)

The following disclosure is of income from charges to service users where the full cost of providing that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2025/26	2024/25
	£000	£000
Income	4,382	5,099
Full cost	(3,774)	(2,895)
Surplus	**608**	**2,204**

Note 6 Operating expenses (Group)

	2025/26 £000	2024/25 restated £000
Purchase of healthcare from NHS and DHSC bodies	24,597	18,101
Purchase of healthcare from non-NHS and non-DHSC bodies	17,023	19,095
Staff and executive directors costs *	869,732	808,833
Remuneration of non-executive directors	223	211
Supplies and services - clinical (excluding drugs costs) **	138,283	132,726
Supplies and services - general	29,933	34,675
Drug costs (drugs inventory consumed and purchase of non-inventory drugs) **	208,267	210,024
Inventories written down	325	-
Consultancy costs	91	-
Establishment	7,390	6,291
Premises	46,144	60,805
Transport (including patient travel)	4,812	3,790
Depreciation on property, plant and equipment	40,244	36,602
Amortisation on intangible assets	10,652	7,412
Net impairments	149,673	27,311
Movement in credit loss allowance: contract receivables / contract assets	3,813	141
Increase/(decrease) in other provisions	(125)	1,070
Change in provisions discount rate(s)	2	3
Fees payable to the external auditor		
audit services- statutory audit	560	516
other auditor remuneration (external auditor only)	3	16
Internal audit costs	85	159
Clinical negligence	33,075	32,224
Legal fees	930	362
Insurance (as a policy holder)	1,167	726
Research and development	35,338	37,921
Education and training	19,492	16,501
Redundancy	1,495	21
Car parking & security	1,792	1,433
Losses, ex gratia & special payments	241	-
Other	(38)	76
Total	**1,645,219**	**1,457,045**
Of which:		
Related to continuing operations	1,645,219	1,457,045

* note 8 details staff and executive director's costs.

** Operating expenses have been restated to reflect a £26m drug costs consolidation adjustment that was processed incorrectly through the supplies and services - clinical classification line instead of the drug costs classification line.

Note 6.1 Other auditor remuneration (Group)

	2025/26 £000	2024/25 £000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	3	16
Total	**3**	**16**

Note 6.2 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1,000k (2024/25: £1,000k).

Note 7 Impairment of assets (Group)

	2025/26 £000	2024/25 £000
Net impairments charged to operating surplus / deficit resulting from:		
Other	149,673	27,311
Total net impairments charged to operating surplus / deficit	**149,673**	**27,311**
Impairments charged to the revaluation reserve	26,589	6,295
Total net impairments	**176,262**	**33,606**

Note 8 Employee benefits (Group)

	2025/26 Total £000	2024/25 Total £000
Salaries and wages	661,294	616,832
Social security costs	88,700	68,885
Apprenticeship levy	3,257	3,141
Employer's contributions to NHS pensions	131,388	122,304
Pension cost - other	71	-
Temporary staff (including agency)	49,683	52,901
Total gross staff costs	**934,393**	**864,063**
Recoveries in respect of seconded staff	(20,381)	(16,557)
Total staff costs	**914,012**	**847,506**
Of which		
Costs capitalised as part of assets	7,660	5,726
Analysed into Operating Expenditure:		
Employee expenses - Staff	869,732	808,833
Research and development	20,842	19,791
Education and training	14,283	13,135
Redundancy	1,495	21
Total employee benefits excluding capitalised costs	**906,352**	**841,780**

The difference between net staff costs and total employee benefits relates to capitalised staff costs. Total remuneration paid to executive directors for the year ended 31 March 2026 (in their capacity as directors) totalled £1,858,000 (2024/25: £1,148,000). No other remuneration was paid to directors in their capacity as directors. There were no advances or guarantees entered into on behalf of directors by the Trust. Employer contributions to the NHS Pension Scheme for executive directors for the year ended 31 March 2026 totalled £171,000 (2024/25: £124,000). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was 7 (2024/25: 6).

Note 8.1 Retirements due to ill-health (Group)

During 2025/26 there were 11 early retirements from the trust agreed on the grounds of ill-health (10 in the year ended 31 March 2025). The estimated additional pension liabilities of these ill-health retirements is £1,612k (£833k in 2024/25).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by 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 1 April 2024 to 23.7% of pensionable pay. 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.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Note 10 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2025/26	2024/25
	£000	£000
Interest on bank accounts	1,841	4,306
Total finance income	**1,841**	**4,306**

Note 11.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2025/26 £000	2024/25 £000
Interest expense:		
Interest on loans from the Department of Health and Social Care	20	93
Interest on lease obligations	5,575	4,541
Interest on late payment of commercial debt	5	-
Total interest expense	**5,600**	**4,634**
Unwinding of discount on provisions	354	342
Other finance costs	273	294
Total finance costs	**6,227**	**5,270**

Note 11.2 The late payment of commercial debts (interest) Act 1998

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2025/26 £000	2024/25 £000
Total liability accruing in year under this legislation as a result of late payments	-	3
Amounts included within interest payable arising from claims made under this legislation	5	-

Note 12 Other gains / (losses) (Group)

	2025/26 £000	2024/25 £000
Gains on disposal of assets	-	130
Losses on disposal of assets	(42)	-
Gains / losses on disposal of charitable fund assets	-	(7,479)
Total gains / (losses) on disposal of assets	**(42)**	**(7,349)**
Total other gains / (losses)	**(42)**	**(7,349)**

Note 13 Trust income statement and statement of comprehensive income

In accordance with Section 408 of the Companies Act 2006, the trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The trust's (deficit) for the period was (£199.2) million, of which £149.7 million was impairment of land and buildings (2024/25: (£16.6 million)). The trust's total comprehensive (expense) for the period was (£215.5 million) (2024/25: (£10.8 million)).

