



University Hospital
Southampton
NHS Foundation Trust



ANNUAL REPORT AND ACCOUNTS 2024/25

Incorporating the quality account

University Hospital Southampton
NHS Foundation Trust

Annual Report and Accounts 2024/25

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

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Welcome from the Chair and Chief Executive Officer

University Hospital Southampton NHS Foundation Trust ('UHS' or the 'Trust') has experienced another challenging year, with increased demand for the Trust's services, a more restrictive financial environment, and changes in terms of the organisation of the NHS in England.

Despite the challenges faced by the Trust during 2024/25, we can feel incredibly proud of the achievements of our 13,000 staff, who went above and beyond to deliver for our patients and the communities we serve. Particular highlights include:

- In the top 15 in the country against government targets for elective recovery performance with 127% of activity compared with 2019/20.
- Top-quartile performance against most performance metrics compared to similar sized teaching hospitals, including long-waiting patients on referral to treatment pathways, diagnostics and cancer performance.
- Delivery of £85.3m of savings through our cost improvement programme – the highest ever amount by the Trust.

We continue to be one of the best performing trusts in England in many areas.

The Trust's elective recovery performance places it as one of the best performing trusts in England. As a result, we have seen the number of long-waiting patients fall to one patient waiting over 78 weeks and to 21 patients waiting over 65 weeks – in many instances these delays were due to a national lack of corneal transplant tissue. This is despite an increase in the number of patients being referred to the Trust for treatment.

Our performance against key cancer metrics has seen an improvement in commencing treatment of cancer within 62 days to 81% by March 2025, against the NHS England average for 2024/25 of 70.5%. Similarly, the Trust performed in the range of 88%-96% during the year against the target of patients commencing treatment within 31 days of diagnosis.

There has been significant demand for non-elective care throughout the year, which has placed significant demands on the Trust's emergency department. There were frequently more than 400 attendances per day and the Trust saw an average of 13,100 patients per month (2023/24: 12,700). As a result of this increased demand, coupled with issues with flow through the hospital and a high incidence of seasonal illnesses during the winter, UHS's performance against the four-hour emergency department target has steadily declined over the course of 2024/25.

The Trust also recorded a lower than expected death rate via the Summary Hospital-level Mortality Indicator (SHMI) and was one of 12 trusts in England out of 119 with lower than expected death outcomes.

The Trust reported a deficit of £7m at year-end, which represents a significant achievement given the financial pressures we have experienced, such as significant demand for services above block contract levels, pay award pressures, and inflation. The Trust also saw its productivity improve during the year and delivered its highest ever performance under its cost improvement programme.

Despite the introduction of strict controls in early 2024, the Trust exceeded its target for workforce numbers during 2024/25 by 373 whole-time-equivalents. However, a significant proportion of this number was due to assumed reductions in the number of staff required to manage patients with no clinical criteria to reside in the hospital and patients with a primary mental health need not materialising. Instead, the number of both categories of patient continued to rise during the year, placing additional strain on the Trust's capacity and reducing flow through the hospital as patients are unable to move in a timely way from the emergency department, to wards and then to discharge due to lack of capacity.

Higher levels of staff absence during the winter months coupled with high levels of seasonal illness and consequent demand on the emergency department also necessitated the opening and staffing of surge capacity. Indeed, demand on the emergency department was so great during the year that surge capacity was required even outside of the typically busier winter period.

Our people remain our greatest asset. Without our staff, the Trust would not be able to deliver for the communities we serve. We were pleased to see the results from the 2024 Staff Survey, which placed UHS above the benchmarking group across all the key people themes. In particular, there have been improvements in relation to satisfaction with immediate managers, flexible working opportunities, and staff recommending UHS as a place to work.

UHS has also continued with its staff room refurbishment programme and made significant improvements to the prayer facilities for Muslim staff, patients, students and community members in our chapel, all funded by Southampton Hospitals Charity.

We expect 2025/26 to be even more challenging than 2024/25. The Trust has already had to take some difficult decisions in terms of its workforce numbers, prioritisation for capital expenditure, and services. We will be expected to continue to maintain quality of patient care and experience and to deliver the required levels of performance whilst at the same time having to make significant reductions in its expenditure to deliver a balanced budget.

Many of the challenges faced by the Trust – in common with other providers – can only be addressed by working in partnership with wider local partners, such as other healthcare providers, local authorities and charities to deliver system-wide solutions. At the same time, we recognise that there is more that we can do internally to ensure that our internal processes deliver in the most effective and efficient manner.

We would like to express our heartfelt thanks to our amazing staff, who have gone and continue to go above and beyond to put our patients first and deliver world class care.



Jenni Douglas-Todd
Chair



David French
Chief Executive Officer

PERFORMANCE REPORT



Performance report

Introduction from the Chief Executive Officer

This was another challenging year for the Trust, continuing the trend seen in previous years of increasing demand which must be balanced with the need to deliver quality patient care whilst maintaining a sustainable financial position.

The Trust saw even higher demand for non-elective care than in recent years with attendances at the emergency department being as high as 400 per day and the Trust having to open and staff surge capacity for a significant proportion of the year, including outside of the typically more strained winter period.

The trend of increasing numbers of patients having no clinical criteria to reside in hospital, but unable to be discharged due to a lack of funded care in a more appropriate venue, continued, as did the increasing number of patients presenting with a primary mental health need. This placed significant pressure on the Trust's resources due to the impact on flow through the hospital and the need to engage additional members of staff to manage these patients – in some instances this requires as many as four members of staff, usually via a specialist agency, for each patient as well as, potentially, additional security resource.

Despite the challenges, the Trust continued to perform well when compared to other comparable organisations, achieving some of the best elective recovery performance in England at 127% compared to 2019/20 levels.

The Trust implemented spending and recruitment controls in early 2024, which it continued to operate under during 2024/25, in order to manage its difficult financial position. However, the Trust ended the year above its plan in terms of workforce numbers, although a significant proportion of this amount was due to the increasing number of patients having no criteria to reside and mental health patients.

The Trust achieved its highest ever delivery on its cost improvement programme with £85.3m of savings, and achieved an overall end of year deficit of £7m.

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 £1.5 billion in 2024/25. 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 System (ICS) and, in the case of more specialised services (such as treatments for rare conditions), by NHS England.

OVERVIEW AND PERFORMANCE

Trust services are supported by clinical income, of which 53% is paid for by NHS England and 44% by integrated care boards, predominantly the Hampshire and Isle of Wight Integrated Care Board (ICB). These are provided under a standard NHS contract, which incorporates ongoing monitoring of the Trust and the quality of the services provided.

Our structure

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

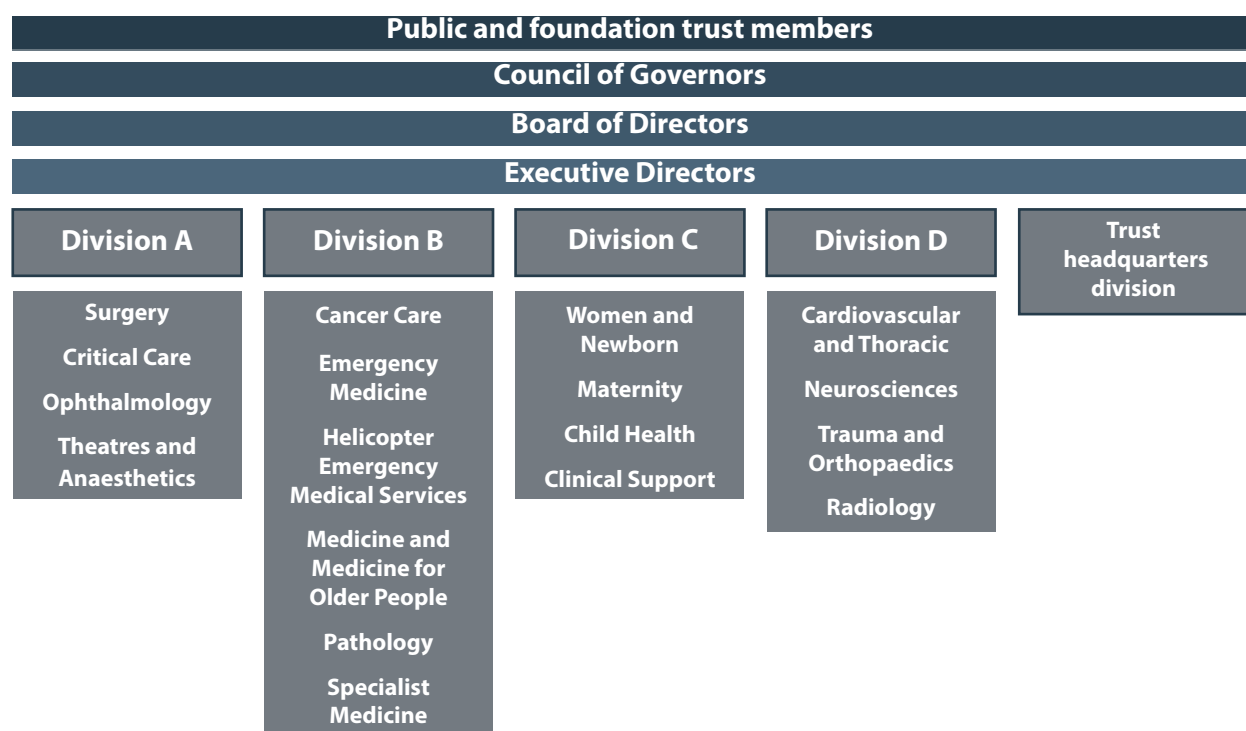
Since 1 July 2022, the Trust has been part of the Hampshire and Isle of Wight Integrated Care System when this was established through the Health and Social Care Act 2022. Each ICS has two statutory elements: an integrated care partnership (ICP) and an integrated care board.

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

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

The Trust has been a university teaching hospital since 1971.

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



Our values

The Trust's values describe how things are done at UHS and act as a guide to all staff working with colleagues to deliver high quality patient care and a great patient experience every day.

These values are:



PATIENTS 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.

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Foundations for the future Making our enabling infrastructure (finance, digital, estate) fit for the future to support a leading university teaching hospital in the 21 st 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 2024/25 these objectives included:

Outstanding patient outcomes, experience and safety	Establishing an integrated approach to quality management.
	Treating patients according to need but aiming to meet the target of zero 65-week waiters by the end of September 2024, and continued reduction of longer waiters.
	Reducing length of stay across elective and non-elective pathways.
	Improving patient experience and outcomes through continued implementation of the Fundamentals of Care programme.
Pioneering research and innovation	Delivering year four of the research and innovation investment plan.
	Delivering year two of the five-year research and development strategy implementation plan for research for impact.
World class people	Delivering a workforce plan for the Trust for 2024/25 which is safe, sustainable and affordable.
	Delivering targeted improvements in staff experience, engagement and culture.
	Sustaining turnover at less than 13% and maintaining sickness absence at under 4%.
Integrated networks and collaboration	In partnership with acute trusts working directly with priority areas to progress joint network strategies.
	Working with the local delivery system on vertical integration to reduce the number of patients without criteria to reside.
Foundations for the future	Delivering a stretching financial plan for 2024/25, including identifying what needs to be true to recover a sustainable financial position and exit the Recovery Support Programme.
	Engaging the organisation in the challenge to manage demand so that capacity and demand are in equilibrium.
	Delivering the aims of the 2024/25 transformation programmes and always improving strategic priorities.
	Delivering the prioritised 2024/25 capital programme and setting a prioritised capital programme for 2025/26.
	Completing year two of the Public Sector Decarbonisation Scheme.

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

At the end of 2024/25, the Trust had met the objectives set as follows:

Corporate Ambition	Number of objectives	Green	Amber	Red
Outstanding patient outcomes, safety and experience	4	3	1	0
Pioneering research and innovation	2	2	0	0
World class people	3	2	0	0
Integrated networks and collaboration	2	0	2	0
Foundations for the future	5	2	2	1
Totals	16	8	6	2

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:

- Reduction in the number of patients waiting over 65 weeks, with only 21 waiting over 65 weeks.
- Reduction in the length of stay by 5.25% through successful delivery of the inpatient flow transformation programme.
- Implementation of the Fundamentals of Care programme.
- Successful delivery of year four of the research and innovation investment plan.
- Reducing staff turnover to 10.1% at year end and achieving a staff absence rate below 4%.
- Progress in developing the identified priority clinical networks.
- Successful delivery of the Trust's 2024/25 capital programme.

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 2024/25 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.

As in previous years, demand for services continued to increase, especially for emergency (non-elective) care. The winter months in particular saw both high levels of demand and above average levels of staff absence due to seasonal illnesses.

The Trust consistently experienced high numbers of patients having no clinical criteria to reside in hospital, but who could not be discharged due to a lack of appropriate care packages. This results in a lack of flow through the hospital and also requires additional staff to be engaged due to the need to open surge capacity.

In addition, the Trust continued to experience significant challenges from patients with a primary mental health care need for whom there were insufficient spaces available in a more suitable alternative setting.

Performance overview

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

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

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

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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	The Trust experienced high demand for its services, continuing the trend from previous years. Demand in the emergency department in particular was significant, with attendances growing by 3.2% compared to 2023/24. This situation has resulted in a gradual decline in the Trust's performance against the target of 95% patients spending less than four hours in the main emergency department. The number of patients having no clinical criteria to reside continued to impact flow within the hospital. The number of patients having no clinical criteria to reside was frequently above 250 at any one time during the year. The Trust experienced an increase in the number of referrals with the number of patients on a waiting list under the 18-week referral to treatment pathway rising from approximately 59,000 to 62,000 by the end of the year. The Trust's elective recovery performance was one of the best in England at 127% compared to 2019/20.
Quality and compliance	The Trust continued to monitor the quality of care delivered throughout 2024/25 through a number of established quality assurance programmes. Clinical leaders monitored key quality, safety and patient experience indicators such as falls, pressure ulcers and venous thromboembolisms. The roll out of the Trust's Fundamentals of Care initiative continued. High-quality peer reviews were consistently conducted, with a key focus on weekly matron-led quality walkabouts – both during and outside of standard hours – centred around the five CQC domains: safe, effective, responsive, caring, and well-led. Additionally, focused matron walkabouts were introduced to address specific themes related to patient safety and Fundamentals of Care standards, such as medication safety and infection prevention. These initiatives have been instrumental in identifying areas for improvement and promoting the sharing of best practices across teams. The Trust's clinical accreditation scheme (CAS) builds on this intelligence, with clinical areas completing self-assessments of performance and review teams completing on-site visits. The clinical areas were supported by the CAS team from an initial contact meeting and walkabout through to outcome panel. Patient representatives were included in these review teams. CAS paperwork was reviewed to reflect the learning points from themed Matron's walkabouts, aligning it to the CQC single assessment framework and the UHS Fundamentals of Care programme to ensure a robust ward accreditation. Learning was shared at the clinical leaders' group and via reports.

OVERVIEW AND PERFORMANCE

	A framework was developed to govern Mortality and Morbidity meetings at the Trust, setting expectations for the content and format of these meetings. In addition, further work was carried out to ensure that the output from these meetings was shared more widely and that there is a clear escalation process. The Trust opened a patient and family support hub, repurposing the Macmillan Centre into a generic non-disease specific facility. The Trust worked with system partners to develop a unified and standardised approach to volunteer recruitment using a passporting system. The Trust commenced its implementation of the National Safety Standards for Invasive Procedures 2 (NatSSIPs 2). Violence, abuse and aggression against staff continued to rise. The Trust took action over the course of the year to support its teams, including through roll out of de-escalation training. This has had a positive impact and has reduced the requirement for physical restraint and has reduced the number of incidences of physical violence against staff. However, the level of violence and aggression directed at staff by patients and other members of the public continues to be an area of concern for the Trust. The Trust continued to build its always improving culture and drive on quality improvement by training over 1,000 staff, remaining 3% above the NHS average for all improvement focussed staff survey questions and winning an award for patient involvement in improvement and safety. This enabled improvements across theatre, inpatient flow and outpatient programmes. In 2024/25, average length of stay was reduced by 5.25%, an additional 1,230 patients were treated in theatres, and 7% of patients were placed onto patient initiated follow up (PIFU) outpatient pathways. 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 Acute 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.

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Workforce	The Trust's key area of focus during 2024/25 was to maintain a flat workforce level in order to meet the Trust's 2024/25 workforce plan. In addition, the Trust sought to reduce reliance on bank and agency staff. The Trust ended the year above its workforce plan by 373 whole-time-equivalents. A significant proportion of the expected reduction in staff numbers had been linked to expected delivery of reductions in the number of patients having no criteria to reside and mental health patients through system-wide transformation programmes. However, these reductions did not materialise. In addition, due to the significant demand on the Trust's services, it was necessary to open and staff surge capacity. This was exacerbated by high levels of staff absence due to illness during the winter months. The Trust was successful in reducing staff turnover to 10.1%, achieving the local target of <13%. The Trust also achieved an overall sickness absence rate of 4%, and an in-month level of 3.7% in March 2025. However, between October 2024 and February 2025, the Trust recorded higher levels of sickness absence, which placed additional demand on staff and necessitated increased use of temporary staff during these periods.
Estates	The Trust continued to invest in and to develop its estate and to invest in its digital infrastructure and other equipment. This represented £96m of capital expenditure during the year. During the year, the Trust opened a new aseptics/sterile services building at Adanac Park, expanded the Trust's neonatal facilities, and introduced new theatres. In addition, the Trust invested £17m in decarbonisation projects through external grant funding as part of the Public Sector Decarbonisation Scheme. On 1 April 2025, the Trust completed a transfer of staff to its subsidiary UHS Estates Limited. In common with much of the NHS, the Trust has seen the amount required to address the maintenance of its estate increase, as it attempts to address the demands of an aging estate and the increasing demand for services.
Innovation and technology	The Trust continued to drive better health and care through research and innovation during 2024/25. Much of this through strategic partnerships with the University of Southampton and Wessex Health Partners. This year saw life-changing treatments enter the NHS, developed through pivotal studies at UHS. This included three drugs tackling the root cause of cystic fibrosis. Licensing of a gene therapy for the blood clotting disorder haemophilia A also hinged on UHS studies. The treatment has given thousands in the UK and globally a 'functional cure'. In December 2024, the Trust became host for the new National Institute for Health Research (NIHR) Wessex Commercial Research Delivery Centre.

OVERVIEW AND PERFORMANCE

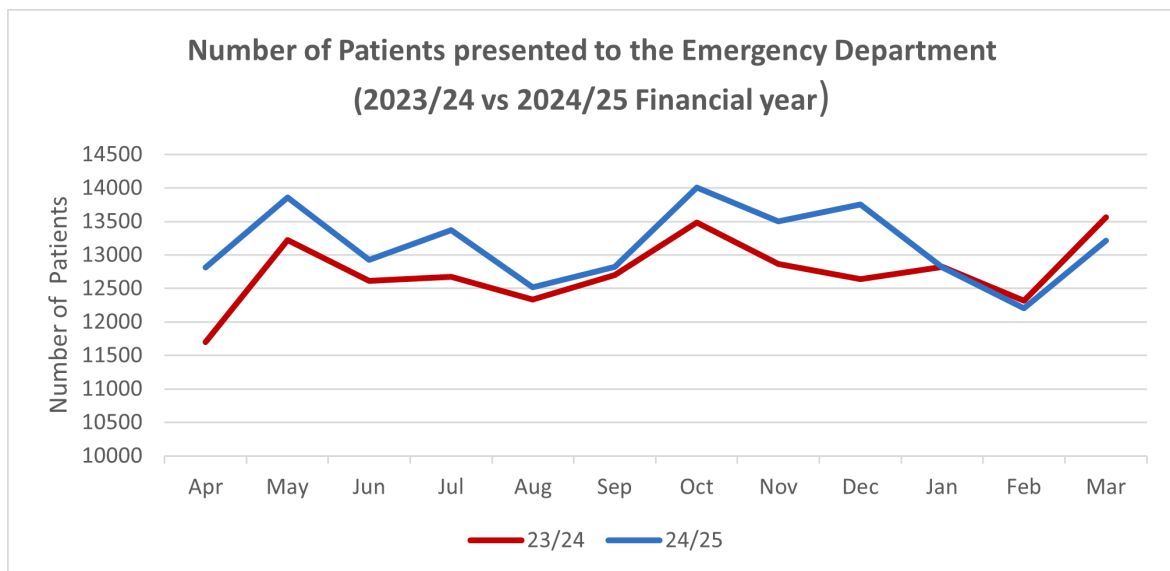
	UHS innovations have gained more patents in the last two years than in the previous 20. This is in large part due to the UHS International Development Centre (IDC), launched in 2023. This now engages with over 35 NHS trusts to advance innovations spanning Artificial Intelligence powered, co-operative, patient-centric robotics through to patented nano sensors.
Sustainable financial model	The Trust did not achieve a breakeven position in 2024/25, with a reported deficit of £7m. This is despite delivery of the Trust's highest ever cost improvement programme saving of £85.3m and achieving elective recovery performance of 127% of 2019/20 levels. As in the previous year, the Trust's financial position was due to a number of factors, including the Trust's underlying financial deficit, significant demand for services above block contract levels, pay award pressures, and inflation. 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. In common with all organisations within Hampshire and Isle of Wight ICS, the Trust continues to be in the NHS England Recovery Support Programme. UHS is therefore focused on collective financial recovery actions to improve the finances and achieve a sustainable financial model.