Note 14.1 Intangible assets - 2025/26

Group	Software licences £000	Intangible assets under construction £000	Total £000
Cost at 1 April 2025 - brought forward *	**58,573**	**-**	**58,573**
Additions	6,519	5,804	**12,323**
Cost at 31 March 2026	**65,092**	**5,804**	**70,896**
Amortisation at 1 April 2025 - brought forward	**31,766**	**-**	**31,766**
Provided during the year	10,652	-	**10,652**
Amortisation at 31 March 2026	**42,418**	**-**	**42,418**
Net book value at 31 March 2026	**22,674**	**5,804**	**28,478**
Net book value at 1 April 2025	**26,807**	**-**	**26,807**

* From 1 April 2025, the option to apply the revaluation model in IAS 38 to intangible assets has been withdrawn prospectively. Where assets were previously revalued, the carrying value at the transition date was carried forward as 'deemed cost'.

Note 14.2 Intangible assets - 2024/25

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**52,306**	**-**	**52,306**
Additions	6,267	-	**6,267**
Valuation / gross cost at 31 March 2025	**58,573**	**-**	**58,573**
Amortisation at 1 April 2024 - as previously stated	**24,354**	**-**	**24,354**
Provided during the year	7,412	-	**7,412**
Amortisation at 31 March 2025	**31,766**	**-**	**31,766**
Net book value at 31 March 2025	**26,807**	**-**	**26,807**
Net book value at 1 April 2024	**27,952**	**-**	**27,952**

* From 1 April 2025, the option to apply the revaluation model in IAS 38 to intangible assets has been withdrawn prospectively. Where assets were previously revalued, the carrying value at the transition date was carried forward as 'deemed cost'.

Note 15.1 Intangible assets - 2025/26

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Cost at 1 April 2025 - brought forward *	**58,517**	**-**	**58,517**
Additions	6,519	5,804	**12,323**
Cost at 31 March 2026	**65,036**	**5,804**	**70,840**
Amortisation at 1 April 2025 - brought forward	**31,711**	**-**	**31,711**
Provided during the year	10,651	-	**10,651**
Amortisation at 31 March 2026	**42,362**	**-**	**42,362**
Net book value at 31 March 2026	**22,674**	**5,804**	**28,478**
Net book value at 1 April 2025	**26,806**	**-**	**26,806**

* From 1 April 2025, the option to apply the revaluation model in IAS 38 to intangible assets has been withdrawn prospectively. Where assets were previously revalued, the carrying value at the transition date was carried forward as 'deemed cost'.

Note 15.2 Intangible assets - 2024/25

Trust	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2024 - as previously stated	**52,305**	**-**	**52,305**
Additions	6,267	-	**6,267**
Reclassifications	(55)	-	**(55)**
Valuation / gross cost at 31 March 2025	**58,517**	**-**	**58,517**
Amortisation at 1 April 2024 - as previously stated	**24,354**	**-**	**24,354**
Provided during the year	7,412	-	**7,412**
Reclassifications	(55)	-	**(55)**
Amortisation at 31 March 2025	**31,711**	**-**	**31,711**
Net book value at 31 March 2025	**26,806**	**-**	**26,806**
Net book value at 1 April 2024	**27,951**	**-**	**27,951**

Note 16.1 Property, plant and equipment - 2025/26

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2025 - brought forward	**33,111**	**365,428**	**900**	**58,584**	**110,680**	**365**	**25,865**	**273**	**595,206**
Additions	-	4,524	-	22,802	10,165	-	1,452	81	**39,024**
Impairments charged to operating expenses	(56)	(159,247)	-	-	-	-	-	-	**(159,303)**
Impairments charged to revaluation reserve	(14,616)	(11,753)	(220)	-	-	-	-	-	**(26,589)**
Reversals of impairments charged to operating expenses	-	9,629	-	-	-	-	-	-	**9,629**
Revaluations	368	(5,658)	16	-	-	-	-	-	**(5,274)**
Reclassifications	-	22,115	-	(22,270)	155	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(604)	-	-	-	**(604)**
Valuation/gross cost at 31 March 2026	**18,807**	**225,038**	**696**	**59,116**	**120,396**	**365**	**27,317**	**354**	**452,089**
Accumulated depreciation at 1 April 2025 - brought forward	**-**	**(0)**	**(0)**	**-**	**56,848**	**365**	**12,904**	**39**	**70,154**
Provided during the year	-	15,508	85	-	9,042	-	5,546	35	**30,216**
Revaluations	-	(15,389)	(85)	-	-	-	-	-	**(15,474)**
Disposals / derecognition	-	-	-	-	(437)	-	-	-	**(437)**
Accumulated depreciation at 31 March 2026	**-**	**119**	**(0)**	**-**	**65,453**	**365**	**18,450**	**74**	**84,459**
Net book value at 31 March 2026	**18,807**	**224,919**	**697**	**59,116**	**54,943**	**-**	**8,868**	**281**	**367,630**
Net book value at 1 April 2025	**33,111**	**365,428**	**901**	**58,584**	**53,832**	**-**	**12,962**	**235**	**525,052**

Note 16.2 Property, plant and equipment - 2024/25

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2024 - as previously stated	**35,353**	**341,076**	**1,358**	**38,146**	**114,163**	**447**	**24,985**	**106**	**555,634**
Additions	-	20,656	-	36,755	7,156	-	2,589	152	**67,309**
Impairments charged to operating expenses	-	(1,234)	-	-	-	-	-	-	**(1,234)**
Impairments charged to revaluation reserve	(2,800)	(2,244)	(430)	-	-	-	-	-	**(5,474)**
Reversals of impairments charged to operating expenses	-	3,468	-	-	-	-	-	-	**3,468**
Revaluations	-	(12,507)	(28)	-	-	-	-	-	**(12,535)**
Reclassifications	558	16,213	-	(16,317)	(115)	-	14	31	**384**
Disposals / derecognition	-	-	-	-	(10,525)	(82)	(1,723)	(16)	**(12,346)**
Valuation/gross cost at 31 March 2025	**33,111**	**365,428**	**900**	**58,584**	**110,680**	**365**	**25,865**	**273**	**595,206**
Accumulated depreciation at 1 April 2024 - as previously stated	**-**	**-**	**-**	**-**	**58,166**	**438**	**11,009**	**40**	**69,653**
Provided during the year	-	13,167	28	-	9,153	9	3,615	21	**25,993**
Revaluations	-	(13,096)	(28)	-	-	-	-	-	**(13,125)**
Reclassifications	-	(71)	-	-	54	-	3	(7)	**(21)**
Disposals / derecognition	-	-	-	-	(10,525)	(82)	(1,723)	(16)	**(12,346)**
Accumulated depreciation at 31 March 2025	**-**	**(0)**	**(0)**	**-**	**56,848**	**365**	**12,904**	**39**	**70,154**
Net book value at 31 March 2025	**33,111**	**365,428**	**901**	**58,584**	**53,832**	**-**	**12,962**	**235**	**525,052**
Net book value at 1 April 2024	**35,353**	**341,076**	**1,358**	**38,146**	**55,997**	**9**	**13,976**	**66**	**485,981**

Note 16.3 Property, plant and equipment financing - 31 March 2026

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	18,807	197,641	697	30,203	50,553	-	8,746	249	**306,895**
Owned - donated/granted	-	27,278	-	28,913	4,390	-	122	32	**60,735**
NBV total at 31 March 2026	**18,807**	**224,919**	**697**	**59,116**	**54,943**	**-**	**8,868**	**281**	**367,630**

Note 16.4 Property, plant and equipment financing - 31 March 2025

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	33,111	328,563	901	29,671	48,504	-	12,448	204	**453,401**
Owned - donated/granted	-	36,865	-	28,913	5,328	-	514	31	**71,651**
NBV total at 31 March 2025	**33,111**	**365,428**	**901**	**58,584**	**53,832**	**-**	**12,962**	**235**	**525,052**

Note 17.1 Property, plant and equipment - 2025/26

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2025 - brought forward	**33,111**	**365,427**	**900**	**58,584**	**75,217**	**365**	**24,674**	**138**	**558,416**
Additions	-	4,526	-	22,802	2,281	-	1,452	81	**31,142**
Impairments charged to operating expenses	(56)	(159,247)	-	-	-	-	-	-	**(159,303)**
Impairments charged to revaluation reserve	(14,616)	(11,753)	(220)	-	-	-	-	-	**(26,589)**
Reversals of impairments charged to operating expenses	-	9,629	-	-	-	-	-	-	**9,629**
Revaluations	368	(5,658)	16	-	-	-	-	-	**(5,274)**
Reclassifications	-	22,115	-	(22,270)	155	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(387)	-	-	-	**(387)**
Valuation/gross cost at 31 March 2026	**18,807**	**225,039**	**696**	**59,116**	**77,266**	**365**	**26,126**	**219**	**407,634**
Accumulated depreciation at 1 April 2025 - brought forward	**-**	**(1)**	**-**	**-**	**42,393**	**365**	**12,270**	**11**	**55,037**
Provided during the year	-	15,508	85	-	5,876	-	5,316	19	**26,804**
Revaluations	-	(15,389)	(85)	-	-	-	-	-	**(15,474)**
Disposals / derecognition	-	-	-	-	(345)	-	-	-	**(345)**
Accumulated depreciation at 31 March 2026	**-**	**118**	**-**	**-**	**47,924**	**365**	**17,586**	**30**	**66,022**
Net book value at 31 March 2026	**18,807**	**224,921**	**696**	**59,116**	**29,342**	**(0)**	**8,540**	**189**	**341,611**
Net book value at 1 April 2025	**33,111**	**365,428**	**900**	**58,584**	**32,824**	**(0)**	**12,404**	**127**	**503,378**

Note 17.2 Property, plant and equipment - 2024/25

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**35,353**	**340,260**	**1,358**	**38,116**	**82,175**	**447**	**23,904**	**36**	**521,649**
Additions	-	20,431	-	17,827	1,745	-	2,494	118	**42,615**
Additions - grant/donations	-	226	-	18,926	1,664	-	-	-	**20,816**
Impairments charged to operating expenses	-	(1,234)	-	-	-	-	-	-	**(1,234)**
Impairments charged to revaluation reserve	(2,800)	(2,244)	(430)	-	-	-	-	-	**(5,474)**
Reversals of impairments charged to operating expenses	-	3,468	-	-	-	-	-	-	**3,468**
Revaluations	-	(12,584)	(28)	-	-	-	-	-	**(12,612)**
Reclassifications	558	17,104	-	(16,285)	156	-	(1)	-	**1,532**
Disposals / derecognition	-	-	-	-	(10,523)	(82)	(1,723)	(16)	**(12,344)**
Valuation/gross cost at 31 March 2025	**33,111**	**365,427**	**900**	**58,584**	**75,217**	**365**	**24,674**	**138**	**558,416**
Accumulated depreciation at 1 April 2024 - as previously stated	**-**	**-**	**-**	**-**	**46,821**	**438**	**10,588**	**21**	**57,867**
Provided during the year	-	13,167	28	-	6,146	9	3,405	6	**22,761**
Revaluations	-	(13,172)	(28)	-	-	-	-	-	**(13,200)**
Reclassifications	-	4	-	-	(51)	-	-	-	**(47)**
Disposals / derecognition	-	-	-	-	(10,523)	(82)	(1,723)	(16)	**(12,344)**
Accumulated depreciation at 31 March 2025	**-**	**(1)**	**-**	**-**	**42,393**	**365**	**12,270**	**11**	**55,037**
Net book value at 31 March 2025	**33,111**	**365,428**	**900**	**58,584**	**32,824**	**(0)**	**12,404**	**127**	**503,378**
Net book value at 1 April 2024	**35,353**	**340,260**	**1,358**	**38,116**	**35,355**	**9**	**13,316**	**15**	**463,782**