Performance analysis

Emergency access through the emergency department

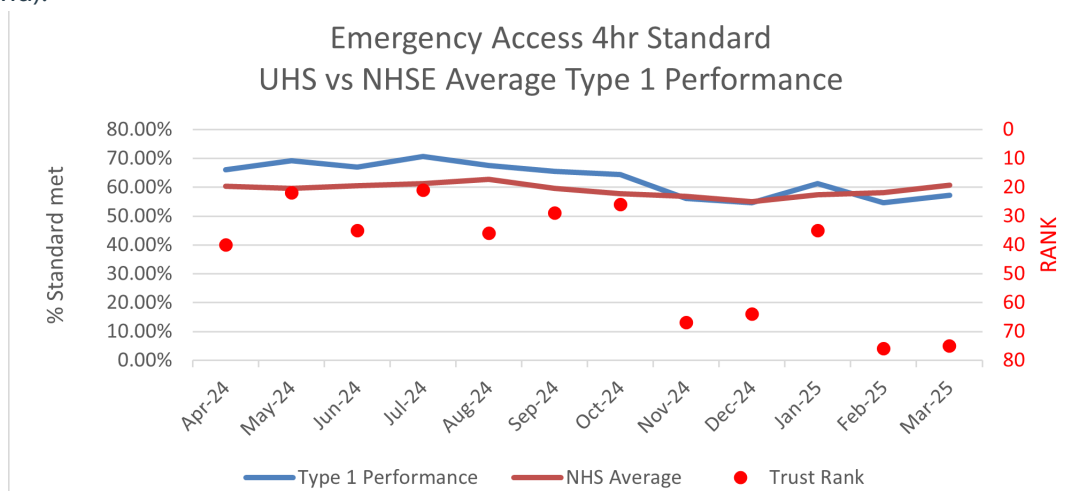
In a continuation of the trend over the past few years, the Trust again experienced high demand from patients presenting to receive care in the emergency department during 2024/25. The number of patients presenting to the emergency department (including eye casualty) peaked at 14,000 in October 2024 and averaged 13,100 patients per month throughout the year (12,700 in 2023/24).

The number of patients having no clinical criteria to reside, which was frequently above 250 at any one time, placed further strain on the Trust's capacity due to the impact on flow from the emergency department to the relevant ward(s).



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 was mixed, as it achieved a high of 70.58% in July 2024 (21st best-performing trust in England), but from November 2024 onward the Trust's performance declined, and it recorded its lowest performance of 54.55% in February 2025 (76th best-performing trust in England).

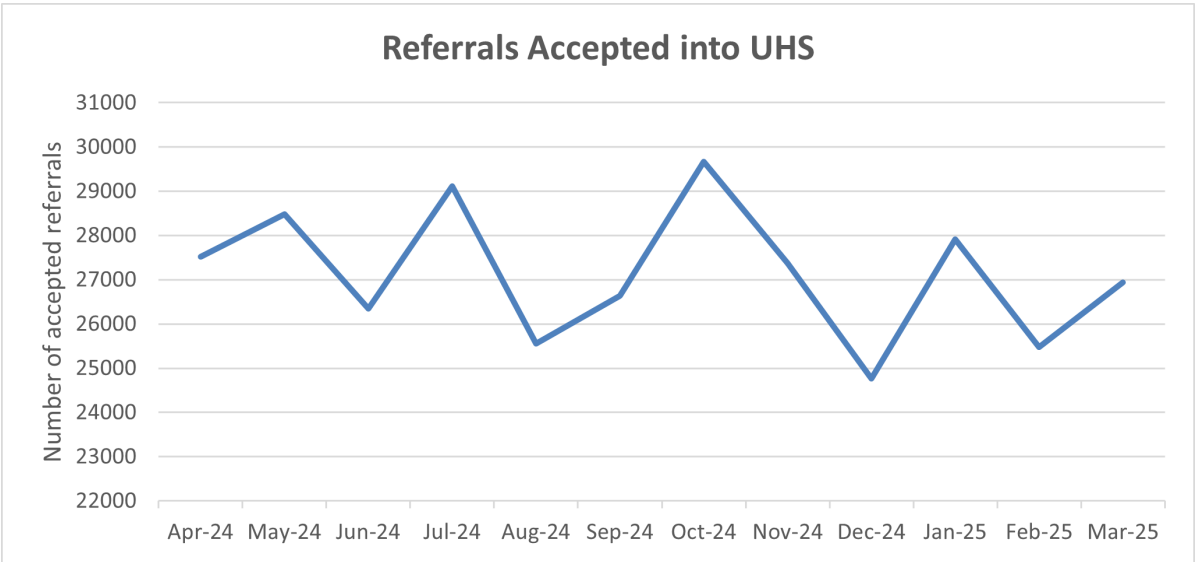


Ambulance handovers are an area of focus for NHS England, with a target of all handovers having to take place within 15 minutes and none waiting more than 30 minutes. The Trust continues to monitor ambulance handover performance via its monthly performance report.

Elective waiting times

Demand

The Trust experienced an increase in the number of referrals for elective treatment, a continuation of the trend since the end of the COVID-19 pandemic. In April 2024, the Trust accepted 27,521 (2024/25: 23,351) patients. This number peaked in October 2024 (29,669), and the Trust accepted an average of 27,148 patients each month.



Activity

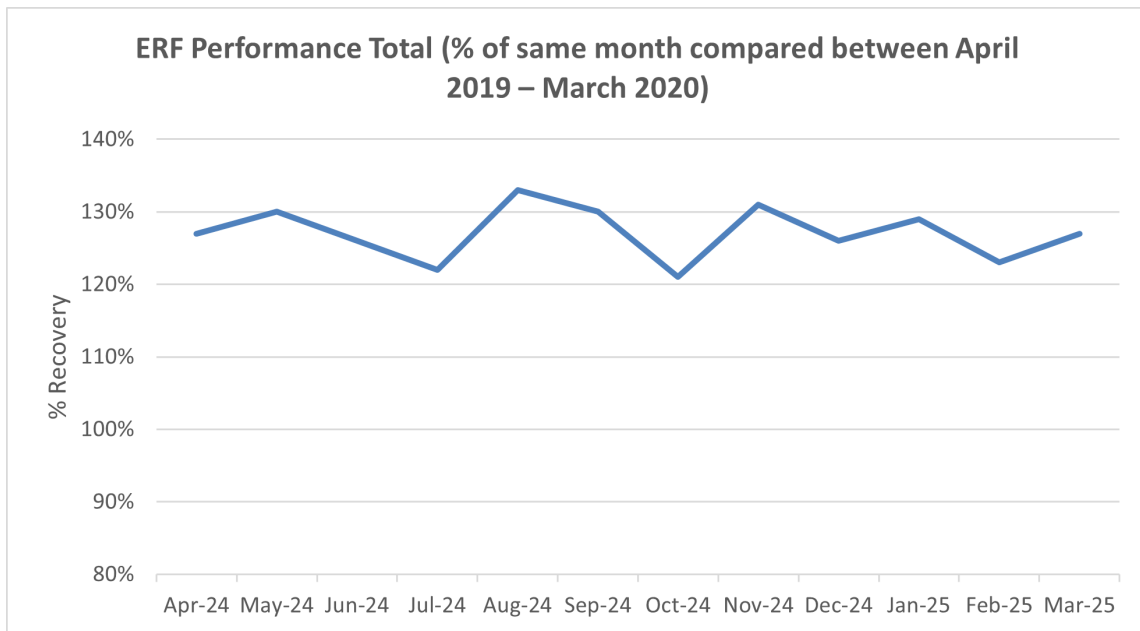
The Trust delivered an increase in the number of hospital appointments, diagnostic tests and elective admissions during the year.

The Trust was once again one of the top performing trusts in terms of its elective recovery programme, achieving an 127% increase in its elective activity during the year when compared to 2019/20.

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

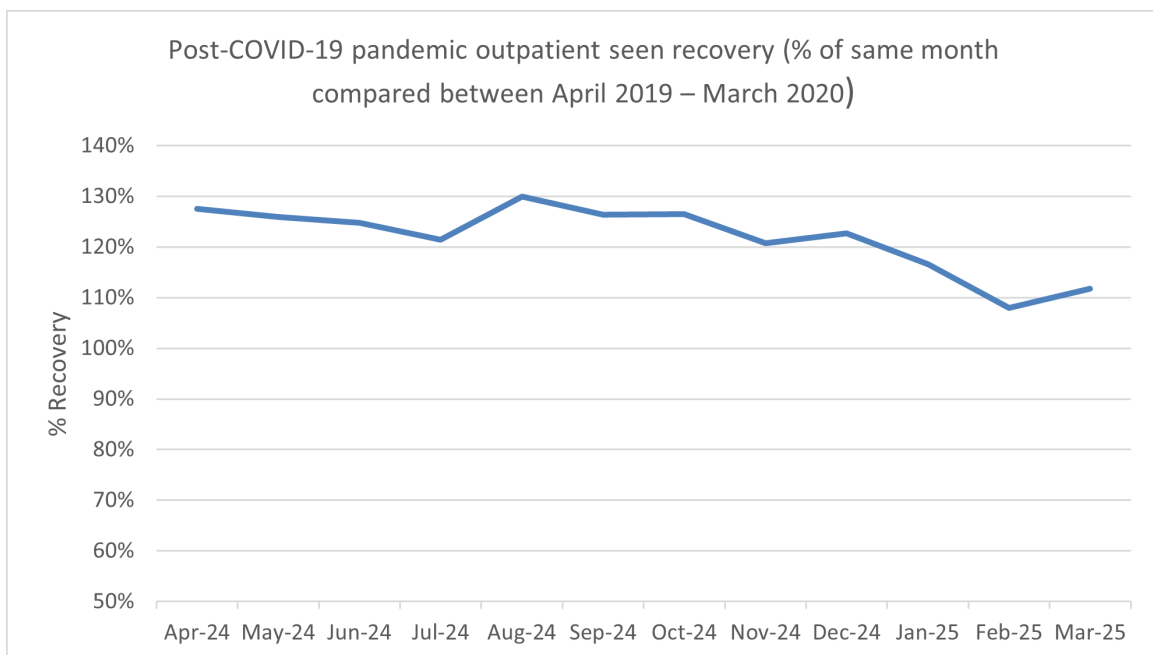
OVERVIEW AND PERFORMANCE

Elective admissions



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

Outpatient attendances

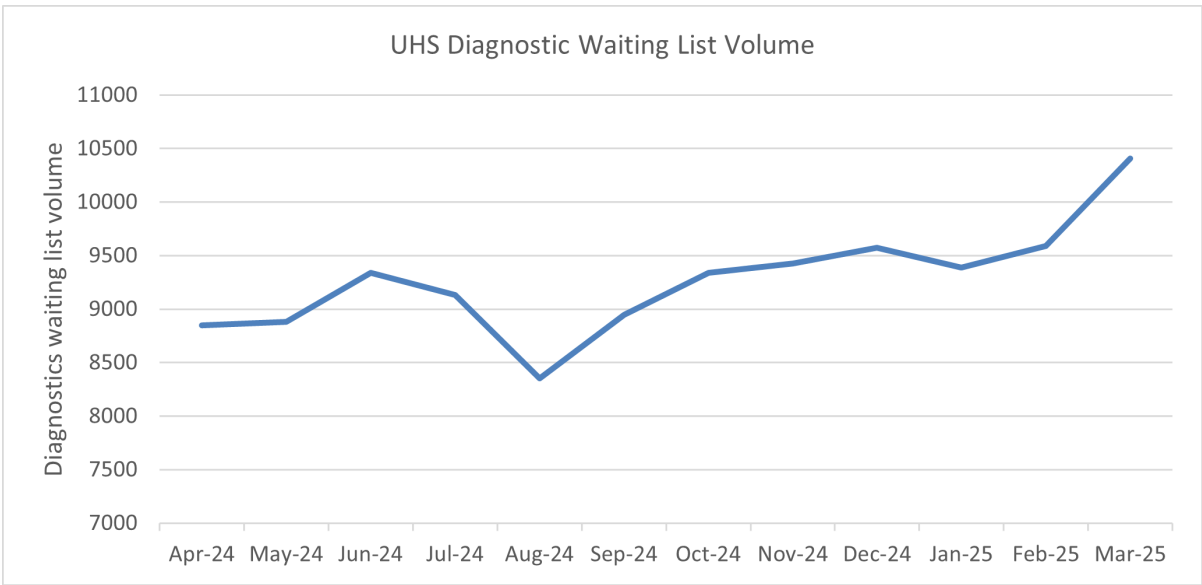


Diagnostics

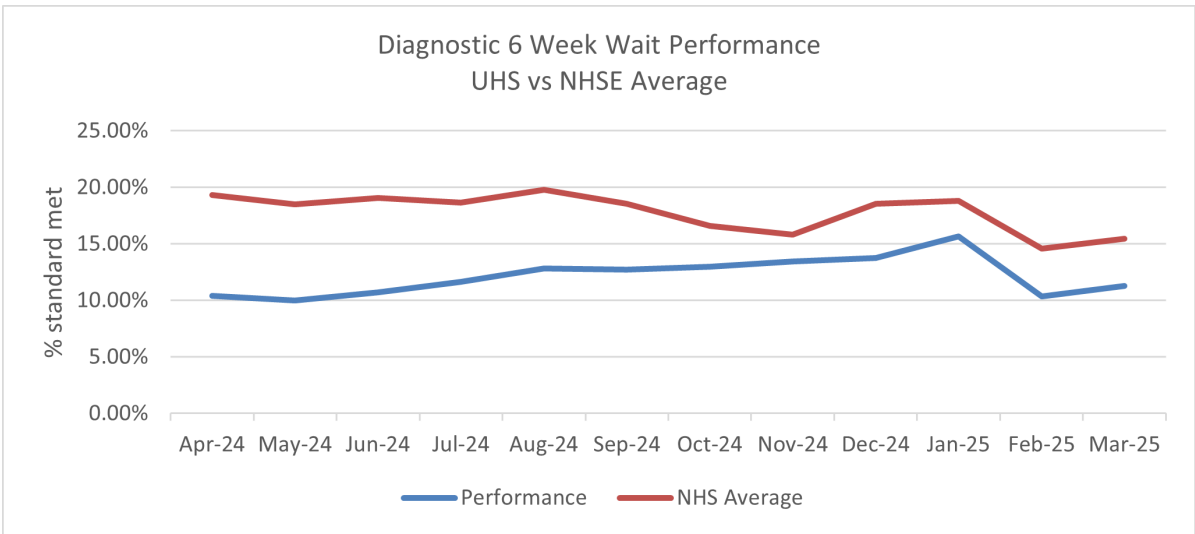
The Trust measures performance on a total of 15 frequently used diagnostic tests.

During the year an average of 12.14% of patients were waiting more than six weeks for a diagnostic test to be performed compared to the NHS England average of 17.81%. The size of the waiting list increased significantly between October 2024 and March 2025. The Board continues to monitor this through its monthly performance reports.

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



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



Referral to treatment

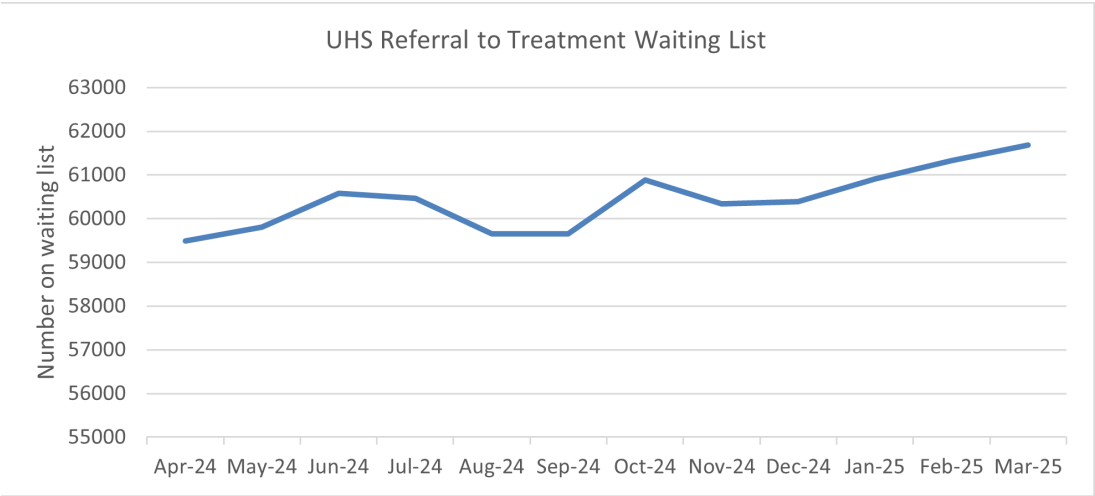
The number of patients being referred for treatment continued to increase during 2024/25, rising from 59,485 in April 2024 to 61,686 in March 2025.

The Trust achieved an average of 63% of patients being treated within 18 weeks of referral during 2024/25, which was above the NHS England average of 60.27%.

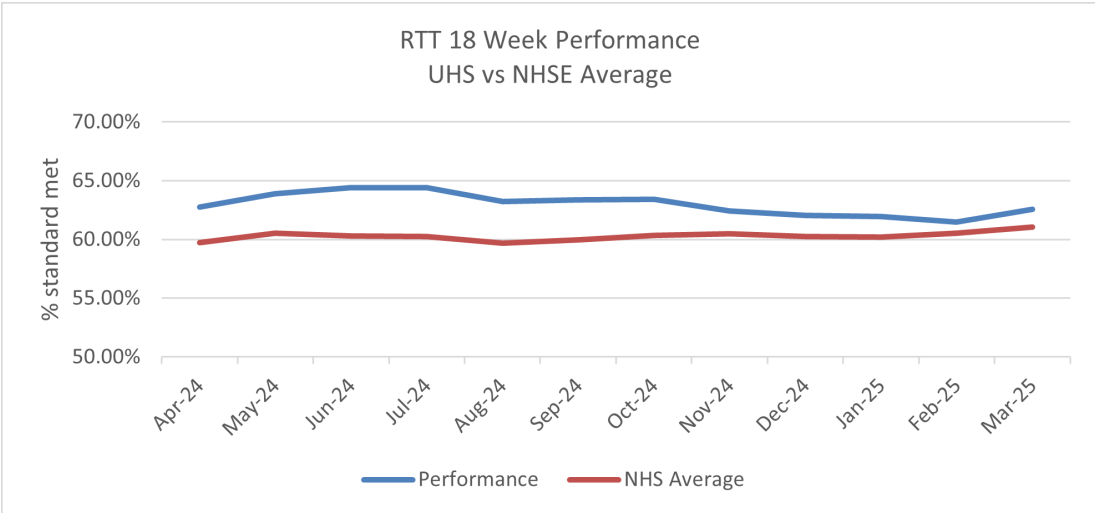
Long-waiting patients continued to be an area focus for the Trust with no reported two-year waits since November 2022.

The Trust reported just one patient waiting over 78 weeks in March 2025 due to the continued national shortage of corneal transplant tissue. Furthermore, the Trust reported only 21 patients waiting over 65 weeks in March 2025. These patients were a mixture of corneal transplant patients and patients who had been impacted by the need to prioritise urgent cancer patients or services managing emergency demand.

During the year, the Trust made good progress in reducing the number of patients waiting more than 52 weeks for treatment, seeing this number reduce from 1,816 in March 2024 to 1,147 by the end of March 2025.

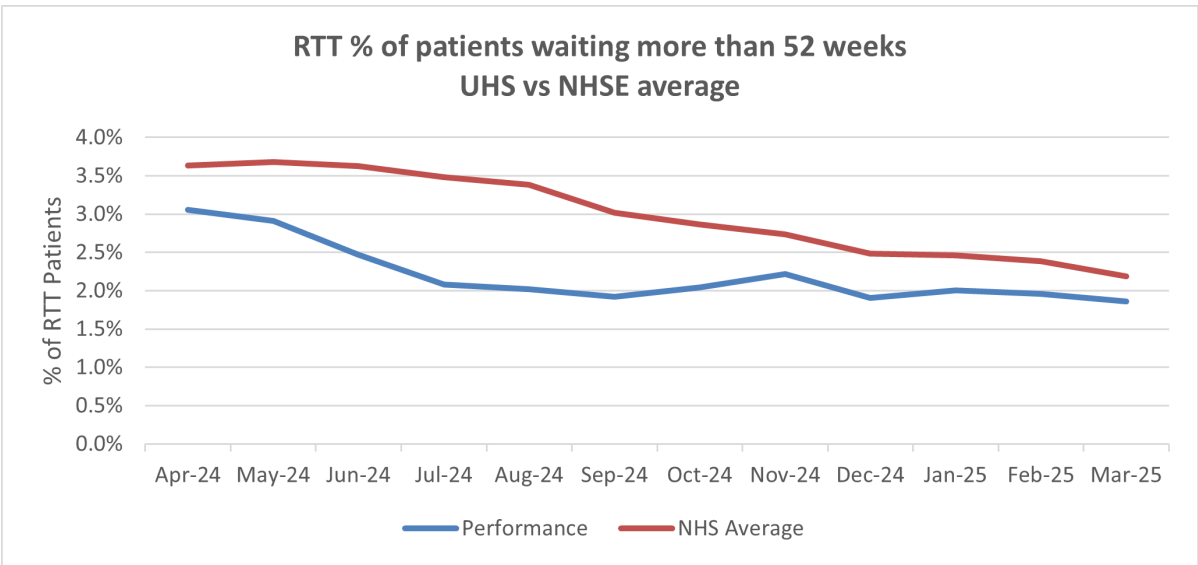
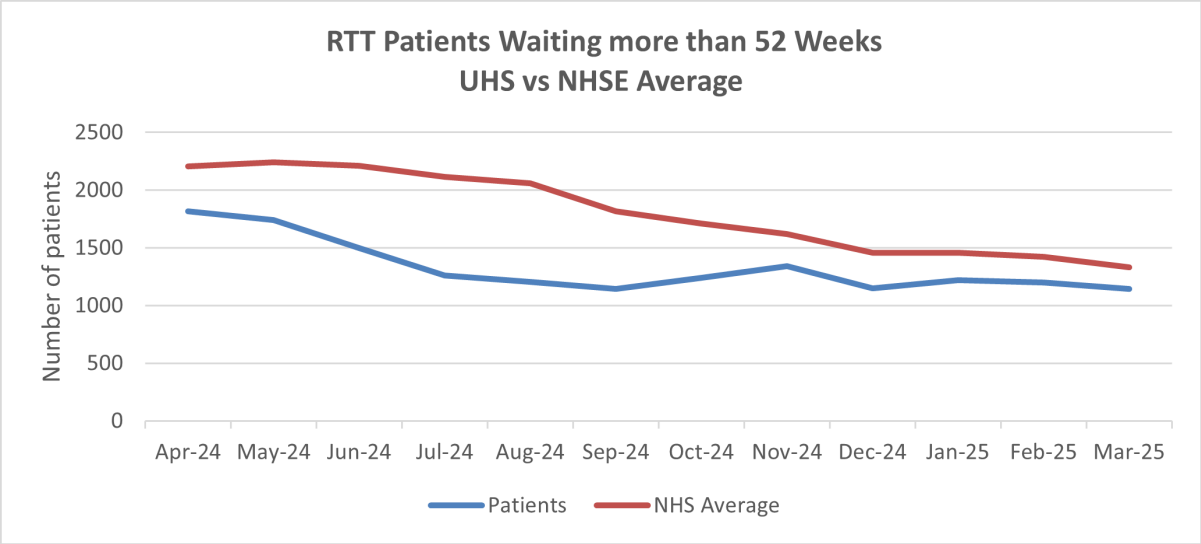


Percentage of patients waiting up to 18 weeks between referral and treatment



OVERVIEW AND PERFORMANCE

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



Cancer waiting times

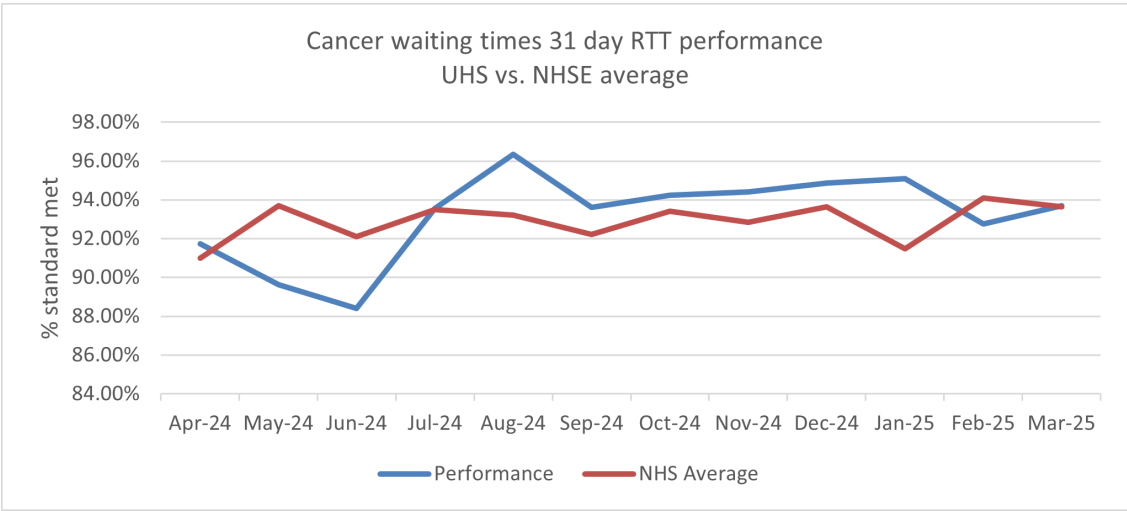
The Trust is one of 12 regional cancer centres in the UK offering treatment for rare and complex cancers as well as cancer in children and brain cancer. The Trust has historically been in the upper quartile, relative to teaching hospital peers.

The national target was for 96% of patients to commence treatment within 31 days of diagnosis. In March 2025, the Trust achieved 93.7% and performed in the range of 88%-96% throughout the year.

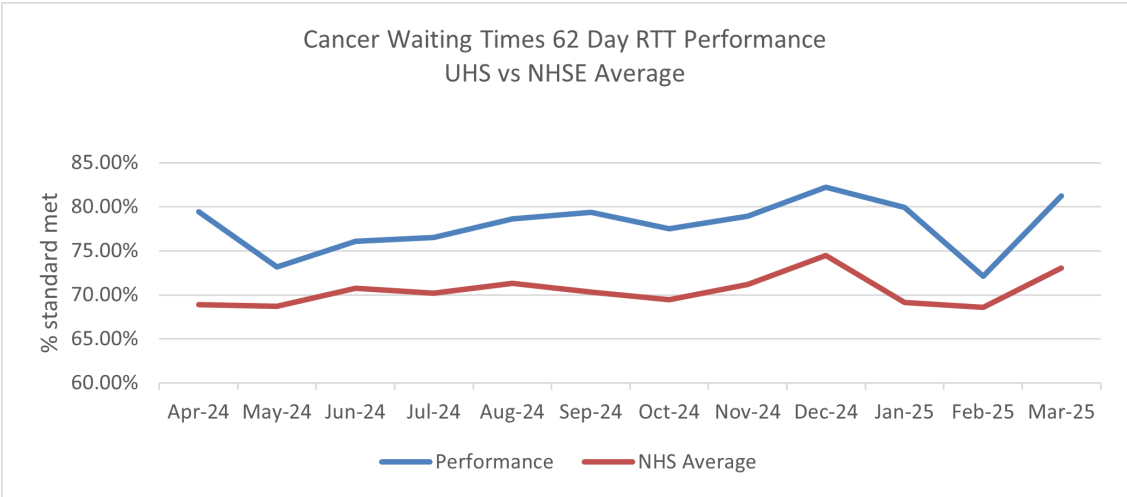
The Trust has continued to make progress against the target for treatment of cancer within 62 days of an urgent GP referral, improving performance from 79% in April 2024 to 81% in March 2025 (NHS England 2024/25 average: 70.5%).

The Trust maintained its strong performance against the 28-day faster diagnosis standard for cancer, achieving 83.5% at year end and throughout the year demonstrated performance that was consistently above the average performance for both equivalent teaching hospitals and for the South East.

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



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



Quality priorities

Priorities for improvement 2024/25

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 2024/25 can be found on pages 119 to 240.

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.

Out of the eight priorities set, the Trust achieved seven and one quality priority is on hold.

Quality Priority One	
Exploring the provision of a support centre for people using our services (year one)	Achieved
The Macmillan Centre was identified as a suitable location and work has started to repurpose the under-utilised Macmillan Centre into a generic non-disease specific 'Patient and Family Support Hub (P&FSH)'. It was agreed to end the current agreement with the Macmillan charity and to approach Southampton Hospitals Charity to support a refurbishment and further investment into the hub (for example funding carers' showers).	

Quality Priority Two	
Creating a behaviour framework behind our values, bringing them to life to improve our staff and patient experience	On Hold
Creating a behaviour framework behind the Trust's values to bring them to life in everyday work and interactions is still very much a priority. However, the work has been paused to ensure it aligns to the development of the new Trust strategy, as both these pieces of work need to be produced side-by-side. It is anticipated that the work on the behaviour framework will commence alongside the development of the overall Trust strategy and timelines for launch, and embedding will move to 2025/26.	

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Quality Priority Three	
Volunteering	Achieved
The Trust worked with its system partners to complete a successful bid through Volunteering for Health (VfH) and has plans to develop a unified and standardised approach of volunteer recruitment using a passporting system. The Trust's key relationship is with the Hampshire and Isle of Wight Voluntary Community and Social Enterprise (VCSE) sector and Health and Care Alliance (HIVCA) and it has allowed further exploration of a more system-wide approach, with a view to sharing resources, ideas, and opportunities both internally and outside the organisation on a regular basis. The Trust has worked with HIVCA and fostered a collaborative learning environment, aiming to streamline and standardise the volunteer 'on-boarding' processes over the coming year. Current 'on-boarding' and training processes have been built upon and enhanced care training for our volunteers to support their awareness of working alongside patients who have mental health issues, dementia, delirium, learning disabilities and autism is being developed. The Trust has begun to develop a new "ABC" approach to offering volunteering roles, codesigning new roles for volunteers, and providing a flexible 'responsive volunteering' process that can support the organisational pressures as they arise and dovetailing the offer from the experience of care teams.	

Quality Priority Four	
Acuity and deteriorating patients: continuing to improve how we keep patients safe from harm	Achieved
The critical care outreach team (CCOT) resumed its 24/7 service on 16 December 2024, with recruitment for the final vacancies completed in December 2024. An education task and finish group has been established, which has conducted a gap analysis with all education leads and reviewed both internal and external training resources. An acuity surveillance pilot was successful, and the CCOT is now formally implementing this initiative. Monthly acuity reports are generated at the Trust, division, care group, and ward levels, or through bespoke reporting. These reports incorporate various metrics, including National Early Warning Score 2 (NEWS2) and National Paediatric Early Warning Score (NPEWS) activations, Call 4 Concern activations, a 24-hour overview of NEWS2 activations, cardiac arrest calls, CCOT activations and reasons for referral, and unplanned admissions to the intensive care unit (ICU). The Trust is participating in the national Martha's Rule pilot programme, with Call 4 Concern implemented in March 2024 and all activations reported internally. A task and finish group has also been established to explore patient wellness questions.	

OVERVIEW AND PERFORMANCE

Quality Priority Five	
Fundamentals of Care (year one)	Achieved
The Fundamentals of Care project board has been established, and this group continues to meet every three months to provide an overall project view, share successes and opportunities for learning, discuss the workstreams continuing under the eight standards and to escalate challenges through a formal governance structure. A quality patient safety partner has been a member of the project board since inception. Each of the standards has a lead who oversees a multi-professional working group with clinical team representation. Matron involvement is driving the patient facing team involvement. There is a project manager in place who has worked with the transformation team to create a project plan in collaboration with workstream leads, a communications plan and drive forwards key initiatives including business intelligence and the development of a clinical quality dashboard so the impact of the Fundamentals of Care programme can be measured. As part of the patient hygiene working group, surveys have been undertaken in relation to experiences of patient hygiene care and the impact of the trial of patient hygiene packs. Existing surveys, PALS interactions, complaints, adverse event reports (AER), Friends and Family Test (FFT) are followed up and reviewed by senior managers accordingly to inform the programme workstreams. There is a strong presence of the Fundamentals of Care throughout staff education, including the health care support worker induction, and preceptorship for all staff groups.	

Quality Priority Six	
Improving Morbidity and Mortality (M&M) meetings	Achieved
The medical advisor for patient safety is leading efforts on Morbidity and Mortality (M&M) meetings. A comprehensive framework for M&M meetings at UHS has been developed, establishing expectations for a safe learning environment that is multiprofessional and multidisciplinary, with a systematic meeting structure and agenda focused on learning, governance integration, and patient-centred care. This framework is supported by a handbook, resources, and education for M&M leads. An M&M workshop was held as part of the WHO Patient Safety Day in September 2024, focusing on creating strong learning environments, maintaining patient centrality, and learning from palliative care. Additionally, a study day was held in January 2025. The study day was well received, and another is planned. Regular meetings are held with M&M leads and the medical patient safety advisor to provide support and identify areas needing assistance. An electronic M&M recording system was developed and trialled to capture and evidence outcomes, but it is no longer supported by the Trust, prompting the investigation of alternatives. A clear escalation process from M&M meetings to the existing governance structure has been established, with actions recorded. M&M meeting outcomes are now a standing agenda item in governance meetings.	

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Quality Priority Seven	
Develop the Trusts' approach to reducing the impact of health inequalities (year one)	Achieved
A health inequalities board has been convened, chaired by the Chief Medical Officer and attended by representatives from across the Trust, patient partners, public health teams from the local councils, and the population health team within the integrated care board. This board has set some initial objectives and has agreed five areas of focus, each with a dedicated sponsoring director and a detailed delivery plan. These areas of focus are: • Clinical priorities. • Data and measurement. • Enabling the organisation. • Communications and engagement. • Strategy and approach.	

Quality Priority Eight	
Develop a UHS quality management system approach (year one)	Achieved
The Trust Executive Committee (TEC) commissioned a quality report as a standing item to enable integrated organisational oversight of all aspects of quality for consideration alongside the financial, performance and people domains. A steering group led by the Chief Nursing Officer with representation from the deputy chief nurse portfolio, clinical effectiveness, corporate affairs, and transformation has been established to create this report, review the quality data requirements and the coordination of quality teams to produce it. A review of current quality board reporting and the care quality dashboard has been undertaken. Visits have been undertaken to draw upon learning from other hospitals' approach to quality management systems through a series of online webinars and resources shared through NHS IMPACT and through visits to other trusts. Opportunities have been identified to collaborate across the quality portfolio and work together on these objectives. The health inequalities board has representation from all the quality teams and various workstreams and subgroups are owned across the portfolio in a coordinated approach.	

More information can be found about how the Trust delivered and measured its quality priorities, including feedback from patients and staff and improvement aims and quality priorities for 2025/26, in the Trust's Quality Account for 2024/25.

Financial performance

The Trust delivered a deficit of £7m from a revenue position of over £1.5bn. During the year the Trust received £11.2m of revenue support from NHS England.

As in the previous year, the Trust started the year with an underlying deficit as a result of cost pressures such as demand for services above block contract levels, national pay awards being above funded levels, the high numbers of patients who no longer meet the criteria to reside in the hospital, and the high demand for patients with a primary mental health need.

In 2024/25, the Trust delivered a record savings level of £85.3m (6%) across a range of programmes – its highest ever level of cost improvement programme delivery. The Trust also improved its price weighted activity per whole-time equivalent member of staff by 3.7% in March 2025 compared to March 2024.

The Trust's total capital expenditure for 2024/25 was £96m, which included investment in expanding neonatal facilities, decarbonisation schemes, theatres, and a new aseptic pharmacy facility. A significant proportion of this investment was supported by external funding.

Trust cash and cash equivalents finished the year at £16.9m, a reduction of £66m from the previous year due to the Trust's underlying deficit described above. The Trust is continuing to monitor its cash position closely and has introduced additional controls to ensure robust treasury management.

Sustainability

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

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

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

The Trust intends to refresh and republish its Green Plan in 2025/26.

The Trust's activities to reduce its environmental impact include a number of initiatives:

- A new heat pump facility to cut 2,000 tonnes of CO₂e
- Increasing LED coverage, upgrading cladding and glazing

- A solar carport to reduce 47 tonnes of CO₂e
- Replacing air conditioning and air handling units
- Replacing diesel generators with hydrogenated vegetable oil
- Where appropriate, replacing packaging and reducing use of single-use plastic items

In 2022/23, the Trust was successful in bidding for £29.4m of funding through the Public Sector Decarbonisation Fund, which will be used to fund green initiatives as part of the Trust's capital programme. In 2025/26 the Trust was likewise successful in securing a further £19m for decarbonisation.

Social, community, anti-bribery and human rights issues

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

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

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

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

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

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

Events since the end of the financial year

There have been no 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 priority for the NHS. The Trust has been working on local plans to impact on health inequalities for its population. In 2024/25 these efforts were formalised with a governing board, chaired by the Chief Medical Officer and with a clear programme of priorities. This formed the basis of the quality priority in 2024/25, which has been continued into 2025/26.

Through its health inequalities work, the Trust aims to improve the equity of access, outcomes and experience of services across the community. To achieve this aim, the Trust has set the following objectives:

- The Trust will train its staff and provide tools to identify and reduce the impact of health inequalities for patients and for staff. Support and escalation will be provided as required.
- The Trust will learn from what is brought forward by teams and individuals, identifying where it needs to change as an organisation. It will continually self-assess, enabling continuous improvement.
- The Trust will develop a culture whereby everyone feels reducing inequalities is their responsibility. The Trust will build action against inequalities into its clinical and corporate strategies, its leadership responsibilities and its existing organisational structures to ensure that inequalities are recognised and reduced as part of how the Trust works.
- UHS will work with its local partners, patients, staff and communities to improve population health and reduce the impact of inequalities within its services and beyond.
- The Trust will learn from national recommendations and best practice and develop its understanding of the regional context in order to prioritise action where there is the greatest need, and UHS can deliver the greatest impact as an acute care provider.
- The Trust will improve the collection and reporting of health inequalities within access, experience and outcome data. This will enable UHS to measure improvement. This data will be used to enable action by clinical and operational teams.