Note 17.3 Property, plant and equipment financing - 31 March 2026

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	18,807	203,778	696	30,203	25,072	(0)	8,418	189	**287,163**
Owned - donated / granted	-	21,143	-	28,913	4,270	-	122	-	**54,448**
Total net book value at 31 March 2026	**18,807**	**224,921**	**696**	**59,116**	**29,342**	**(0)**	**8,540**	**189**	**341,611**

Note 17.4 Property, plant and equipment financing - 31 March 2025

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	33,111	328,563	900	29,672	27,612	(0)	11,890	127	**431,875**
Owned - donated / granted	-	36,865	-	28,912	5,212	-	514	-	**71,503**
Total net book value at 31 March 2025	**33,111**	**365,428**	**900**	**58,584**	**32,824**	**(0)**	**12,404**	**127**	**503,378**

Note 18 Leases - University Hospital Southampton NHS Foundation Trust as a lessee

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.

Note 18.1 Right of use assets - 2025/26

Group	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2025 - brought forward	**73,220**	**68,916**	**38**	**142,174**	**38,436**
Additions	11,286	9,486	46	**20,818**	4,475
Remeasurements of the lease liability	(1,056)	-	-	**(1,056)**	(3,819)
Impairments	(4,232)	-	-	**(4,232)**	-
Reversal of impairments	4,233	-	-	**4,233**	-
Revaluations	(462)	-	-	**(462)**	-
Disposals / derecognition	(285)	(129)	-	**(414)**	(272)
Valuation/gross cost at 31 March 2026	**82,704**	**78,273**	**84**	**161,061**	**38,820**
Accumulated depreciation at 1 April 2025 - brought forward	**7,732**	**39,316**	**18**	**47,066**	**6,740**
Provided during the year	3,650	6,371	7	**10,028**	2,533
Revaluations	(635)	-	-	**(635)**	-
Disposals / derecognition	(13)	(110)	-	**(123)**	-
Accumulated depreciation at 31 March 2026	**10,734**	**45,577**	**25**	**56,336**	**9,273**
Net book value at 31 March 2026	**71,970**	**32,696**	**59**	**104,725**	**29,547**
Net book value at 1 April 2025	**65,488**	**29,600**	**20**	**95,108**	**31,696**

Net book value of right of use assets leased from other NHS providers	560
Net book value of right of use assets leased from other DHSC group bodies	28,987

Note 18.2 Right of use assets - 2024/25

Group	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**80,951**	**93,605**	**55**	**174,611**	**51,199**
Additions	15,954	5,295	-	**21,249**	644
Remeasurements of the lease liability	12,088	-	-	**12,088**	(13,407)
Impairments	(30,366)	-	-	**(30,366)**	-
Reclassifications	(611)	(407)	-	**(1,018)**	-
Disposals / derecognition	(4,796)	(29,577)	(17)	**(34,390)**	-
Valuation/gross cost at 31 March 2025	**73,220**	**68,916**	**38**	**142,174**	**38,436**
Accumulated depreciation at 1 April 2024 - brought forward	**5,405**	**55,875**	**27**	**61,307**	**4,331**
Provided during the year	3,569	7,032	8	**10,609**	2,409
Reclassifications	(609)	(4)	-	**(613)**	-
Disposals / derecognition	(633)	(23,587)	(17)	**(24,237)**	-
Accumulated depreciation at 31 March 2025	**7,732**	**39,316**	**18**	**47,066**	**6,740**
Net book value at 31 March 2025	**65,488**	**29,600**	**20**	**95,108**	**31,696**
Net book value at 1 April 2024	**75,546**	**37,730**	**28**	**113,304**	**46,868**

Net book value of right of use assets leased from other NHS providers	658
Net book value of right of use assets leased from other DHSC group bodies	31,038

Note 18.3 Right of use assets - 2025/26

Trust	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2025 - brought forward	**71,906**	**103,586**	**(0)**	**1,191**	**34**	**176,716**
Additions	11,288	17,422	46	-	-	**28,756**
Remeasurements of the lease liability	(1,056)	-	-	-	-	**(1,056)**
Impairments	(4,232)	-	-	-	-	**(4,232)**
Reversal of impairments	4,233	-	-	-	-	**4,233**
Revaluations	(462)	(11)	-	-	-	**(473)**
Disposals / derecognition	(286)	(347)	-	-	-	**(633)**
Valuation/gross cost at 31 March 2026	**81,391**	**120,650**	**46**	**1,191**	**34**	**203,311**
Accumulated depreciation at 1 April 2025 - brought forward	7,354	53,228	0	632	3	**61,217**
Provided during the year	3,532	9,488	-	230	-	**13,250**
Revaluations	(635)	-	-	-	-	**(635)**
Disposals / derecognition	(13)	(201)	-	-	-	**(214)**
Accumulated depreciation at 31 March 2026	**10,238**	**62,515**	**0**	**862**	**3**	**73,618**
Net book value at 31 March 2026	**71,153**	**58,135**	**46**	**329**	**31**	**129,693**
Net book value at 1 April 2025	**64,552**	**50,358**	**(0)**	**559**	**31**	**115,499**