Work to meet these objectives has begun with the following work programmes: enabling the organisation, data and measurement, clinical service priorities, communication and engagement, and strategy and approach. Each of these priorities have been assigned directors to oversee improvement and a detailed delivery plan.

OVERVIEW AND PERFORMANCE

A few examples of the many improvement projects Trust-wide are highlighted below:

HELIXR

Vulnerable patients with chronic liver disease are being supported with their care through the HELIXR programme at UHS. The innovative project aims to identify patients who are living with liver cirrhosis and either have a record of not attending vital appointments with the hepatology service or need support to ensure they do.

As of February 2025, 480 patients who would otherwise have missed appointments have been added to the programme. They are assisted by a team of peer support workers, known as 'Champions' who themselves have experience of some of the challenges patients might face, having lived with addiction or overcome other social issues. Already, more than 330 patients have reengaged with medical services at UHS and attended vital liver scans.

Cirrhosis is a type of liver disease caused when healthy liver tissue is replaced by scar tissue. Without treatment, the liver can stop working, eventually leading to liver failure or hepatocellular carcinoma, a type of liver cancer. Some of those most at risk of the disease and its fatal consequences suffer complex challenges in their lives, such as homelessness and addiction, while the most common causes are excessive alcohol consumption or long-term infection with the Hepatitis B or C virus.

HELIXR Champions work within the community to help patients reengage with their care, by either assisting with travel support and providing moral support at appointments, or by coordinating between other services such as addiction and social services. Many have lived experience of being from underserved populations, usually from a past of living with addiction or experiencing other social issues.

Health inequalities officer

The health inequalities officer was recruited in early 2025 to provide dedicated leadership and coordination for UHS's comprehensive health inequalities programme. This role is central to translating the organisation's strategic objectives into actionable initiatives across all service lines.

Key responsibilities include developing and producing a Trust-wide training programme for health inequalities, supporting quality improvement projects alongside clinicians who are keen to reduce inequalities in their area of specialism, diversifying the voices UHS hears from, and building community links. Furthermore, the role involves championing best practices derived from national recommendations and regional insights to inform and strengthen the Trust's approach.

This dedicated resource ensures that UHS's commitment to reducing health inequalities evolves from a strategic aim into a continuously embedded and integrated practice, fostering a culture where equity is a responsibility shared by all staff, and a fundamental component of quality care.

Tobacco dependency

Tobacco dependency is a significant priority for UHS due to its profound impact on public health, patient outcomes, and health inequalities.

Smoking remains the leading cause of preventable illness and premature deaths in Southampton. Approximately 14.2% of adult residents in Southampton smoke, with rates significantly higher in areas of deprivation and among people with severe mental illness, routine and manual occupations, and who are homeless. The burden of smoking on the NHS is substantial: approximately 8,631 hospital admissions and 4,275 deaths are caused by smoking each year in Hampshire. Smokers are 36% more likely to be admitted to hospital than non-smokers, have longer stays in hospital and poorer recovery from illnesses or surgery. At UHS, many patients are treated for conditions directly resulting from smoking addiction, underscoring the necessity of addressing tobacco dependency to improve health outcomes.

Reducing smoking rates among disadvantaged communities is crucial for tackling health inequalities. UHS recognises that supporting individuals to quit smoking is a vital step in creating a healthier environment and improving overall community health. In some of the most deprived areas of Southampton 25.3% of adults smoke, in comparison to fewer than 8% in the least deprived areas. This leads to higher rates of cancer, cardiovascular disease, respiratory illness, and premature death among these populations. Smoking accounts for around half of the difference in life expectancy between those from affluent or deprived communities. It is a major contributor to years of healthy life lost, meaning people in deprived areas live shorter and sicker lives.

With funding from the ICB, UHS has established an in-house smoking cessation service where all inpatients who smoke can be referred upon admission. The tobacco dependency team provides personalised support, including nicotine replacement therapy (NRT) and behavioural counselling, to assist patients in quitting smoking, with the option to continue their support when they are discharged from hospital. Within the maternity service, all smokers are booked to see a trained smoking cessation midwife and support is offered from their first contact with the service right through to their discharge from maternity care. Pregnant patients will soon be able to access both vaping products and a voucher incentive scheme to support in their quit attempt. In addition to the support offered to patients, the LiveWell programme through occupational health offers support to UHS staff members aiming to stop smoking.

In alignment with national public health initiatives, UHS pledged to become a smoke-free site in 2024. This commitment involved implementing measures to ensure that patients, staff, and visitors do not smoke on UHS premises and are supported in leading smoke-free lives. With support and funding from Hampshire County Council, UHS will appoint a smokefree site lead to continue this vital work, ensuring the commitment to a smokefree environment.

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

OVERVIEW AND PERFORMANCE

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

Notes:

* Denotes in progress

1 The Trust does not provide this service.

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

Data usage and quality

Across 2024/25, a programme of work was completed to ensure health inequality datasets and insights are made readily available within existing UHS Power BI dashboards. This included dashboards covering emergency department attendances, waiting list performance, outpatient attendances and patients who are in hospital but no longer meet the criteria to reside. The key purpose was to raise awareness of the data, ensure it is part of the conversation when reviewing performance of services and also to highlight any data quality issues that need addressing either within the Trust or across the local health service.

Alongside internal data developments, the Trust works closely with Hampshire and Isle of Wight ICB to support its development of a health inequalities dashboard for the region.

One key area that has been recognised, both nationally and within the local area, is the accuracy and completeness of recorded ethnicity data. Approximately eight per cent of emergency admissions lacked specified ethnicity information, which makes it difficult to draw firm conclusions about genuine health inequalities versus limitations in data quality. Improving the quality of ethnicity data collection is therefore a key focus.

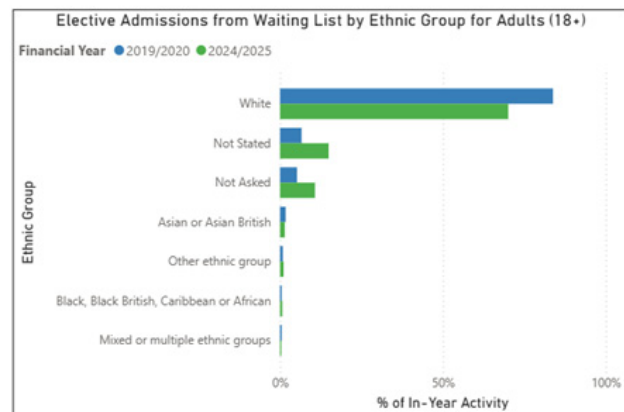
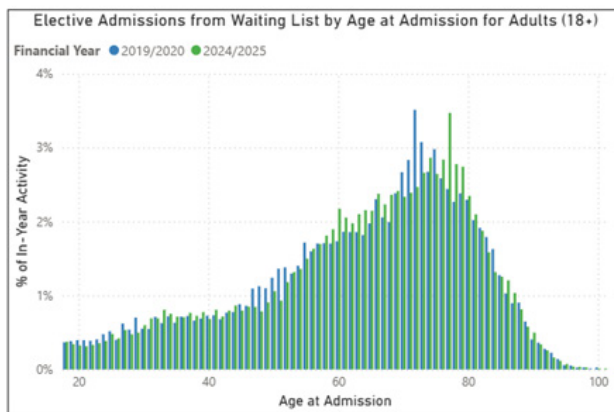
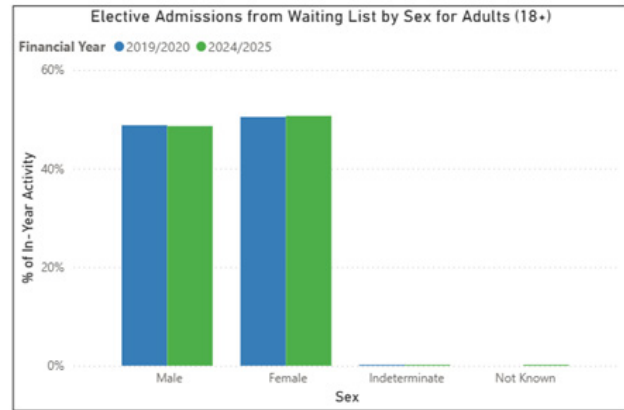
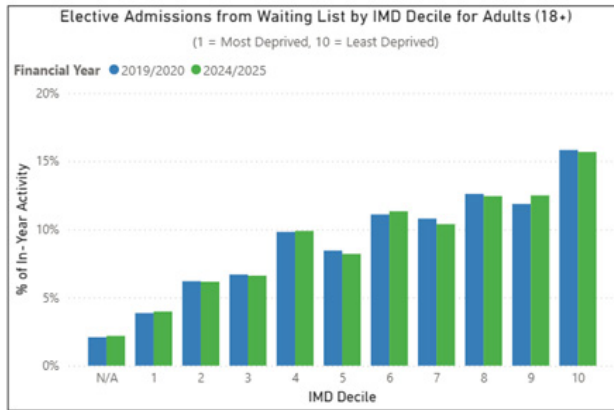
Elective recovery

Pre- and post-pandemic comparisons illustrate that there has been minimal change in sex for elective admissions within adults, but a marginal increase in male admissions compared to females for under 18s. When reviewing deprivation, the distribution across IMD scores across both periods reflects that the largest cohort of elective admissions reside in IMD 10 (least deprived) and the smallest within IMD 1 (most deprived).

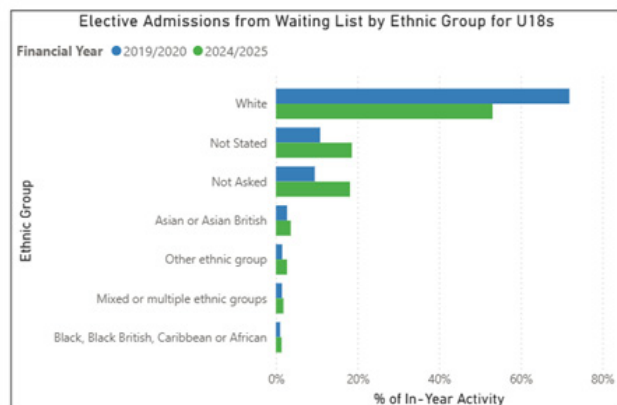
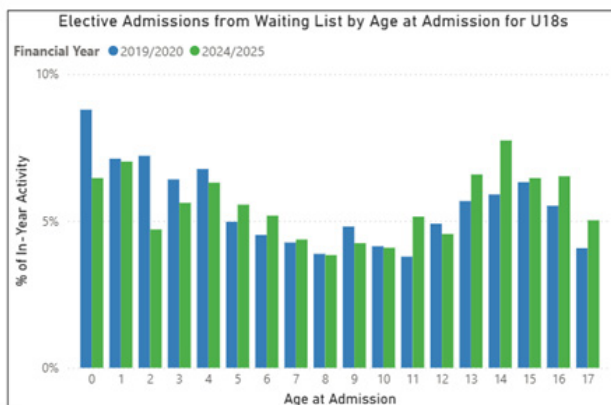
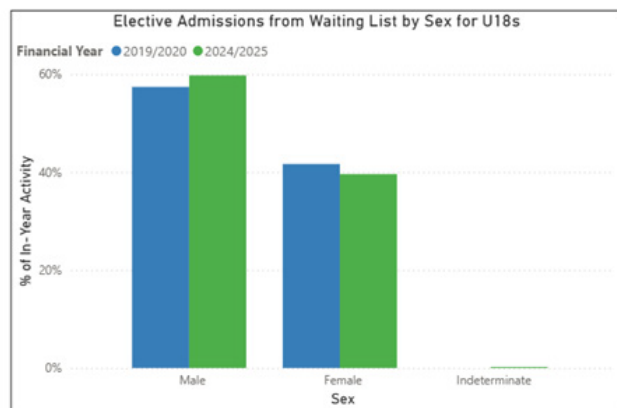
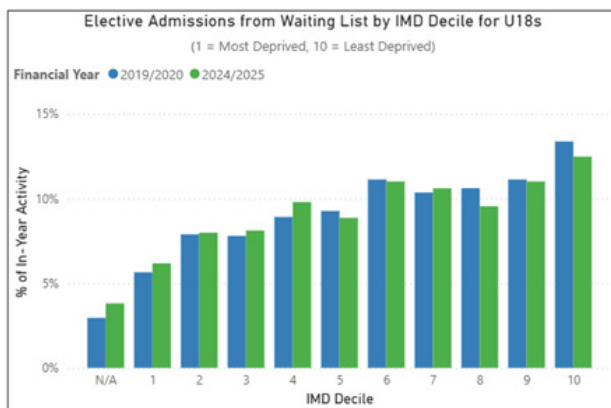
Charts for elective admissions for under 18s illustrate a percentage reduction in patients recorded with White ethnicity but also an increase in the volume of patients whose ethnicity is either Not Asked or Not Stated reflecting the need to improve data collection and better understand barriers to capturing this information appropriately.

OVERVIEW AND PERFORMANCE

Pre and Post Pandemic Elective Admissions from the Waiting List by Health Inequality Factors for Over 18s
Percentage Distribution of Activity within each Financial Year



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

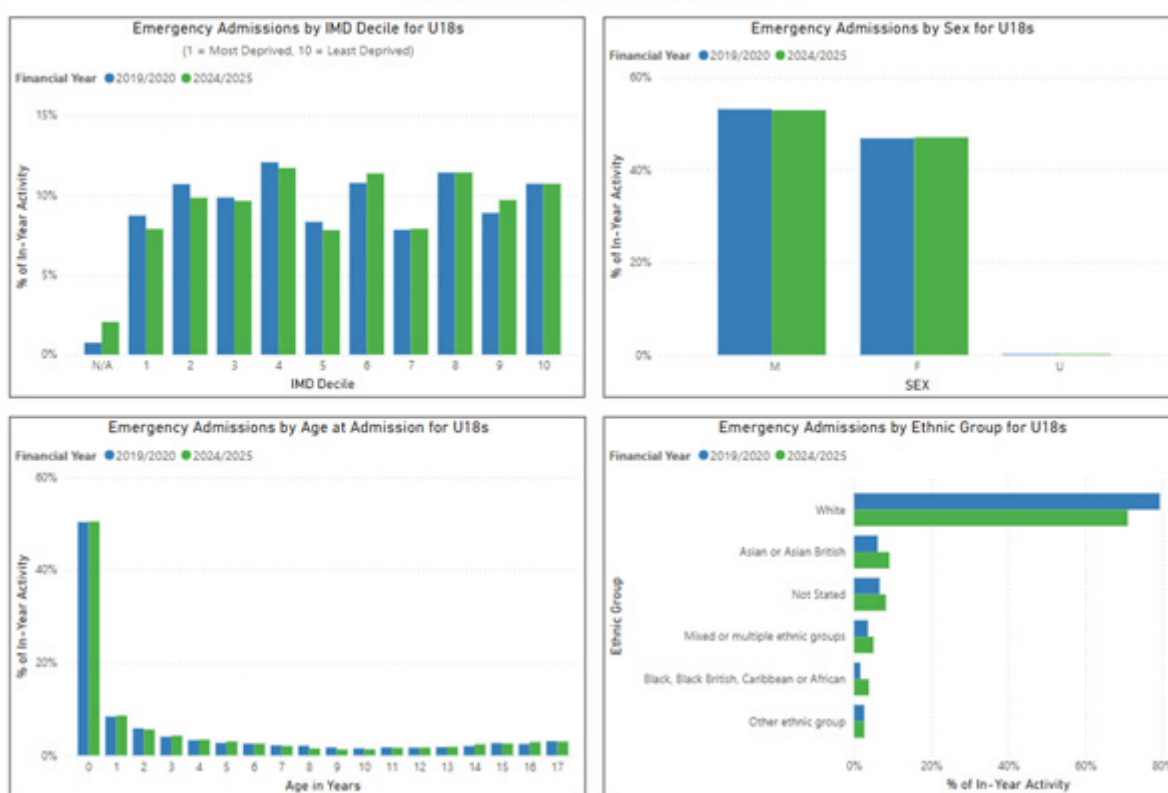


OVERVIEW AND PERFORMANCE

Emergency admissions

The distribution of emergency admissions by deprivation score is more volatile than elective admissions although there is no indication of a change between pre- and post-pandemic periods. 49.6% of patients admitted non electively were from areas with IMD scores 5-10 in 2019/20 compared to 51.0% in 2024/25. The ethnicity reporting indicates a reduction in the percentage of patients categorised as White during the comparative periods, from 79.3% in 2019/20 compared to 71.0% in 2024/25. The contrary increase is spread across patients recorded as Asian, Asian British, Black, Black British, Caribbean or African. The data indicates that the distribution of patients between sexes has not changed.

Pre and Post Pandemic Emergency Admissions by Health Inequality Factors for Under 18s
Percentage Distribution of Activity within each Financial Year



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

17 July 2025

ACCOUNTABILITY REPORT



Accountability report

Directors' report

The Board

At 31 March 2025, the Board was made up of a non-executive Chair, seven independent non-executive directors and six executive directors.

On 28 February 2025, the Trust's chief operating officer, Joe Teape, left the Trust in order to take up the role of Chief Executive Officer at Torbay and South Devon NHS Foundation Trust. The Trust successfully concluded its recruitment of a replacement Chief Operating Officer in March 2025. The competitive recruitment process was led by the Remuneration and Appointment Committee with support from an external recruitment consultancy, and included presentations to stakeholder panels, meetings with executive and non-executive directors and formal interviews. More detail can be found in the remuneration report.

It was agreed that Duncan Linning-Karp, the Deputy Chief Operating Officer, would be appointed as an interim chief operating officer following the departure of Joe Teape, and would, during the period prior to the appointment of a permanent chief operating officer, be one of the executive directors of the Trust.

As mentioned in the Trust's 2023/24 annual report, the Trust undertook a successful recruitment process for two independent non-executive directors during 2024, based on the outputs of a skills/experience assessment of the existing Board. This competitive process was agreed with the Governors' Nomination Committee and Council of Governors, and included stakeholder sessions, and a panel interview at which the members of the Governors' Nomination Committee were in the majority. Following approval by the Council of Governors and completion of the required fit and proper person tests, Alison Tattersall was appointed as an independent non-executive director on 1 June 2024 and David Liverseidge was appointed as an independent non-executive director on 1 January 2025.

Jenni Douglas-Todd was appointed as Chair on 6 July 2022. Details of Jenni's experience can be found within this Accountability Report. In accordance with paragraph B.2.5 of the Code of Governance for NHS Provider Trusts, Jenni was considered to be independent on appointment. As of 1 April 2025, Jenni was appointed as chair of Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust. Whilst this will need to be managed in terms of potential conflicts of interest, this appointment does provide an opportunity for the Trust to work more closely with one of the other providers within the system and explore opportunities for collaboration across services. On 25 June 2025, the Trust's Council of Governors agreed to extend Jenni's appointment as Chair for a second three-year term, commencing on 6 July 2025.

Professor Diana Eccles was appointed as a non-executive director on 1 January 2023, having been nominated by the University of Southampton to serve as the director with responsibility of acting as university liaison. Although Diana was nominated by the University of Southampton, she is nonetheless considered to be independent in terms of her acts and judgement when carrying out the role of a non-executive director. In addition, the University of Southampton is one of the Trust's

closest partners. In the event that any conflict arose between her interests as Dean of Medicine at the University of Southampton and those of the Trust, this would be managed appropriately such as by means of recusing herself from the discussion/decision.

Paragraph B.2.7 of the Code of Governance for NHS Provider Trusts provides that at least half the Board of directors, excluding the chair, should comprise non-executive directors determined by the board to be independent. As explained in the Trust's 2023/24 Annual Report, the Trust had only five independent non-executive directors between 1 April 2024 and 31 May 2024 whilst it recruited for two further individuals. Due to the need to delay the appointment of David Liverseidge until he had retired from his position at Ramsay Healthcare, between 1 June 2024 and 31 December 2024, there were only six independent non-executive directors on the Board. Following David's appointment on 1 January 2025, the number of independent non-executive directors increased to above half of the total number of directors.

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

The Board has given careful consideration to the range of skills and experience it requires to run the Trust. Together, the members of the Board bring a wide range of skills and experience to the Trust, such that the Board achieves balance and completeness at the highest level. During the year, the Board refreshed its skills matrix ahead of the need to recruit 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 has served as deputy chair since 20 October 2022.

ACCOUNTABILITY REPORT

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 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.
Dave Bennett Non-executive director Trust roles: • Member of Audit and Risk Committee • Chair of Finance and Investment Committee (until 23 June 2025) • Member of Quality Committee • Member of Remuneration and Appointment Committee • Chair of Trust's organ donation committee • Lead non-executive director – Security Management and Health and Safety	Dave graduated in chemistry from the University of Southampton before entering management consulting, becoming a partner in Accenture's strategy practice. In 2003 he joined Exel Logistics (later acquired by DHL), managing the company's healthcare business across Europe, the Middle East and Africa. During this time, he established NHS Supply Chain, a UK organisation responsible for procuring and distributing medical consumables and capital equipment for NHS in England. Dave joined the board of Cable & Wireless as sales director in 2008. He later established his own strategy consulting practice serving the healthcare sector, completing numerous projects in the UK and the US. Dave has also served as a non-executive director at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust where he chaired the trust's healthcare assurance committee. Dave is an associate non-executive on the Shropshire, Telford and Wrekin Integrated Care Board and was formerly a non-executive director of the Faculty of Medical Leadership and Management (FMLM) and a director of FMLM Applied Ltd. He is also the chair of the YMCA Fairthorne Group. Dave is also a director of Wessex NHS Procurement Limited and chair of the International Development Centre.

Non-executive directors	
Diana Eccles Non-executive director Trust roles: • Member of Remuneration and Appointment Committee • Member of Quality Committee • Member of Finance and Investment Committee • University liaison lead • Lead non-executive director – Freedom to Speak Up	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).
Keith Evans Deputy chair and non-executive director Trust roles: • Deputy Chair of the Board • Chair of Audit and Risk Committee • Member of Finance and Investment Committee	Keith graduated in economics from Cambridge. In 1975 he joined one of the forerunner firms which now comprise PwC, qualifying as a chartered accountant in 1978. At PwC he undertook a number of roles in audit, consultancy and corporate finance. He was a partner for over 25 years including being the senior partner for many years at the firm's Southampton office. Since retirement Keith has taken on several non-executive and director roles. He is a director of Evans 7 Limited, a director of Markpro Limited, the deputy chair and non-executive director of Trakm8 plc, a director of Caswell Bay Court Management Company Limited and Caswell Bay Court Company Limited and a director of Balliol College Developments Limited.

Non-executive directors	
• Member of People and Organisational Development Committee • Member of Remuneration and Appointment Committee • Lead non-executive director – Digital	He has also been the expert witness on several major fraud cases.
Jane Harwood Senior independent director and non-executive director Trust roles: • Senior independent director • 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	Jane is a University of Southampton graduate, having completed her BSc in biology before moving to London to complete her MSc in applied hydrobiology. Having completed two years of her PhD she moved out of academia to start working as an internal consultant for the Metropolitan Police. Her career has spanned over 30 years working in senior strategic, corporate, and business planning roles, predominantly in the world of policing and local government. Having left the Mayor's Office for Policing and Crime in 2012, Jane set up her own consultancy business and worked for a number of public and private sector organisations before returning to Surrey Police as part of the chief officer team responsible for HR, finance and IT. As the collaboration programme across Surrey and Sussex police accelerated, she took on the lead for people services across the two forces and was an active member of the police CIPD forum. She spent the last two years before retirement leading an IT and change programme across Surrey, Sussex and Thames Valley Police. Jane is chair of the national charity StreetDoctors and recently stood down from 11 years' service as vice-chair of the national charity Missing People. She is also a trustee for the Wooden Spoon charity.
Tim Peachey Non-executive director Trust roles: • Chair of Quality Committee • Member of Audit and Risk Committee • Maternity Safety Champion	Tim qualified as a doctor from King's College Hospital School of Medicine in 1983. For nearly 20 years, he worked as a consultant anaesthetist at the Royal Free Hospital in London, specialising in pancreatic cancer surgery, liver surgery and liver transplantation. He also developed an interest in medical leadership and management and has held positions such as clinical director, divisional director and medical director at the Royal Free. In 2012, Tim moved into full-time management as chief executive of Barnet and Chase Farm Hospitals NHS Trust until its acquisition by the Royal Free London NHS Foundation Trust. He then worked as the London associate medical director at the NHS Trust Development Authority before moving to Barts Health NHS Trust as improvement director and subsequently became deputy chief executive.

Non-executive directors	
	In addition to his role at University Hospital Southampton, Tim is also a non-executive director on the boards of Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Foundation Trust. He is a practising mediator specialising in the healthcare sector. He also consults for companies in the medical information technology industry. Tim is a director of TP-Medcon Ltd.
Alison Tattersall Non-executive director Trust roles: • 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. In addition to her financial services experience, Alison is a trustee of The People's Dispensary for Sick Animals (PDSA), a charity with 48 veterinary hospitals across the UK providing care for sick and injured pets, and support for their owners. Alison brings strong marketing, not for profit, digital transformation and customer experience to UHS. Joining the Board in 2024, she is committed to delivering for patients, their families and the communities we serve.
David Liverseidge Non-executive director Trust roles: • Member of Remuneration and Appointment Committee • Chair of Finance and Investment Committee (from 23 June 2025)	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. Over the past nine years he has held executive level 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.

ACCOUNTABILITY REPORT

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.
Gail Byrne Chief Nursing Officer	Gail joined the Trust in 2010 as deputy director of nursing and head of patient safety. Prior to this, she worked at the Strategic Health Authority as head of patient safety, and director of clinical services at Portsmouth Hospital. Gail is professionally responsible for nursing, midwives, allied health professionals, and healthcare scientists. Her portfolio responsibilities include patient safety, patient experience, health and safety, infection control, integrated governance and quality improvement which embodies the Trust's value of Always Improving. Gail is passionate about care, kindness and the staff who work together to deliver this. She also strongly believes in investing in leadership development that has a direct impact on patient safety, patient experience, and patient outcomes.
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.

ACCOUNTABILITY REPORT

Executive directors	
	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.
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.

ACCOUNTABILITY REPORT

Executive directors	
	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.
Duncan Linning-Karp Interim Chief Operating Officer	Duncan has worked at UHS since 2009, holding a variety of roles including managing the Children's Hospital and divisional director for medicine. His substantive job is Deputy Chief Operating Officer, and he has been covering as Chief Operating Officer since March 2025. He read politics and statistics at the University of Southampton, followed by a master's degree in international relations. His responsibilities include managing the four clinical divisions, as well as the digital and business intelligence teams.

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 (except August) 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.

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	10 (10)
Dave Bennett Non-executive director	9 (10)
Gail Byrne Chief Nursing Officer	9 (10)
Diana Eccles Non-executive director	8 (10)
Keith Evans Non-executive director Deputy Chair	10 (10)
David French Chief Executive Officer	10 (10)
Paul Grundy Chief Medical Officer	10 (10)
Steve Harris Chief People Officer	10 (10)
Jane Harwood Non-executive director Senior independent director	10 (10)
Ian Howard Chief Financial Officer	10 (10)
Duncan Linning-Karp Interim Chief Operating Officer (from 1 March 2025)	2 (2)
David Liverseidge Non-executive director (from 1 January 2025)	3 (3)
Tim Peachey Non-executive director	10 (10)

Name	Meetings attended
Alison Tattersall Non-executive director (from 1 June 2024)	7 (9)
Joe Teape Chief Operating Officer (until 28 February 2025)	7 (8)

Note: The Board held seven formally scheduled and three short-notice/ad hoc meetings during 2024/25.

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	6 (6)
Dave Bennett	5 (6)
Tim Peachey	6 (6)

Please see the Audit and Risk Committee report on pages 56 to 58.

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	11 (12)
Diana Eccles	11 (12)
Keith Evans	11 (12)
David French	10 (12)
Ian Howard	11 (12)
Duncan Linning-Karp (from 1 March 2025)	1 (1)
Joe Teape (until 28 February 2025)	10 (11)

As Dave Bennett is due to come to the end of his second three-year term on 14 July 2025, David Liversedge was appointed as chair of the Finance and Investment Committee from 23 June 2025 to ensure a smooth transition.

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	9 (10)
Alison Tattersall (from 9 September 2024)	5 (6)
David French	9 (10)
Paul Grundy	6 (10)
Gail Byrne	7 (10)
Steve Harris	10 (10)

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	6 (8)
Jane Harwood	8 (8)
Diana Eccles	8 (8)
Gail Byrne	8 (8)
Paul Grundy	8 (8)
Duncan Linning-Karp (from 1 March 2025)	1 (1)
Joe Teape (until 28 February 2025)	5 (7)

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	4 (4)
Dave Bennett	3 (4)
Diana Eccles	3 (4)
Keith Evans	4 (4)
Jane Harwood	4 (4)
David Liverseidge (from 1 January 2025)	1 (1)
Tim Peachey	3 (4)
Alison Tattersall (from 1 June 2024)	2 (4)

Please see the remuneration report on pages 69 to 81.

Board evaluation

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

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

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

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

During 2024/25 as a continuation of its externally facilitated board development programme, the Board held a workshop, which focused on system and collaborative working, including consideration of the experiences of other trusts and any lessons to be learned.

Following on from the work undertaken in 2023/24, the Board continued to implement changes and improvements to the format of Board and committee meetings, Board papers, committee reports and related matters.

Audit and Risk Committee

Constitution of the Committee and relationship with the Board

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

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

Composition and meetings

The committee is comprised of three independent non-executive directors as members. Throughout the year, the committee was chaired by Keith Evans. Details of the membership of the committee can be found on page 53.

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

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

Significant issues considered by the committee

Major topics considered by the committee during the year included:

- review of the sustainability of the Trust's financial position and consideration of the guidance from NHS England in respect of the going concern assessment;
- review of the annual report and accounts, including an assessment of whether it is fair, balanced and understandable;
- review of the Trust's treasury management policy and monitoring the Trust's cash position;
- losses and special payments and in particular the controls to minimise the risk of over-payment of staff;
- the outputs and recommendations of investigations by the Trust's local counter-fraud team;
- review of the Trust's approach to risk management, including the board assurance framework, the risk management strategy and policy and operational risk management processes;
- information governance compliance, including the Trust's submission of the Data Security and Protection Toolkit and compliance with requirements in the UK General Data Protection Regulation, the Data Protection Act 2018 and Freedom of Information Act 2000;
- the application of accounting policies (such as income recognition, major and transactions, new areas of activity, finance leases and significant areas of estimation or judgement including valuation of land and buildings and receivables); and
- 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, KPMG LLP, which reported to the Audit and Risk Committee. The internal auditors, working with executive management at the Trust and the Audit and Risk Committee, develop an audit plan each year based on the Trust's vision, mission and strategy and an internal audit risk assessment of the Trust. This forms part of a strategic five-year plan for internal audit. Depending on changes in the risk profile of certain areas and emerging risks, all areas of the Trust should be covered during the internal audit cycle of five years.

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

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

During 2024/25, a competitive tender was held for the position of internal auditor, following which it was agreed to appoint BDO LLP to provide third-party internal audit services commencing in 2025/26.

External auditor

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

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

The statutory audit fee for 2024/25 was £468,000, for UHS Pharmacy Limited it was £16,000 and for UHS Estates Limited it was £50,000. All amounts are excluding VAT. These sums are not material to any of these entities. Before considering taking on such work, the external auditor assessed whether or not there was any potential conflict of interest. Similarly, in its review of the external auditor, the committee assesses whether there is a potential conflict of interest in terms of non-audit work.

Well-led framework

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

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

The Board participates in a board development programme. Please refer to page 56 for details.

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

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

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

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

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

- The Trust had a vision to deliver excellence and value in patient care, teaching and research within a culture of compassion and integrity.
- The Trust's strategy, vision and values underpinned a culture which was patient-centred. Local managers across the service promoted a positive culture that supported and valued staff.
- Managers in the Trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

- The services collected, analysed, managed, and used information well to support all of their activities, using secure electronic systems with security safeguards.
- The services were committed to improving services promoting training, research, and innovation.
- The priorities of different health professions were considered and discussed at governance meetings. Nursing and medical priorities were aligned, and professional standards were upheld and promoted by the leadership team. Clinical effectiveness, safety, patient experience, quality, performance and financial sustainability were all considered equally.

Areas of outstanding practice across the Trust included:

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

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

Council of Governors

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

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

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

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

ACCOUNTABILITY REPORT

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 of these areas.

In 2024/25 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 2024/25 there were a number of changes to the Council of Governors:

Constituency	Change
Hampshire County Council	The appointed governor stood down as a governor in October 2024 and a new governor was appointed, also in October 2024.
Health professional and health scientist staff	The governor for this staff group stood down as a governor on leaving their employment at the Trust in June 2024. A new governor was elected for their first term in October 2024.
Rest of England and Wales	Both governors for this constituency reached the end of their first term of office in September 2024. One was re-elected for a second term and the other decided not to stand for a second term, therefore a new governor was elected for their first term in October 2024.
Southampton City Council	Following elections to Southampton City Council in May 2024, the appointed governor stood down and a new governor was appointed in July 2024.
University of Southampton	The appointed governor stood down in October 2024 due to leaving their employment with the University. A new governor was appointed, also in October 2024.
Solent University	The appointed governor stood down in November 2024 due to leaving their employment with the University. A new governor was appointed in December 2024.
Hampshire and Isle of Wight Integrated Care Board (ICB)	The appointed governor stood down in November 2024 due to leaving their employment at the ICB. Discussions are taking place regarding a replacement.

Governor elections commenced in June 2024 for one public constituency (two seats) and one staff group (one seat). Two newly elected governors took office from 1 October 2024, and one was re-elected.

The term of office for nine elected public governors and two staff governors will end in September 2025, eight of whom are in their first term of office. Elections for eleven vacancies on the Council of Governors will take place in 2025.

Council of Governors' meetings

The Council of Governors normally meets every quarter in public. However, between April 2024 and March 2025 there were six meetings, two of which were extraordinary. Each governor has declared their interests at public meetings of the Council of Governors.

The table 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.

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Governor	Constituency	Elected/ Appointed	Term of office	Meeting attendance
Theresa Airiemiokhale	Elected, Southampton City	October 2022	3 years	2 (4)
Shirley Anderson	Elected, New Forest, Eastleigh and Test Valley	October 2023	3 years	4 (4)
Katherine Barbour (until 29 May 2025)	Elected, Southampton City	October 2022	3 years	4 (4)
Professor Cathy Barnes (from 30 November 2024)	Appointed, Solent University	November 2024	3 years	0 (1)
Patricia Crates	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	3 (4)
Helen Eggleton (until 30 November 2024)	Appointed, Hampshire and Isle of Wight Integrated Care Board	July 2022	3 years	2 (3)
Professor Mandy Fader (until 25 October 2024)	Appointed, University of Southampton	February 2024	3 years	2 (3)
Sandra Gidley	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	4 (4)
Lesley Gilder	Elected, Southampton City	October 2022	3 years	4 (4)
Ben Grassby (from 1 October 2024)	Elected, Rest of England and Wales	October 2024	3 years	1 (2)
Sathish Harinarayanan	Elected, medical practitioners and dental staff	October 2023	3 years	2 (4)
Linda Hebdige	Elected, Southampton City	October 2022	3 years	1 (4)
Councillor Edward Heron (until 15 October 2024)	Appointed, Hampshire County Council	June 2023	2 years	0 (2)
Councillor Louise Parker- Jones (from 22 October 2024)	Appointed, Hampshire County Council	October 2024	3 years	2 (2)
Councillor Pam Kenny (from 17 July 2024)	Appointed, Southampton City Council	July 2024	1 year	2 (3)
Professor Sue Latter (from 26 October 2024)	Appointed, University of Southampton	October 2024	3 years	1 (2)
Jenny Lawrie	Elected, Southampton City	October 2022	3 years	4 (4)
Kelly Lloyd (until 30 June 2024)	Elected, health professional and health scientist staff	October 2023	3 years	1 (1)
Brian Lovell	Elected, Rest of England and Wales	October 2024	3 years	4 (4)
Esther O'Sullivan	Elected, New Forest, Eastleigh and Test Valley	October 2022	3 years	3 (4)
Karen Smith-Baker (from 1 October 2024)	Elected, health professional and health scientist staff	October 2024	2 years	2 (2)
Jake Smokcum	Elected, nursing and midwifery staff	October 2023	2 years	3 (4)

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Governor	Constituency	Elected/ Appointed	Term of office	Meeting attendance
Liz Taylor	Elected, non-clinical and support staff	October 2022	3 years	2 (4)
Councillor Victoria Ugwoeme (until 2 May 2025)	Appointed, Southampton City Council	June 2023	1 year	1 (1)
Quintin van Wyk (until 30 September 2024)	Elected, Rest of England and Wales	October 2021	3 years	0 (2)
Professor Emma Wadsworth (until 30 November 2024)	Appointed, Solent University	January 2023	3 years	2 (3)
Mike Williams	Elected, New Forest, Eastleigh and Test Valley	October 2023	3 years	3 (4)

In 2024/25 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 2023/24 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 2025/26.
- Quality priorities for 2025/26.

Membership and public engagement

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

Virtual events have continued, with the aim of supporting members in looking after their own and other people's health as well as getting involved in research and other participation projects. Throughout the year the Trust ran a virtual event series, transforming lives and healthcare through research. This was an opportunity for members to find out how the partnership between the Trust and the University of Southampton is producing ground-breaking research which is improving the lives of patients and the wider community. The topics for each event were voted for by members and covered dementia, advanced therapies, healthy ageing and cancer. The events have been well received by both the live audiences and those who watch the recordings.

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 26,000 followers on Facebook, 36,000 on LinkedIn, 19,400 on X, 5,100 on Instagram and 10,000 on YouTube. In addition, Southampton Children's Hospital accounts have

9,100 followers on Facebook, 4,100 on X and 1,800 on Instagram. These channels have helped convey key messages when services have been under significant pressure, including reminders to only use the emergency department for life or limb threatening conditions while suggesting alternative services.

Public constituency members	
At year start (1 April 2024)	8,101
New members	116
Members leaving	227
At year end (31 March 2025)	7,990

Membership analysis

As at 31 March 2025 there were 7,990 members in the following public constituencies and in the following demographic groups:

Constituency	Number of members
Southampton City	2,817
New Forest, Eastleigh and Test Valley	3,048
Rest of England and Wales	1,451
Isle of Wight	644
Out of Trust area	30

Ethnicity	Number of members
White	6,904
Mixed	72
Asian/Asian British	363
Black/Black British	130
Other	66

Age range	Number of members
16	2
17 to 21	130
22+	7,607

Gender	Number of members
Male	3,061
Female	4,759
Transgender	6
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 251 public members with no dates of birth, 455 members with no stated ethnicity and 160 members whose gender is unspecified or who prefer not to say.

As at 31 March 2025 there were 14,429 members in the following classes of the staff constituency. Information on staff demographics can be found in the staff report.

Constituency	Number of members
Medical practitioners and dental staff	2,579
Nursing and midwifery staff	4,531
Health professional and health scientist staff	4,323
Non-clinical and support staff	2,996

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 2024/25 is set out below.