Note 18.4 Right of use assets - 2024/25

Trust	Property (land and buildings)	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**79,608**	**124,739**	**17**	**1,082**	**-**	**205,445**
Additions	28,042	9,950		95	34	**38,121**
Impairments	(30,980)					**(30,980)**
Reclassifications	32	(1,523)		14		**(1,477)**
Disposals / derecognition	(4,796)	(29,580)	(17)			**(34,393)**
Valuation/gross cost at 31 March 2025	**71,906**	**103,586**	**(0)**	**1,191**	**34**	**176,716**
Accumulated depreciation at 1 April 2024 - brought forward	**5,162**	**66,757**	**16**	**421**	**-**	**72,356**
Provided during the year	3,451	9,952	1	207	3	**13,614**
Revaluations	(616)	-	-	-		**(616)**
Reclassifications	(10)	108	-	4		**102**
Disposals / derecognition	(633)	(23,589)	(17)			**(24,239)**
Accumulated depreciation at 31 March 2025	**7,354**	**53,228**	**0**	**632**	**3**	**61,217**
Net book value at 31 March 2025	**64,552**	**50,358**	**(0)**	**559**	**31**	**115,499**
Net book value at 1 April 2024	**74,446**	**57,982**	**1**	**661**	**-**	**133,089**

Note 18.5 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 27.1.

	Group		Trust	
	2025/26	2024/25	2025/26	2024/25
	£000	£000	£000	£000
Carrying value at 1 April	**123,201**	**111,511**	**122,225**	**109,718**
Lease additions	20,818	21,249	17,295	23,774
Lease liability remeasurements	(1,056)	12,088	(1,056)	12,088
Interest charge arising in year	5,575	4,541	5,304	4,437
Early terminations	(561)	(10,283)	(299)	(10,283)
Lease payments (cash outflows)	(16,826)	(15,904)	(15,600)	(15,324)
Other changes	-	-	(6,683)	(2,185)
Carrying value at 31 March	**131,151**	**123,201**	**121,186**	**122,225**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Income generated from subleasing right of use assets is £0k and is included within revenue from operating leases in note 4.

Note 18.6 Maturity analysis of future lease payments at 31 March 2026

	Group	Trust
	31 March 2026	31 March 2026
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	19,890	18,171
- later than one year and not later than five years;	52,285	45,703
- later than five years.	111,113	107,846
Total gross future lease payments	**183,288**	**171,720**
Finance charges allocated to future periods	(52,137)	(50,534)
Net lease liabilities at 31 March 2026	**131,151**	**121,186**

Note 18.7 Maturity analysis of future lease payments at 31 March 2025

	Group	Trust
	31 March 2025	31 March 2025
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	16,416	13,535
- later than one year and not later than five years;	46,339	35,849
- later than five years.	108,499	103,650
Total gross future lease payments	**171,254**	**153,034**
Finance charges allocated to future periods	(48,053)	(30,809)
Net finance lease liabilities at 31 March 2025	**123,201**	**122,225**

Note 19 Investments in associates and joint ventures

	Group		Trust	
	2025/26	2024/25	2025/26	2024/25
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**493**	**421**	**493**	**421**
Share of profit / (loss)	51	72	51	72
Carrying value at 31 March	**544**	**493**	**544**	**493**

Note 20 Other investments / financial assets (non-current)

	Group		Trust	
	2025/26	2024/25	2025/26	2024/25
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**-**	**3,342**	**36,840**	**36,840**
Disposals	-	(3,342)	-	-
Carrying value at 31 March	**-**	**-**	**36,840**	**36,840**

Note 21 Inventories

	Group		Trust	
	31 March 2026	31 March 2025	31 March 2026	31 March 2025
	£000	£000	£000	£000
Drugs	9,247	8,548	9,160	7,277
Consumables	13,156	13,498	168	2,758
Total inventories	**22,402**	**22,045**	**9,328**	**10,035**
of which:				

Inventories recognised in expenses for the year were £359,647k (2024/25: £370,851k). Write-down of inventories recognised as expenses for the year were £325k (2024/25: £0k).

Note 22.1 Receivables

	Group		Trust	
	31 March 2026	31 March 2025	31 March 2026	31 March 2025
	£000	£000	£000	£000
Current				
Contract receivables	68,505	90,174	86,097	112,727
Allowance for impaired contract receivables / assets	(6,580)	(4,443)	(6,581)	(4,443)
Deposits and advances	1,063	843	232	11
Prepayments (non-PFI)	7,631	10,307	5,736	8,284
PDC dividend receivable	-	1,600	-	1,600
VAT receivable	8,193	7,487	3,541	5,490
Loan receivables	-	-	1,805	1,430
Clinician pension tax provision reimbursement funding from NHSE	48	46	48	46
Other receivables	3,393	-	3,441	-
Total current receivables	**82,253**	**106,014**	**94,319**	**125,145**
Non-current				
Contract receivables	4,455	4,953	4,495	10,802
Allowance for impaired contract receivables / assets	(1,107)	(1,211)	(1,107)	(1,211)
Loan receivables	-	-	77,359	79,325
Other receivables	1,578	1,671	1,578	1,671
Total non-current receivables	**4,926**	**5,413**	**82,325**	**90,587**
Of which receivable from NHS and DHSC group bodies:				
Current	26,411	43,345	-	-
Non-current	1,578	1,671	-	-
Total Receivables	**87,179**	**111,427**	**176,644**	**215,732**