	Number of invoices	Value of invoices (£'000s)
Non-NHS invoices		
Invoices due for payment during the year	213,563	772,142
Invoices paid within target	190,214	618,768
Proportion of invoices paid within target	89.1%	80.1%
NHS invoices		
Invoices due for payment during the year	10,953	245,279
Invoices paid within target	8,222	136,076
Proportion of invoices paid within target	75.1%	55.5%
Total		
Invoices due for payment during the year	224,516	1,017,421
Invoices paid within target	198,436	754,844
Proportion of invoices paid within target	88.4%	74.2%

The Trust migrated to a new finance system during September 2024 which has had an impact on the figures falling below target. The migration led to a backlog of invoices whilst working through new processes and converting purchase orders to the new finance system, which led to a longer processing time. In addition, in order to manage the Trust's challenging cash position, it has on occasion required a short delay to payments to ensure that the Trust's cash position does not fall below a level that would impact its day-to-day operations.

Where practicable, the Trust makes every effort to expedite all payments to smaller suppliers.

The Trust is continuing to roll out its 'No Purchase Order, No Pay' policy and work on processing and payment times to get back to the 95% targets.

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 2024/25. 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 most significant decision by the Remuneration and Appointments Committee during the year was in respect of the implementation of the 2024/25 pay award for very senior managers (VSM) in line with NHS England guidance.

The committee discussed the guidance from NHS England in respect of the uplift in VSM salaries in October 2024, and it was agreed that the committee would apply the NHS England guidance.

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

In October 2024, the committee approved a mutually agreed resignation scheme which was to be targeted at staff within Trust Headquarters, administrative, leadership and support roles. Following approval from the Integrated Care Board and NHS England, this scheme was launched in early 2025 and concluded in March 2025.

Following the announcement that Joe Teape was to leave the Trust, the committee authorised the recruitment of a replacement Chief Operating Officer. The committee led the selection of the replacement Chief Operating Officer, a competitive process which involved meetings with key stakeholders and other directors, presentations to stakeholder panels, and formal interviews. This process was successfully concluded in April 2025, and it is expected that the new chief operating officer will be appointed later in 2025.

The committee approved the appointment of Duncan Linning-Karp as interim Chief Operating Officer from 1 March 2025 until such point as the new permanent chief operating officer could take up their post.

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.

Senior managers' service contracts

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

Policy on payments for loss of office

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

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

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

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

Non-executive director remuneration policy

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

Chair	An annual fee is payable, which is set at the point of recruitment and reviewed annually by the Governors' Nomination Committee using the NHS England remuneration framework. Recruiting and retaining a highly skilled and experienced chair is vital to ensure delivery of the Trust's strategy and performance and for the effective running of the Board.
Non-executive 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 55.

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.

ACCOUNTABILITY REPORT

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

The Governors' Nomination Committee met on four occasions between 1 April 2023 and 31 March 2024, the period covered by this annual report. The table below sets out the members of the committee during this period and the number of meetings at which each was present and in brackets the number of meetings that the member was eligible to attend.

Member	Meetings attended
Jenni Douglas-Todd	4 (4)
Kelly Lloyd ¹	1 (1)
Shirley Anderson	4 (4)
Helen Eggleton ²	2 (2)
Patricia Crates	4 (4)
Jenny Lawrie ³	1 (2)
Esther O'Sullivan ⁴	1 (1)

1 Kelly Lloyd stood down as a staff governor on 30 June 2024.

2 Helen Eggleton stood down as an appointed governor on 30 November 2024.

3 Jenny Lawrie was appointed as a member of the committee from 3 September 2024.

4 Esther O'Sullivan was appointed as a member of the committee from 12 February 2025.

During 2024/25 the Governors' Nomination Committee made recommendations to the Council of Governors relating to:

- changes to the committee's terms of reference;
- the selection process for the appointment of two new non-executive directors during 2025/26; and
- the appraisal process for the Chair and non-executive directors, including the outcome of the appraisals.

On 25 June 2025, in a meeting chaired by the senior independent director, the Governors' Nomination Committee recommended the reappointment of Jenni Douglas-Todd as Chair for a second three-year term, having considered the outcome of the Chair's appraisals since appointment, her other commitments and time available for the role, and her independence. The Council of Governors agreed with the recommendation and approved the reappointment.

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
Dave Bennett	Non-executive director	15 July 2019	14 July 2025
Keith Evans	Deputy Chair Non-executive director	20 October 2022 1 February 2020	31 January 2026 31 January 2026
Diana Eccles	Non-executive director	1 January 2023	31 December 2026
Jane Harwood	Senior independent director Non-executive director	1 January 2023 1 October 2020	30 September 2026 30 September 2026
David Liverseidge	Non-executive director	1 January 2025	31 December 2027
Tim Peachey	Non-executive director	1 October 2019	30 September 2025
Alison Tattersall	Non-executive director	1 June 2024	31 May 2027
Executive directors			
David French ¹	Chief Executive Officer	27 April 2021	Not applicable
Ian Howard ²	Chief Financial Officer	14 March 2022	Not applicable
Gail Byrne	Chief Nursing Officer	1 October 2015	Not applicable
Paul Grundy ³	Chief Medical Officer	17 May 2021	Not applicable
Steve Harris	Chief People Officer	1 September 2020	Not applicable
Duncan Linning-Karp	Interim Chief Operating Officer	1 March 2025	Not applicable

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

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

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

Senior managers' remuneration (subject to audit)

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 Officer	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
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 Liversedge 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

ACCOUNTABILITY REPORT

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 Liversedge 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.

2023/24						
Name and title	Salary and fees	Taxable benefits	Annual performance-related bonus	Long-term performance-related bonus	All pension-related benefits ^{1 2}	Total
	£000, bands of £5k	£, to the nearest £100	£000, bands of £5k	£000, bands of £5k	£000, bands of £2.5k	£000, bands of £5k
Jenni Douglas-Todd Chair	60-65	0	0	0	0	60-65
Jane Bailey ³ Non-executive director	5-10					5-10
Dave Bennett Non-executive director	15-20	0	0	0	0	15-20
Gail Byrne Chief Nursing Officer	180-185	0	0	0	0-2.5	180-185
Cyrus Cooper ⁴ Non-executive director	0-5	0	0	0	0	0-5
Diana Eccles Non-executive director	10-15	0	0	0	0	10-15
Keith Evans Non-executive director	15-20	0	0	0	0	15-20
David French Chief Executive Officer	260-265	0	0	0	0-2.5	260-265
Paul Grundy Chief Medical Officer	245-250	0	0	0	0-2.5	245-250
Steve Harris ⁵ Chief People Officer	150-155	0	0	0	0	150-155
Jane Harwood Non-executive director	15-20	0	0	0	0	15-20

ACCOUNTABILITY REPORT

2023/24						
Name and title	Salary and fees	Taxable benefits	Annual performance-related bonus	Long-term performance-related bonus	All pension-related benefits ^{1 2}	Total
	£000, bands of £5k	£, to the nearest £100	£000, bands of £5k	£000, bands of £5k	£000, bands of £2.5k	£000, bands of £5k
Ian Howard Chief Financial Officer	170-175	0	0	0	117.5-120	285-290
Femi Macaulay ⁶ Associate non-executive director	10-15	0	0	0	0	10-15
Tim Peachey Non-executive director	15-20	0	0	0	0	15-20
Joe Teape Chief Operating Officer	195-200	0	0	0	45-47.5	245-250

Notes

1 Non-executive directors do not receive pensionable remuneration.

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

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

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

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

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

ACCOUNTABILITY REPORT

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 2025	Lump sum at pension age related to accrued pension at 31 March 2025	Cash equivalent transfer value at 1 April 2024	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2025	Employer's contribution to stakeholder pension
	£000, bands of £2.5k	£000, bands of £2.5k	£000, bands of £5k	£000, bands of £5k	£000	£000	£000	£000
Gail Byrne Chief Nursing Officer	0-2.5	0-2.5	75-80	195-200	108	38	174	0
David French Chief Executive Officer	7.5-10	0-2.5	75-80	0-5	1069	104	1280	0
Paul Grundy Chief Medical Officer	5-7.5	10-12.5	70-75	185-190	1447	145	1711	0
Ian Howard Chief Financial Officer	2.5-5	0-2.5	40-45	0-5	474	18	544	0
Joe Teape Chief Operating Officer	2.5-5	0-2.5	70-75	200-205	1607	51	1796	0
Duncan Linning-Karp Interim Chief Operating Officer	0-2.5	0-2.5	30-35	0-5	382	2	449	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 2025. HM Treasury published updated guidance in September 2024; this guidance was used in the calculation of 2024/25 CETV figures.

Payments for loss of office (subject to audit)

There have been no payments made to senior managers for loss of office during 2024/25.

Payments to past senior managers (subject to audit)

There have been no payments during 2024/25 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 2024/25 was £275-280,000 (2023/24, £260-265,000). This is a change between years of 5.3% (2023/24: 4.7%).

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 2024/25 was from £23,615 to £305-310,000 (2023/24: £20,300 to £270-275,000). 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 9.1% (2023/24: 10.8%). One employee received remuneration in excess of the highest-paid director in 2024/25 (2023/24: Two).

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.

ACCOUNTABILITY REPORT

	25th percentile	Median	75th percentile
2024/25			
Salary component of pay	£	£	£
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
2023/24			
Salary component of pay	£	£	£
Total pay and benefits excluding pension benefits	£28,660	£39,280	£50,980
Pay and benefits excluding pension: pay ratio for highest paid director	9.2:1	6.7:1	5.2:1

Directors' and governors' expenses

Directors	2024/25	2023/24
Number of directors who held office	15	15
Number of directors who received expenses	3	2
Aggregate amount of expenses paid	£2,470	£390
Governors		
Number of governors who held office	28	26
Number of governors who received expenses	3	3
Aggregate amount of expenses paid	£255	£306

The expenses incurred by directors in 2024/25 related to travel expenses and course fees.

The expenses incurred by governors in 2024/25 related to reimbursement for travel expenses.



David French
Chief Executive Officer
 17 July 2025

Staff report

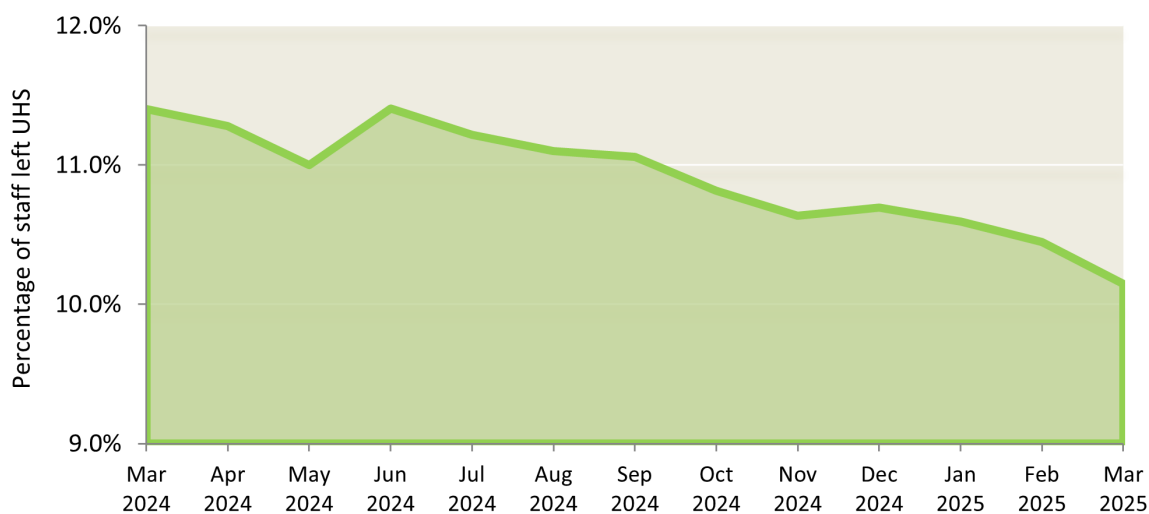
Staff numbers (subject to audit)

Average number of staff employed during 2024/25 (whole-time equivalent (WTE) basis).

Staff group	Permanently employed staff	Other staff	Total
Medical and dental staff	2,129	52	2,181
Ambulance staff	22	0	22
Administration and estates staff	2,639	78	2,717
Healthcare assistants and other support staff	1,827	264	2,091
Nursing, midwifery and health visiting staff	4,055	418	4,473
Scientific, therapeutic and technical staff	1,399	25	1,425
Healthcare science staff	453	40	493
Social care staff	1	0	1
Other	18	0	18
Grand total	12,543	878	13,421

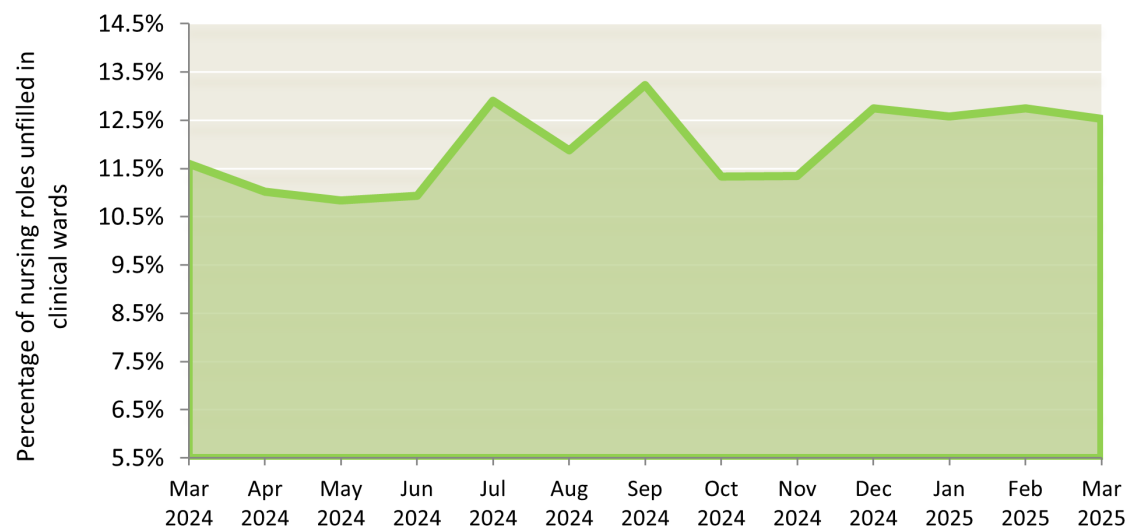
Staff turnover

Staff turnover during 2024/25 (12 month rolling basis).



Annual staff turnover was 10.15% as of 31 March 2025. There was a decrease in the overall number of staff leaving the Trust in 2024/25. The staff groups with the greatest turnover were additional clinical services, administrative and clerical, and allied health professionals. From April 2024 to March 2025, the three main reasons given by those leaving were voluntary resignation, retirement and end of fixed term contract.

Nursing (clinical wards) vacancies 2024/25.



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

Staff costs (subject to audit)

	Permanently employed staff £000	Other staff £000	Total £000
Salaries and wages	616,832	0	616,832
Social security costs	68,885	0	68,885
Apprenticeship levy	3,141	0	3,141
Pension cost – employer contributions to NHS pension scheme	122,304	0	122,304
Pension cost - other	0	0	0
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Temporary staff	0	52,901	52,901
Total gross staff costs	811,162	52,901	864,063
Recoveries in respect of seconded staff	(16,557)	0	(16,557)
Total staff costs	794,605	52,901	847,506
Costs capitalised as part of assets	5,726	0	5,726

Inclusion and belonging

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

The five themes of the inclusion and belonging strategy are:

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

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

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

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

The 2024 WRES and WDES results were reported in October 2024 for the preceding 12 months. The timing of WRES and WDES is different to the timing of the annual staff survey and the Trust's duty to report its annual workforce demographic. Therefore, workforce numbers, demographic and experience reporting can differ over this timeline.

The WRES results in 2024 have been mixed, with improvements, some declines and some remaining the same from the 2023 results. A summary of the results is shown below:

- An improvement in the representation of staff from Black, Asian and ethnic backgrounds, now at 29.8%, an increase of 3.5% from the 2023 results.
- Recruitment data shows that applicants from Black, Asian and minority ethnic backgrounds are slightly more likely to be recruited over white candidates, which may be due to continued international recruitment of band 5 staff nurses. This continues to be a positive improvement.
- People from Black, Asian or ethnic minority backgrounds are less likely to be entered into a formal disciplinary process. This is unchanged from 2023.
- People from Black, Asian or ethnic minority backgrounds continue to be less likely to access non-mandatory training and professional development opportunities. We continue to investigate the causes of disparity in this indicator and implement actions to ensure access to CPD is available and accessible for all staff.
- The number of people from Black, Asian or ethnic minority backgrounds who report experiencing higher levels of harassment, bullying or abuse from patients, relatives, or members of the public has increased by 3%. However, it has reduced for White staff, meaning the disparity of experience of staff has increased by 4.57% further widening the gap of staff experience between white and people from Black, Asian or other ethnic backgrounds.
- People from Black, Asian and ethnic minority backgrounds continue to experience higher levels of harassment, bullying or abuse from staff compared to people from white backgrounds. However, both groups have experienced more harassment, bullying or abuse in 2024.
- The perception around equal opportunities for career progression or promotion within the Trust has lessened for white staff but increased for people from Black, Asian and ethnic minorities, but are less confident than White counterparts that there is fair career progression at UHS. After a decline in 2023 the Trust's positive action development programmes was launched as a direct response to this indicator.
- Representation of people from Black and ethnic minority backgrounds on the Trust Board is not reflective of the wider organisation with a difference of - 20%.

The 2024 WDES results show that the experiences of people with disabilities and long-term illness at UHS has largely remained the same since 2023.

A summary of the 2024 WDES headlines is shown below:

- 10.97% of the total workforce have disclosed they have a disability. This has decreased by more than 4% since 2020 when the declaration rate was at its highest due to the health risk assessment during the COVID-19 pandemic. Due to leavers since that time and new starters not declaring, there has been a year-on-year decrease.
- Disabled shortlisted applicants are 0.96 times likely than non-disabled applicants to be appointed to a vacant post. This is a minimal change in comparison to last year and suggests that people with disabilities are equally likely to be appointed compared to those without disabilities or long-term illness.
- There has been a decrease in people with disabilities or long-term illness entering into the capability process.
- There has been a minimal increase in people with disabilities or long-term illness saying that UHS has made adequate adjustments for them to carry out their work.
- People with disabilities or long-term illness are more likely than non-disabled staff to experience bullying, harassment and abuse from patients, service users, relatives, members of the public, managers and colleagues than non-disabled counterparts, with the disparity gap widening this year.
- People with disabilities or long-term illness are more likely to feel pressure from their manager to come to work, despite not feeling well enough, than colleagues without disability or long-term illness.
- People with disabilities or long-term illness are equally satisfied as colleagues without disability or long-term illness in terms of feeling valued at work.
- There are no Trust Board members who have declared they have a long-term illness or disability. This indicator has not changed since the implementation of WDES.

In 2024/25, the Trust has achieved the following actions as set out in year two of the UHS people strategy:

- Continued to deliver the *Stop.Start.Continue* actionable allyship programme as part of the UHS mandatory training suite, this commenced in 2022 against a target of 80% of staff having attended by 2025. At 30 March 2025 just over 11,000 staff had attended the training (75% of total headcount).
- The Trust has five staff networks, with the Women's Network and the Armed Forces Network having become more established in 2024.
- The Equality, Diversity and Inclusion Council continues to meet, bringing together network chairs and leaders of both formal and informal networks across UHS.
- Delivered one further programme of positive action leadership development, with 23 people attending the second cohort and participating in reciprocal mentorship with senior leaders. Four cohorts have now completed the positive action programmes.
- The inclusive recruitment programme continued to deliver outputs, including changes to the recruitment policy and processes, and design of new training for recruiting managers which focuses on inclusive recruitment practice.
- The inclusive leadership module is now embedded in all leadership and management programmes across the Trust, improving skills and awareness of inclusion, equality and diversity, and their role in creating environments for all people to succeed, feel safe and feel that they belong.
- Board members have specific and measurable Equality, Diversity and Inclusion (EDI) objectives in their annual appraisals. EDI steering committees have been established for each division chaired by the divisional operational director or divisional director of nursing.
- The Trust is on target with all objectives in the NHS EDI improvement plan.