Note 22.2 Allowances for credit losses - 2025/26

	Group	Trust
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 Apr 2025 - brought forward	**5,654**	**5,654**
New allowances arising	3,876	3,876
Reversals of allowances	(63)	(63)
Utilisation of allowances (write offs)	(1,780)	(1,780)
Allowances as at 31 Mar 2026	**7,687**	**7,687**

Note 22.3 Allowances for credit losses - 2024/25

	Group	Trust
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 Apr 2024 - as previously stated	**6,147**	**6,147**
New allowances arising	351	351
Reversals of allowances	(210)	(210)
Utilisation of allowances (write offs)	(634)	(634)
Allowances as at 31 Mar 2025	**5,654**	**5,654**

Note 22.4 Exposure to credit risk

As 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 2026 are in receivables from customers, as disclosed in the trade and other receivables note 22.1.

Note 23 Non-current assets held for sale and assets in disposal groups

The Group or Trust do not hold any non-current assets for sale.

Note 24 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2025/26	2024/25	2025/26	2024/25
	£000	£000	£000	£000
At 1 April	**16,881**	**83,119**	**16,192**	**79,025**
Net change in year	29,664	(66,238)	30,374	(62,833)
At 31 March	**46,545**	**16,881**	**46,566**	**16,192**
Broken down into:				
Cash at commercial banks and in hand	761	798	202	117
Cash with the Government Banking Service	45,784	16,083	46,365	16,075
Total cash and cash equivalents as in SoFP	**46,545**	**16,881**	**46,567**	**16,192**
Total cash and cash equivalents as in SoCF	**46,545**	**16,881**	**46,567**	**16,192**

Note 25 Trade and other payables

	Group		Trust	
	31 March 2026 £000	31 March 2025 £000	31 March 2026 £000	31 March 2025 £000
Current				
Trade payables	31,560	41,752	44,161	71,782
Capital payables	32,643	24,873	22,087	23,774
Accruals	68,716	57,907	54,288	49,075
Social security costs	10,291	8,524	10,134	8,499
VAT payables	3,603	-	3,748	-
Other taxes payable	10,559	8,744	8,784	8,682
PDC dividend payable	107	-	107	-
Pension contributions payable	11,262	10,562	11,081	10,526
Other payables	11,219	21,997	9,154	19,822
Total current trade and other payables	**179,960**	**174,359**	**163,544**	**192,160**
Non-current				
Trade payables	405	405	405	405
Capital payables	475	475	109,146	93,966
Other payables	-	-		
Total non-current trade and other payables	**880**	**880**	**109,551**	**94,371**

Note 26 Other liabilities

	Group		Trust	
	31 March 2026 £000	31 March 2025 £000	31 March 2026 £000	31 March 2025 £000
Current				
Deferred income: contract liabilities	28,578	33,063	28,632	31,705
Total other current liabilities	**28,578**	**33,063**	**28,632**	**31,705**

Note 27.1 Borrowings

	Group		Trust	
	31 March 2026 £000	31 March 2025 £000	31 March 2026 £000	31 March 2025 £000
Current				
Loans from DHSC	1,001	1,275	1,001	1,275
Lease liabilities	14,307	16,100	12,976	11,772
Obligations under concession contracts	-	-	4,768	3,358
Total current borrowings	**15,308**	**17,375**	**18,745**	**16,405**
Non-current				
Loans from DHSC	1,514	2,513	1,514	2,513
Lease liabilities	116,844	107,101	108,212	110,453
Obligations under concession contracts	-	-	28,523	16,265
Total non-current borrowings	**118,358**	**109,614**	**138,249**	**129,231**
Total borrowings	**133,666**	**126,989**	**156,994**	**145,636**

The Foundation Trust has the following loans with the Department of Health detailed below:

Principal values	Original Loan	Balance outstanding at 31 March 2026	Balance outstanding at 31 March 2025	Interest Rate
	£000	£000	£000	%
Original Advance Date				
September 2010	8,000	-	257	2.74%
June 2013	15,000	2,515	3,512	1.91%
Total balance outstanding		**2,515**	**3,769**	
Repaid in year		1,254		

Note 27.2 Reconciliation of liabilities arising from financing activities (Group)

Group - 2025/26	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2025	**3,788**	**123,201**	**126,989**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,256)	(11,251)	**(12,507)**
Financing cash flows - payments of interest	(37)	(5,575)	**(5,612)**
Non-cash movements:			
Additions	-	20,818	**20,818**
Lease liability remeasurements	-	(1,056)	**(1,056)**
Application of effective interest rate	20	5,575	**5,595**
Early terminations	-	(561)	**(561)**
Carrying value at 31 March 2026	**2,515**	**131,151**	**133,666**

Group - 2024/25	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2024	**5,328**	**111,511**	**116,839**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,533)	(11,363)	**(12,896)**
Financing cash flows - payments of interest	(100)	(4,541)	**(4,641)**
Non-cash movements:			
Additions	-	21,249	**21,249**
Lease liability remeasurements	-	12,088	**12,088**
Application of effective interest rate	93	4,541	**4,634**
Early terminations	-	(10,283)	**(10,283)**
Carrying value at 31 March 2025	**3,788**	**123,201**	**126,989**

Note 27.3 Reconciliation of liabilities arising from financing activities

Trust - 2025/26	Loans from DHSC	Lease liabilities	Service concession schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2025	**3,788**	**122,225**	**19,623**	**145,636**
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,256)	(10,296)	(3,904)	**(15,456)**
Financing cash flows - payments of interest	(37)	(5,304)	(824)	**(6,165)**
Non-cash movements:				
Additions	-	17,295	11,458	**28,753**
Lease liability remeasurements	-	(1,056)	(11)	**(1,067)**
Interest charge arising in year (application of effective interest rate)	20	5,304		**5,324**
Early terminations	-	(299)	824	**525**
Other changes	-	(6,683)	6,125	**(558)**
Carrying value at 31 March 2026	**2,515**	**121,186**	**33,291**	**156,992**