ACCOUNTABILITY REPORT

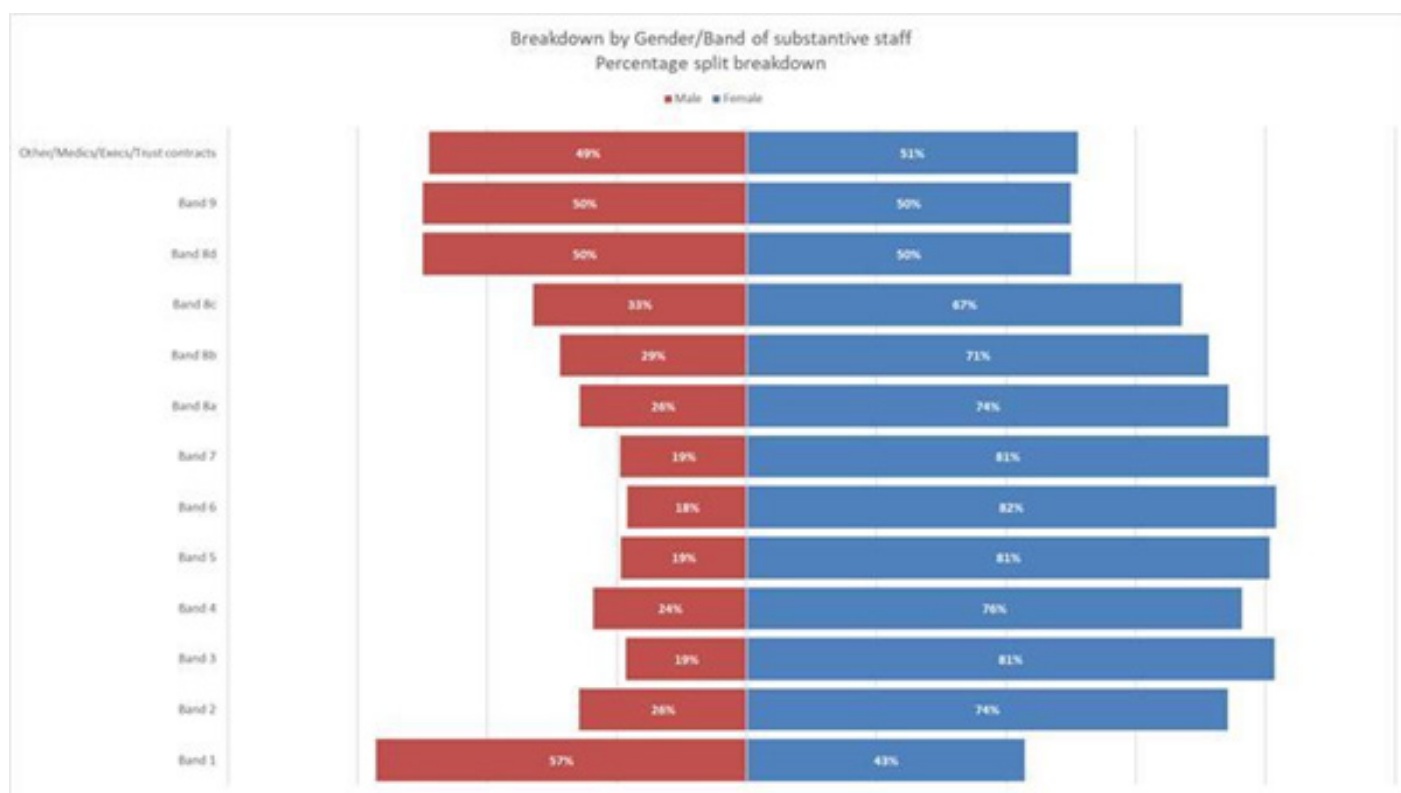
Progress against all the actions within the strategy will be monitored and measured through the divisional and Trust governance structures, namely the divisional management boards, Trust Executive Committee and People and Organisational Development Committee.

Staff gender breakdown

The gender breakdown for staff on 31 March 2025 is set out below.

Gender breakdown	
All staff	
Female	74%
Male	26%
Board	
Female	36%
Male	64%

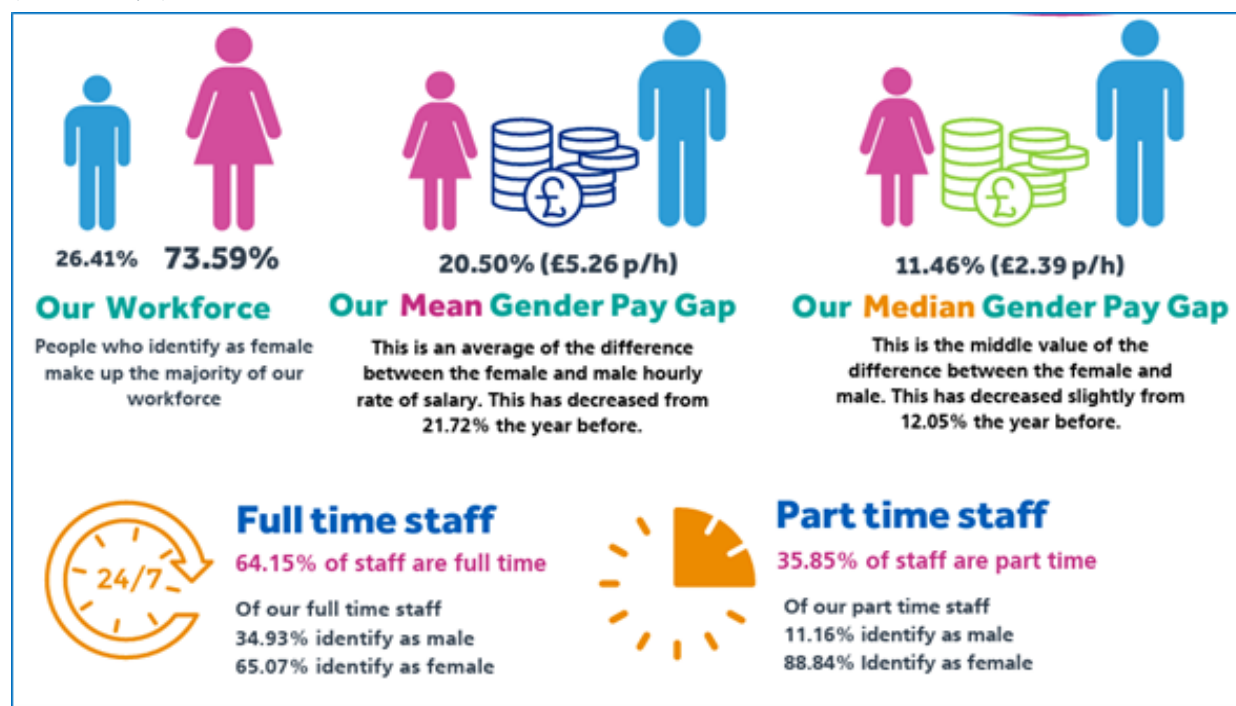
Gender breakdown	
Chair and non-executive directors	
Female	50%
Male	50%
Board	
Female	17%
Male	83%



Note: The above is based on 10,633 female headcount, 3,730 male headcount, and a total headcount of 14,363.

Gender pay gaps

The mean gender pay gap at UHS has reduced year on year for the last seven years. The pay gap has reduced by 7.6% in total since reporting began. The main gaps are in medical staff particularly at specialty and associate specialist (SAS) and consultant grades. The Trust is working to reduce the gender pay gap in medical roles and has seen a 2.81% reduction since 2022.



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

Staff health and wellbeing

In 2024/25 the Trust has continued to embed the wellbeing programme and has continued to develop interventions and wider support offerings. The ethos of the Trust's model is to ensure staff can access the most appropriate support, at the time and place that they need it.

Access has been improved to health and wellbeing support by redesigning the staff intranet pages, creating *Windows onto Wellbeing*, which is the "one stop shop" for all online information, tools, resources and signposting. The Trust has continued to invest in capability at a local team level, training more people in the trauma risk management (TRiM) faculty to support staff who have experienced trauma at work. The Trust has trained more mental health first aiders, and in response to the increasing incidences of violence and aggression towards staff, UHS has invested in de-escalation training for staff in higher risk in areas.

The wellbeing steering group continues to provide oversight to the wellbeing investments, identify and support risk areas, and deliver initiatives against the Trust's wellbeing plan. In 2024/25 Southampton Hospitals Charity awarded a grant of £25,000 to support staff wellbeing, with various locally led projects and initiatives from across the Trust being approved and monitored by the wellbeing steering group. An example of funding under this grant is the expansion of the Trust's Schwartz Rounds programme. 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 this has now been expanded with the support of the wellbeing funding, enabling more staff to benefit from the evidence-based approach.

The Trust continues to make use of facilities dedicated to staff wellbeing, following on from the auction of the Banksy artwork during the COVID-19 pandemic in 2021. The Wellbeing Hub is a building dedicated to staff wellbeing, team development, celebration and recognition, including a staff café, gym, changing facilities, and rest and break area. In addition, the roof garden at Princess Anne Hospital provides open space, gardens and rest areas in the fresh air for staff. The Trust has also continued with the staff room refurbishment programme and made significant improvements to the prayer facilities for Muslim staff, patients, students and community members in our chapel, all funded by the Southampton Hospitals Charity.

Specific services and roles with staff wellbeing responsibility have continued their work across the Trust in 2024/25 offering support, resources, guidance to staff. The community of over 100 wellbeing champions offers immediate signposting and support to staff in teams. The professional nurse advocates deliver restorative supervision and training to improve wellbeing and retention in our nursing workforce and the Trust's staff psychology service has continued to support staff and teams across the organisation. The Trust's employee assistance programme (EAP) offers a range of support, counselling, financial advice, health and wellbeing offers and resources.

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.

Reward and recognition

As part of the UHS people strategy ensuring appropriate reward and recognition is a key part of the 'excel' pillar.

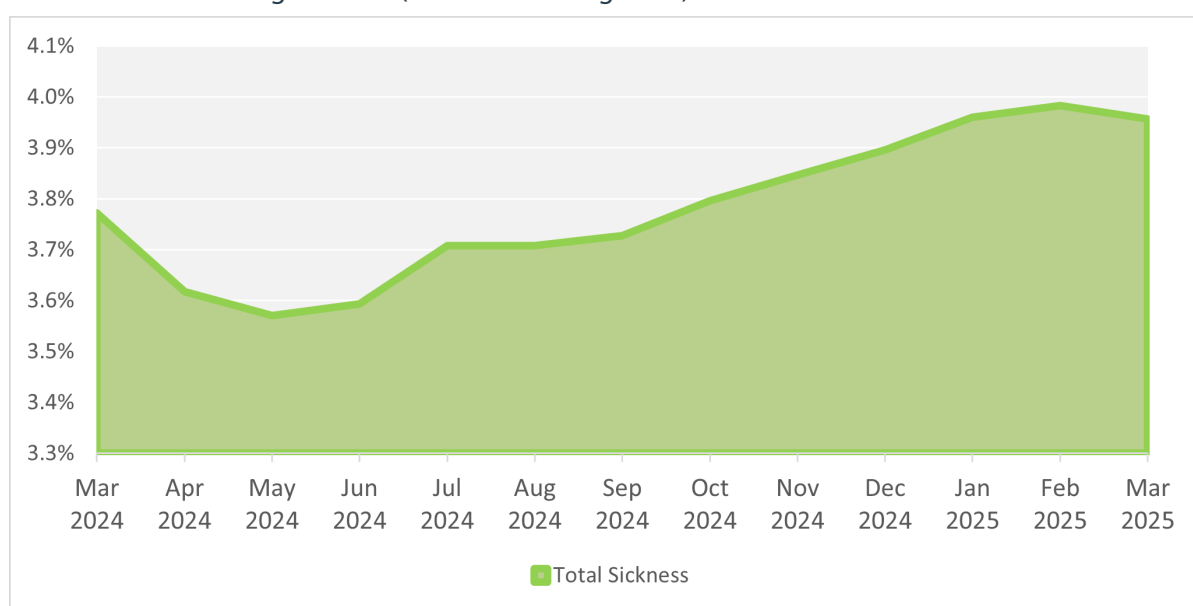
The Trust has a range of recognition schemes. There is a structured process for recognising long service awards which acknowledge continuous service at five, ten, 15, 20, 30, 40 and 50 years. There is also a retirement gifts scheme recognising the vital contribution of people to the NHS at point of leaving.

The Trust continues to celebrate and show gratitude to its people in a number of ways. Its monthly UHS Champions nominations, celebrated through Spotlight meetings and updates have been well received. The High5 scheme has been embraced to the tune of over 3,400 nominations since the launch in May 2023 and is a simple and effective way to enable good work to be recognised. The Trust continues to support a range of local initiatives to recognise and value colleagues in informal ways too, which is equally important.

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

Sickness absence

Sickness absence during 2024/25 (12-month rolling basis):



Sickness rates fluctuated throughout the year. The top reasons for sickness from April 2024 to March 2025 included anxiety, cold and flu. COVID-19 prevalence reduced significantly throughout 2024/25. During the period between January and March 2025 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 its UHS family, integrated team members, partners and communities to develop a deep understanding of how they are treated and what it feels like to work at the Trust and responding accordingly. The Trust seeks to improve experiences for staff as described in the annual NHS staff survey and continue to increase participation. The results from the annual staff survey and quarterly pulse survey provide evidence of the improvements that are needed.

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

Overall, despite the significant challenges, the results from 2024 show that the Trust remains above average across all NHS People Promise themes.

Indicators (‘People Promise’ elements and themes)	2024	2023	2022	2021	2024	2023	2022	2021
	Trust				Benchmarking group ¹			
We are compassionate and inclusive	7.5	7.4	7.5	7.5	7.2	7.2	7.2	7.2
We are recognised and rewarded	6.1	6.0	6.0	6.1	5.9	5.9	5.7	5.8
We each have a voice that counts	6.8	6.8	6.9	7.0	6.7	6.7	6.7	6.7
We are safe and healthy	6.2	6.2	6.1	6.1	6.1	6.1	5.9	5.9
We are always learning	6.0	5.9	5.8	5.7	5.6	5.6	5.4	5.2
We work flexibly	6.6	6.5	6.4	6.4	6.2	6.2	6.0	6.0
We are a team	6.9	6.9	6.9	6.8	6.7	6.8	6.6	6.6
Staff engagement	7.0	7.0	7.1	7.2	6.8	6.9	6.8	6.8
Morale	6.0	6.0	6.0	6.0	6.0	5.9	5.7	5.7

1 Acute and acute community trusts

During 2024 a number of programmes have been completed which have positively contributed to the staff survey results.

There have been continued improvements where effort and investment aligned to the people strategy, in relation to:

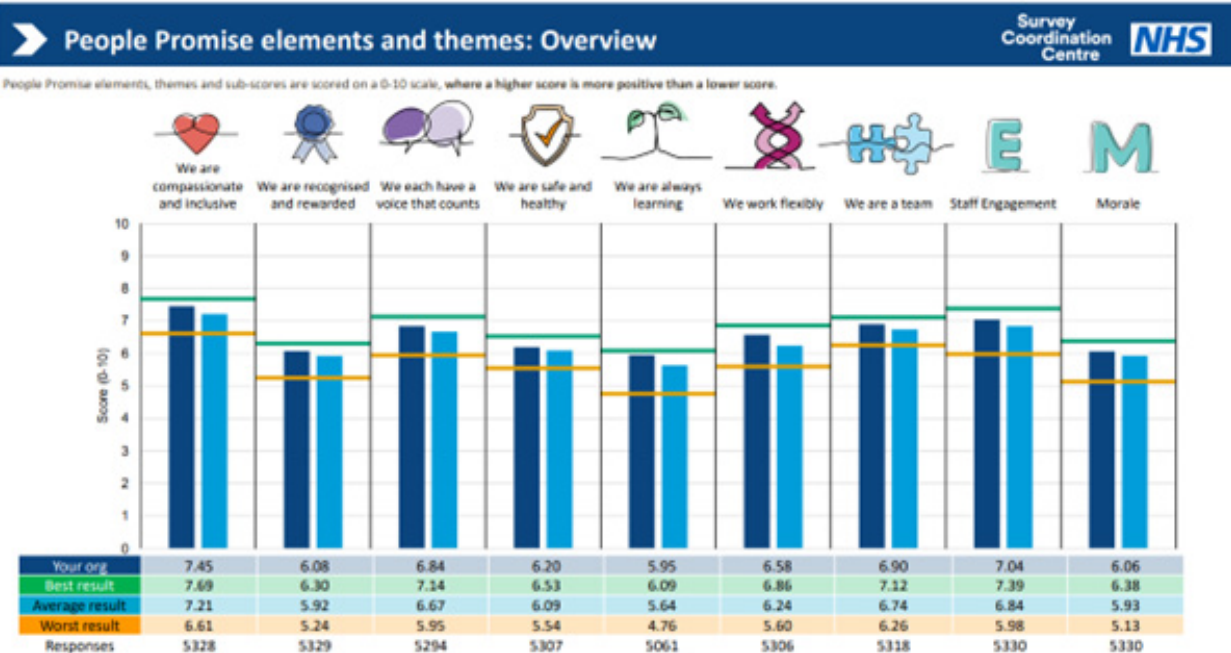
- Flexible working opportunities.
- Satisfaction with pay (although overall satisfaction remains low at 30.4% of our respondents).
- Satisfaction with immediate managers, specifically in terms of managers caring about their staff, supporting staff during challenges, and listening to concerns.
- Percentage of staff experiencing discrimination based on ethnicity, sexual orientation, gender and disability from a manager, team leader or colleague.
- Appraisal helping people to have clear objectives and helping people to do their job.

The participation rate significantly fell this year to 39% (5,410 staff) and was below the national average for acute trusts for the second time.

Staff engagement (a composite of advocacy, morale, and involvement) remained the same at 7.0 this year. The national average was 6.8.

Advocacy for UHS has slightly increased. Staff recommending UHS as a place to work has increased to 68.4% from 67.5%. Staff recommending UHS as a place to be treated has remained the same at 76%.