Trust - 2024/25	Loans from DHSC	Lease liabilities	Service concession schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2024	**5,328**	**109,718**	**16,438**	**131,484**
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,533)	(10,887)	(2,811)	**(15,231)**
Financing cash flows - payments of interest	(100)	(4,437)	(537)	**(5,074)**
Non-cash movements:				
Additions	-	23,774	1,619	**25,393**
Lease liability remeasurements	-	12,088	-	**12,088**
Interest charge arising in year (application of effective interest rate)	93	4,437	537	**5,067**
Early terminations	-	(10,283)	-	**(10,283)**
Other changes	-	(2,185)	4,377	**2,192**
Carrying value at 31 March 2025	**3,788**	**122,225**	**19,623**	**145,636**

Note 28.1 Provisions for liabilities and charges analysis (Group and Trust)

Group and Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2025	**357**	**3,263**	**725**	**1,768**	**6,113**
Change in the discount rate	5	(3)	-	(125)	**(123)**
Arising during the year	1	3	236	309	**549**
Utilised during the year	(56)	(221)	(22)	(48)	**(347)**
Reversed unused	(17)	(113)	(521)	(22)	**(673)**
Unwinding of discount	64	290	-	104	**458**
At 31 March 2026	**354**	**3,219**	**418**	**1,986**	**5,977**
Expected timing of cash flows:					
- not later than one year;	56	221	418	408	**1,103**
- later than one year and not later than five years;	225	886	-	192	**1,303**
- later than five years.	73	2,112	0	1,386	**3,571**
Total	**354**	**3,219**	**418**	**1,986**	**5,977**

The movement in provisions on the cashflow differs from the movement by £354k, 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.

Note 28.2 Clinical negligence liabilities

At 31 March 2026, £390,191k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of University Hospital Southampton NHS Foundation Trust (31 March 2025: £340,195k).

Note 29 Contingent assets and liabilities

	Group		Trust	
	31 March 2026 £000	31 March 2025 £000	31 March 2026 £000	31 March 2025 £000
Value of contingent liabilities				
NHS Resolution legal claims	(162)	-	(162)	-
Gross value of contingent liabilities	**(162)**	**-**	**(162)**	**-**
Net value of contingent liabilities	**(162)**	**-**	**(162)**	**-**
Net value of contingent assets	**-**	**-**	**-**	**-**

Note 30 Contractual capital commitments

The Trust has entered into contractual commitments to enable completion of capital projects in progress.

	Group		Trust	
	31 March 2026 £000	31 March 2025 £000	31 March 2026 £000	31 March 2025 £000
Property, plant and equipment	6,435	8,157	6,435	8,157
Intangible assets	2,182	2,000	2,182	2,000
Total	**8,617**	**10,157**	**8,617**	**10,157**

Note 31 Other financial commitments

The group / trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	Group		Trust	
	31 March 2026 £000	31 March 2025 £000	31 March 2026 £000	31 March 2025 £000
not later than 1 year	14,531	16,031	11,460	15,497
after 1 year and not later than 5 years	26,537	31,692	25,013	30,903
paid thereafter	31,309	34,117	31,309	34,117
Total	**72,377**	**81,840**	**67,782**	**80,517**

Note 32 Service concession arrangements

The Trust identifies the following as service concession arrangement:

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. Due to the nature of how buildings are valued, these assets are valued as part of a whole building and therefore the Trust is unable to determine the actual value or a reliable estimate value of the assets included within the service concession arrangement. 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.

Note 32.1 Service concession arrangement obligations

The following obligations in respect service concession arrangements are recognised in the statement of financial position:

	Group		Trust	
	31 March 2026 £000	31 March 2025 £000	31 March 2026 £000	31 March 2025 £000
Gross service concession liabilities	**-**	**-**	**39,959**	**22,153**
Of which liabilities are due				
- not later than one year;	-	-	6,103	3,881
- later than one year and not later than five years;	-	-	20,264	14,918
- later than five years.	-	-	13,592	3,354
Finance charges allocated to future periods	-	-	(6,668)	(2,530)
Net service concession arrangement obligation	**-**	**-**	**33,291**	**19,623**
- not later than one year;	-	-	4,768	3,358
- later than one year and not later than five years;	-	-	16,377	13,155
- later than five years.	-	-	12,146	3,110

Note 32.2 Total on-SoFP service concession arrangement commitments

Total future commitments under these schemes are as follows:

	Group		Trust	
	31 March 2026 £000	31 March 2025 £000	31 March 2026 £000	31 March 2025 £000
Total future payments committed in respect of service concession arrangements	**-**	**-**	**5,249,378**	**3,306,887**
Of which payments are due:				
- not later than one year;	-	-	181,013	110,230
- later than one year and not later than five years;	-	-	724,052	440,918
- later than five years.	-	-	4,344,313	2,755,739

Note 32.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group		Trust	
	2025/26 £000	2024/25 £000	2025/26 £000	2024/25 £000
Unitary payment payable to service concession operator	**-**	**-**	**180,034**	**105,488**
Consisting of:				
- Interest charge	-	-	824	1,921
- Repayment of balance sheet obligation	-	-	3,903	2,811
- Service element: chargeable to Statement of Comprehensive Income (SOCI)	-	-	170,658	97,743
- Service element: repayment re capital	-	-	4,649	3,013
Total amount paid to service concession operator	**-**	**-**	**180,034**	**105,488**

Note 33 Financial instruments

Note 33.1 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.

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 2026 are in receivables from customers, as disclosed in the trade and other receivables note 22.

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.

Note 33.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2026	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	68,666	**68,666**
Other investments / financial assets	544	**544**
Cash and cash equivalents	46,545	**46,545**
Total at 31 March 2026	**115,755**	**115,755**

Carrying values of financial assets as at 31 March 2025	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	89,473	**89,473**
Other investments / financial assets	493	**493**
Cash and cash equivalents	16,881	**16,881**
Total at 31 March 2025	**106,847**	**106,847**

Note 33.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2026	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	165,509	**165,509**
Other investments / financial assets	544	**544**
Cash and cash equivalents	46,567	**46,567**
Total at 31 March 2026	**212,620**	**212,620**

Carrying values of financial assets as at 31 March 2025	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	198,630	**198,630**
Other investments / financial assets	493	**493**
Cash and cash equivalents	16,192	**16,192**
Total at 31 March 2025	**215,315**	**215,315**

Note 33.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2026	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	165,509	**165,509**
Other investments / financial assets	544	**544**
Cash and cash equivalents	46,567	**46,567**
Total at 31 March 2026	**212,620**	**212,620**

Carrying values of financial assets as at 31 March 2025	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	198,630	**198,630**
Other investments / financial assets	493	**493**
Cash and cash equivalents	16,192	**16,192**
Total at 31 March 2025	**215,315**	**215,315**

All financial assets are held at amortised cost which is a reasonable approximation of fair value.

Note 33.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2026	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	2,515	**2,515**
Obligations under leases	131,151	**131,151**
Trade and other payables excluding non financial liabilities	136,343	**136,343**
Total at 31 March 2026	**270,009**	**270,009**

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	3,788	**3,788**
Obligations under leases	123,201	**123,201**
Trade and other payables excluding non financial liabilities	140,687	**140,687**
Total at 31 March 2025	**267,676**	**267,676**

Note 33.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2026	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	2,515	**2,515**
Obligations under leases	121,186	**121,186**
Obligations under PFI, LIFT and other service concessions	33,291	**33,291**
Trade and other payables excluding non financial liabilities	230,656	**230,656**
Total at 31 March 2026	**387,648**	**387,648**

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	3,788	**3,788**
Obligations under leases	122,225	**122,225**
Obligations under PFI, LIFT and other service concessions	19,623	**19,623**
Trade and other payables excluding non financial liabilities	269,351	**269,351**
Total at 31 March 2025	**414,987**	**414,987**

Note 33.6 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2026	31 March 2025	31 March 2026	31 March 2025
	£000	£000	£000	£000
In one year or less	156,358	157,545	146,382	209,324
In more than one year but not more than five years	54,692	49,804	177,042	128,758
In more than five years	111,113	108,499	121,438	108,916
Total	**322,163**	**315,848**	**444,862**	**446,998**

Note 34 Losses and special payments

Group and trust	2025/26 Total number of cases Number	2025/26 Total value of cases £000	2024/25 Total number of cases Number	2024/25 Total value of cases £000
Losses				
Cash losses	232	565	260	655
Bad debts and claims abandoned	192	1,740	258	635
Total losses	**424**	**2,305**	**518**	**1,290**
Special payments				
Ex-gratia payments	29	10	45	26
Total special payments	**29**	**10**	**45**	**26**
Total losses and special payments	**453**	**2,315**	**563**	**1,316**

Note 35.1 Related parties - within Department of Health and Social Care consolidated boundary

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:

- Department of Health and Social Care ministers
- Board members of the trust
- The Department of Health and Social Care
- Other NHS providers
- ICBs and NHS England
- Other health bodies
- Other Government departments
- Local authorities
- NHS charitable funds (where not consolidated)

The Trust has taken advantage of the exemption provided by IAS 24 'Related Party Disclosures', where the parent's own financial statements are presented together with the consolidated financial statements and any transactions or balances between group entities have been eliminated on consolidation.

During the year none of the board members or members of senior management or parties related to them has undertaken any material transactions with the Group.

The Group comprises the Trust, UHS Pharmacy Ltd and UHS Estates Ltd. Share capital, receivables and payables held in the Trusts Statement of Financial Position are outlined below along with income and expenditure transactions between the Trust and UHS estates Ltd and UHS Pharmacy Ltd. Transactions with related parties are on a normal commercial basis.

	Balances held in the Trusts SOFP at 31 March 2026 with:		Balances held in the Trusts SOFP at 31 March 2025 with:	
	UHS Estates Ltd	UHS Pharmacy Ltd	UHS Estates Ltd	UHS Pharmacy Ltd
	£000	£000	£000	£000
Share capital	36,000	841	36,000	841
Receivables	19,226	387	6,800	100
Payables	1,487	7,913	133,800	2,200

	Year ended 31 March 2026		Year ended 31 March 2025	
	Income	Expenditure	Income	Expenditure
	£000	£000	£000	£000
Transactions with UHS Estates Ltd	16,063	165,586	20,143	99,674
Transactions with UHS Pharmacy Ltd	1,204	28,111	994	26,160

Note 35.2 Related parties - Joint ventures

As referred to in Note 1.3 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 £0.0 million (2024/25: £0.0 million) and was charged £0.00 million (2024/25 £0.06 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 £0.5 million (2024/25: £0.7 million) and was charged £2.0 million (2024/25: £2.4 million) for services rendered. UHS Estates Ltd was charged £0.5 million (2024/25: £0.5m) for services rendered.

Note 36 Events after the reporting date

There are no events after the reporting date that require reporting.