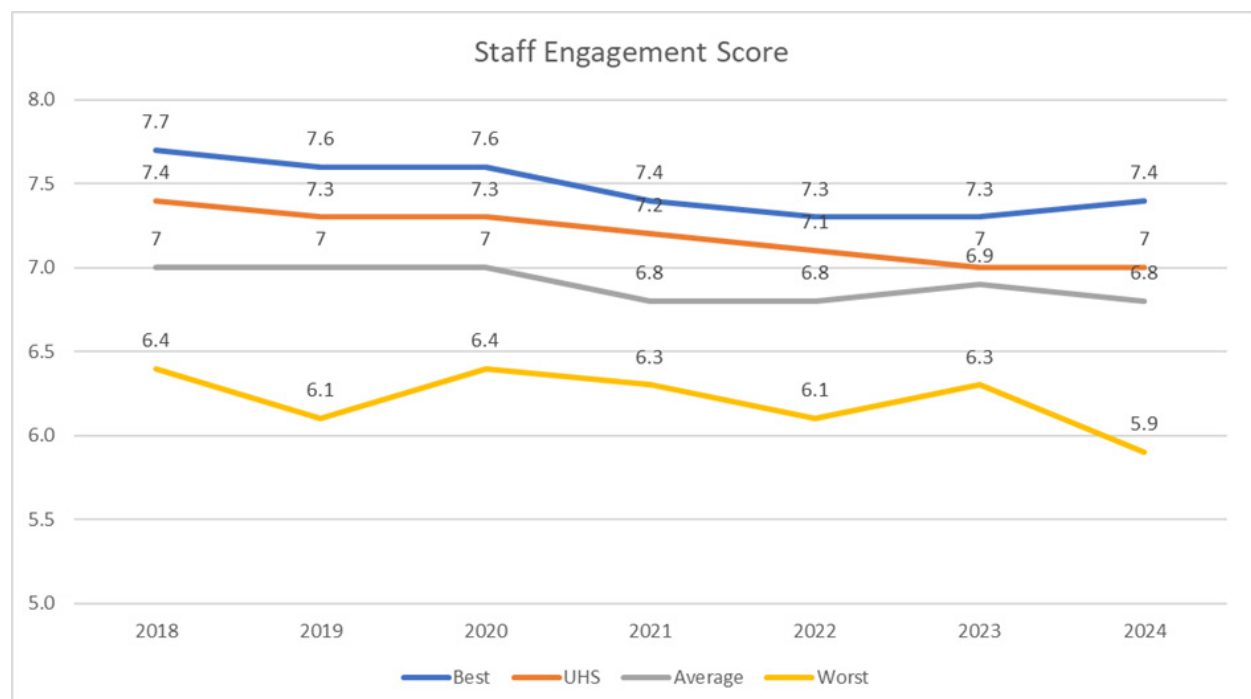
ACCOUNTABILITY REPORT



The Trust stayed the same for five themes: Rewarded and recognised, safe and healthy, working flexibly, we are a Team and staff engagement. It has improved on four themes: compassionate and inclusive, voice that counts, always learning, and morale.

For recommendation as a place to work, the Trust now ranks 18th out of 122 trusts, compared to 22nd in 2023. For its engagement score (combination of the advocacy, morale and involvement scores) the Trust now ranks 23rd out of 122 Trusts.

The Trust's staff engagement score is now 7.0 against a national average of 6.8. The graph below shows the UHS score since 2019 compared to the best, worst and average in its category.



The Trust continues to support teams in responding to their results and identifying the top three priorities that they will respond to during the year, involving their teams in the actions to address any dissatisfaction, and celebrate any areas of good practice. Corporately, the work programmes under the UHS people strategy continue to address the feedback within the staff survey.

During 2025/26 there will be significant organisational change, and it is acknowledged that this is likely to impact engagement and staff satisfaction. Therefore, there is a need to focus efforts to support leaders, managers and staff during this period of change. A collaborative and highly focused approach will be taken with the organisational development team, staff psychology, and the HR team, alongside patient safety and transformation colleagues to:

- Provide support to leaders and managers implementing organisational change priorities.
- Implement a programme of team support aimed at strengthening the speaking up culture, promote psychological safety and embed human factors approaches – this will involve a collaboration between patient safety, organisational development, and psychology.
- Continue to focus on capability, skills and confidence of leaders and managers. With particular focus on transformation and change, supporting people to thrive in changing and demanding environments, developing personal resilience, and adaptive thinking.
- Focus resources on improving team effectiveness and team dynamics, focus on conflict and behaviours. Support for teams who are experiencing significant and complex challenges.
- Refresh templates, communication and engagement in the annual and quarterly surveys to maximise the impact of the feedback given and aim to recover participation levels to above 40%.
- Continue work on addressing violence and aggression through the violence and aggression group.

Future priorities and targets

The Trust's focus for 2025/26 will be on the following areas:

- Delivery of the reduction in workforce numbers required in order to meet the Trust's annual workforce and financial plans in accordance with the clear directions from national, regional and integrated care board leadership through: enhanced controls on recruitment of both clinical and non-clinical workforce, and reduction in bank and agency staff numbers.
- Where practicable, whilst delivering its annual plan, to minimise the impact on the Trust's workforce and take opportunities to improve staff experience.

In delivering the Trust's people strategy, the Trust will focus on:

- Delivery of the Trust's workforce plan including overall management of workforce within the agreed cost envelope.
- To continue to focus on attendance, wellbeing and turnover.
- Supporting staff with managing the change required to deliver the Trust's workforce plan.
- Delivery of improved people development and improved appraisal rates now that a new appraisal system has been rolled out.
- Targeted action in areas of concern to improve staff experience and increasing participation rates in the staff survey.
- Delivery of year three of the Trust's inclusion and belonging strategy.
- Continuing to celebrate the achievements of people at UHS.

Trade union facility time

Details of the number of employees who were relevant union officials and the time associated with these roles for 2024/25 are shown below.

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
66	60

Percentage of time spent on facility time:

Percentage of time	Number of employees
0%	0
1-50%	66
51-99%	0
100%	0

Percentage of pay bill spent on facility time:

Total cost of facility time	£392,874
Total pay bill	£802,534,000
Percentage of the total pay bill spent on facility time	0.05%

Paid trade union activities:

Time spent on paid trade union activities as a percentage of total paid facility time hours	3.34%

Expenditure on consultancy

Expenditure on consultancy in 2024/25 was £nil, down from £27,000 in 2023/24.

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 2024 earning £245 per day or greater:

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

Number of off-payroll workers engaged during the year ended 31 March 2024	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 2024 and 31 March 2025:

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

Staff exit packages (subject to audit)

The figures in the table below relate to exit packages agreed in 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

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

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Less than £10,000	0	1	1
£10,000-£25,000	0	4	4
£25,001-£50,000	0	1	1
£50,001-£100,000	0	1	1
Greater than £100,000	0	0	0
Total number of exit packages by type	0	7	7
Total resource cost (£000)	-	156	156

Staff exit packages (non-compulsory departures payments)

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

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

2023/24	Agreements number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	2	80.5
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	5	75.5
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HM Treasury approval	0	0
Total	7	156
Of which: non-contractual payments requiring HM Treasury approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

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.2.7 – number of independent non-executive directors (see page 44).
- 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 72).
- D.2.1 – deputy chair as chair of the Audit and Risk Committee (see page 57).
- E.2.4 – claw-back provisions in executive director contracts of employment (see page 71).

NHS System Oversight Framework

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

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

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

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

Segmentation

On 5 June 2023, the Trust was notified by NHS England that due to the financial performance of the Hampshire and Isle of Wight Integrated Care System and its forecast deficit for 2023/24, the Trust, along with the rest of the ICS would be placed within segment '4' and into the Recovery Support Programme. The Trust and rest of the ICS remained in the Recovery Support Programme during 2024/25.

Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.



David French
Chief Executive Officer
17 July 2025

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
17 July 2025

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 2025 and up to the date of approval of the annual report and accounts.

Risk management and control within the Trust

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

Risk strategy and policy

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

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.

During 2024/25, the Trust modified its risk assessment framework 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.

Furthermore, during the year, the Trust employed a modified version of its risk management and assessment framework to provide a consistent risk rating to assist the Board in its decision-making in respect of the Trust's 2025/26 and 2026/27 capital prioritisation.

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.

ACCOUNTABILITY REPORT

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

Area	Appetite	Explanation
Finance Appetite for financial/value for money risks, which may affect the Trust's statutory requirements and achievement of the control total.	CAUTIOUS	The Trust is prepared to accept limited financial loss in pursuit of reward where there are significant opportunities to improve patient care, develop its workforce, and set foundations for the future. Value for money is still the key concern. However, the Trust is willing to consider other benefits and constraints.
Regulatory Appetite for risks, including financial risks, which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	MINIMAL	The Trust expects all services to comply with nationally mandated standards and targets as measured through key performance indicators. However, if there is valid reason for non-compliance, the Trust is willing to be challenged.
Safety Appetite for risks which compromise safety.	MINIMAL	The Trust expects services to be delivered safely, resulting in no harm to patients and staff. Limited clinical risks are accepted if they are essential for delivery of safe patient care, and such risks are thoroughly assessed with fully mitigating actions in place.
Effectiveness Appetite for risks that may compromise the delivery of outcomes for patients.	CAUTIOUS	The Trust expects services to be delivered effectively and not adversely affect patient safety and outcomes. The Trust will accept a low degree of risk where there is significant opportunity to improve how the Trust delivers services and where residual risks can be mitigated.
Experience Appetite for risks which may affect patients' experience of the Trust's services.	CAUTIOUS	The Trust expects patients to receive a positive experience whilst under the Trust's care, unless it is necessary to prioritise safety over experience. The Trust will accept a low degree of risk where there is opportunity for significant benefit to patient experience, and the Trust is confident that patient or staff safety will not be compromised, and residual risks can be mitigated.

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 with delivering clinically safe, secure, available and resilient systems and digital architecture. This will be supported by robust governance and change management frameworks. This means that the Trust will seek to use technology and innovation to improve service delivery whilst maintaining safe care for its patients.
Workforce Appetite for risks relating to the Trust's workforce.	OPEN	The Trust is prepared to think innovatively and invest in its people to build a skilled and diverse workforce that facilitates delivery of a sustainable and safe service for its patients. The Trust recognises its workforce as a valuable asset and accepts that in order to seek long-term development and benefit for the workforce, both as individuals and as a collective, acceptance of short-term risk may be necessary.

Board assurance framework

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

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

ACCOUNTABILITY REPORT

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 2024/25. 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.

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

Risk 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 2025.

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

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

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

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

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

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

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

The Board is satisfied that during 2024/25 the Trust has provided the necessary training to its governors, as required by section 151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Business continuity

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

Equality, diversity and human rights

The Trust has set out to integrate equality impact assessments (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 the National Data Guardian's ten data security standards. The toolkit is a self-assessment against a number of areas, including data protection and cyber security. For additional assurance, the Trust's draft self-assessment undergoes an external audit before submission of the final response to NHS England. The Trust was able to provide the required level of assurance for all ten mandatory assertions. As a result, the Trust was able to demonstrate it is practicing good data security and achieved 'standards met' in 2023/24.

Information governance

During 2024/25, the Trust recorded 226 adverse information governance events. The Trust reported six incidents via the DSPT incident reporting module, of which four were reportable to the Information Commissioner. These incidents are summarised below:

- An employee of the Trust had used their access to clinical records to look up the health records of patients known to them, but who were outside of their department. The employee has since resigned.
- A link for patients to update their address and contact details had not been operating since December 2023, resulting in over 1,000 patients who had completed the form, but whose address had not been updated.
- A cohort of clinical letters had not been sent out between 1 April and 21 June 2024 due to a cap on the number of letters which could be sent out via the Trust's system.
- There were numerous issues with the roll out of a new laboratory information management system, which resulted in batches of results not being sent to primary care providers. At no point was data lost from the system and nor was there any unauthorised access to the data. The results were available to GPs via other means.

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 data performance is consistently recorded in the 99.3% range for waiting list data quality.

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

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

The Trust has an annual financial plan which is approved by the Board and submitted to NHS England as part of the Hampshire and Isle of Wight Integrated Care System. The Finance and Investment Committee and Board 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 2023/24, 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 2025/26, specifically the size of the savings programme which has increased by 29% from the previous year.

The audit also noted a significant weakness in respect of the financial year-end reporting processes, which resulted in a short delay in submitting the accounts. Whilst improvements have been made, this note has continued since 2023/24. A formal lessons learned process is underway and

improvements to our processes will be delivered in 2025/26, overseen by the Audit and Risk Committee.

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

The Trust also includes the use of quality impact assessments as part of its cost improvement programme, drawing a link between quality improvement and achieving greater efficiency in the delivery of its services as well as reduction of waste. The Trust has adopted a systematic approach to transformation under its 'always improving' strategy where quality improvement is used alongside quality planning, quality assurance and quality control to create a single, consistent 'total quality management' system. During 2024/25, the Trust delivered £85.3m of efficiencies against its £84.8m cost improvement programme target.

Review of effectiveness

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

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

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

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

The Board received a 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 2024/25, which provided the Trust with significant assurance that there was a generally sound system of internal control with minor improvements required, which was designed to meet the Trust's objectives and that controls in place were being consistently applied in all key areas reviewed. This opinion reflects the internal auditor's assessment of the design and operation of the underpinning aspects of the risk and assurance framework and supporting processes and the range of individual assurances arising from its risk-based internal audit assignments reported throughout 2024/25. 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 2024/25 through its own or external reviews.



David French
Chief Executive Officer
17 July 2025

QUALITY ACCOUNT 2024/25



Part 1:

Statement on quality from the Chief Executive

1.1 Chief Executive's statement and welcome

I am pleased to present this year's quality account, which reflects our ongoing commitment to delivering safe, effective and compassionate care for our patients.

2024/25 has been a challenging year for UHS and the wider NHS and social care system. We have navigated operational pressures, with increasing numbers of patients who are medically fit but do not have an onward care package in place to be discharged, alongside a rise in winter infections and a record number of attendances to our emergency department.

In the face of these challenges, our teams have worked tirelessly to enhance patient outcomes, improve service accessibility and ensure that the care patients receive meets the highest standards. I want to recognise the hard work of our staff in ensuring safety, driving innovation, and adapting to changes.

This report highlights successful initiatives that have improved patient care over the past year. It also provides an overview of our quality priorities for 2024/25 and sets out our quality improvement priorities for 2025/26. We are proud to have maintained our focus on quality and achieved most of our objectives, enhancing the experience for those who use our services.

Patient experience is an important priority for UHS. In 2024/25 we have successfully recruited approximately 2,000 'involved patients', which will ensure that we co-design our services with those who use them, keeping our focus on our Trust values of patients first, working together and always improving. 2025/26 promises to be an exciting year for patient experience, with the development of the Patient and Family Support Hub, which will integrate voluntary services and ensure equitable access to support services for all.

Our long-standing commitment to delivering safe, high-quality care is underpinned by the Fundamentals of Care programme - eight care commitments that patients, families and carers can expect from their care at UHS and these statements have been written in conjunction with patients, relatives and staff. In 2024/25 the programme has made significant progress in embedding Fundamentals of Care into our organisational culture. This has been achieved through developing understanding with newly registered professionals in our preceptorship programme, support worker development opportunities and the ongoing empowerment of staff through leadership development.

In 2024/25, we have continued to strengthen our internal quality assurance programmes by aligning the clinical accreditation scheme with the CQC single assessment methodology. We are collaborating with other internal programmes - such as infection control, Patient-Led Assessments of the Care

Environment (PLACE) and friends and family feedback - to triangulate data and enhance oversight of key quality metrics, including patient safety, effectiveness, patient experience, and outcomes. This approach provides us with valuable intelligence to help us uphold our Trust values.

2024/25 marked one year of Patient Safety Incident Response Framework (PSIRF) implementation at UHS which has helped develop 'just and learning' culture across the organisation. Safety awareness has increased through our education programmes that have achieved good attendance and feedback. This coming year we will continue to build on the work that has been undertaken as part of implementation of the national safety standards for invasive procedures (NATSSIPs) 2.

We continue to collaborate with our partners and develop our work as an integral organisation in the integrated health and social care system, building on trusted relationships across organisational boundaries are essential in improving health outcomes for our whole population.

I want to recognise the amazing dedication of our staff in maintaining the safety of both colleagues and patients, fostering innovation, and adapting to evolving circumstances. Throughout this year, our teams across all services have strengthened their collaboration with our partners. As we continue to advance towards an integrated health and social care system, these trusted relationships are proving essential in our ability to respond effectively.

To the best of my knowledge, the information contained in this document accurately reflects our performance, provides a true account of the quality of the health care services we provide, and where we have succeeded and exceed in delivery on our plans.



David French
Chief Executive Officer
26 June 2025

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

2. Introduction

Despite it being an extremely challenging year and unprecedented demand in the emergency department during 2024/25, the Trust maintained a strong focus on quality assurance. This was undertaken through established programmes and clinical leadership oversight of key safety and patient experience indicators, including falls, pressure ulcers, and venous thromboembolisms. The Fundamentals of Care initiative continued to be embedded, supported by high-quality peer reviews and weekly matron-led quality walkabouts aligned with CQC domains. The clinical accreditation scheme (CAS) was enhanced with updated documentation reflecting learning from themed walkabouts and aligned with national frameworks. A new governance framework for mortality and morbidity meetings was introduced to improve learning dissemination and escalation. The Trust also opened a Patient and Family Support Hub (P&FSH), advanced volunteer recruitment through a system-wide passporting approach, and began implementing NatSSIPs 2. In response to rising violence against staff, de-escalation training was rolled out, leading to a reduction in physical restraint and violence incidents. The Trust's commitment to continuous improvement was demonstrated through training over 1,000 staff, outperforming NHS averages in improvement metrics, and achieving measurable service enhancements, including a 5.25% reduction in average length of stay, increased theatre throughput, and expanded use of patient initiated follow up pathways.

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



Patient experience - how patients experience the care they receive



Patient safety - keeping patients safe from harm



Clinical effectiveness - how successful is the care we provide?

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

- How well we did against the quality priorities and goals we set ourselves for 2024/25 (last year).
- It sets out the priorities we have agreed for 2025/26 (next year), and how we plan to achieve them.
- The information we are required by law to provide so that people can see how the quality of our services compares to those provided by other NHS trusts.

Additional information about our progress and achievements in key areas of quality delivery.

Stakeholder and external assurance statements, including statements from our Council of Governors, Hampshire and Isle of Wight Integrated Care Board and Southampton County Council's Health Overview and Scrutiny Committee.

2.1 Priorities for improvement

This section reflects on the 2024/25 quality improvement priorities at UHS and outlines our quality improvement priorities for 2025/26.

2.1.1 Progress against 2024/25 priorities

Last year, we upheld our commitment to delivering the highest standard of care, influenced by various national, regional, local, and trust-wide factors. Throughout the year, we encountered unprecedented demand on our services, contending with challenges related to operational, capacity, patient flow, infection prevention, and safety. Despite these difficulties, we were confident in our ability to maintain our focus on quality priorities. Our teams worked diligently to achieve their goals under these challenging circumstances. We are proud to present our accomplishments and how our successes have continued to enhance the quality of services we provide to those who rely on us.

Overview of success

Core dimension	Quality priority	Progress
Patient experience 	Exploring the provision of a support centre for people using our services.	Achieved
	Creating a behaviour framework behind our values, bringing them to life to improve our patient and staff experience.	On hold
	Volunteering - a new focus.	Achieved
Patient safety 	Acuity and deteriorating patients: continuing to improve how we keep patients safe from harm.	Achieved
	We will ensure that Fundamentals of Care (FoC) are provided to all our patients in collaboration with our patients, their family, and their carers.	Achieved
Clinical effectiveness 	Improving our morbidity and mortality (M&M) meetings.	Achieved
	Develop the Trust's approach to reducing the impact of health inequalities (HIs).	Achieved
	Help develop a UHS quality management system approach.	Achieved

2.1.2 Quality Improvement Priorities - 2024/25: Final Reports

Quality Improvement Priority One: Exploring the provision of a support centre for people using our services (year one)

Why was this a priority?

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

While cancer patients have access to designated centres such as The Maggie's Centre and Macmillan facilities, other disease types have no comparable options despite often having enhanced needs.

Patients who are nearing the end of their life are frequently spending their final days in bays with other patients as side rooms are prioritised for isolation purposes, and there are few areas available that can accommodate a hospital bed for patients to have time with their family away from their clinical setting.

Apart from the UHS Patient Support Hub, there are no designated spaces that are accessible for patients, families, or carers, often resulting in staff offices and education rooms being inappropriately repurposed to meet their needs.

Growing feedback from complaints and Friends and Family Test (FFT) responses emphasis our inability to provide patients, carers and their families access to spaces for respite and support. In addition, a recent UHS carers survey indicated that while we recognise that being a carer can sometimes be demanding both physically and emotionally, there are no designated areas for them to have their own personal needs met.

Creating a bespoke support facility at UHS would help to address these needs and would be the first facility of its kind in an acute trust in England.

What have we achieved?

Estate has been identified. Work has started to repurpose the underutilised Macmillan Centre into a generic non-disease specific Patient and Family Support Hub. This agreement made through the Trust Investment Group was to end the current agreement with the Macmillan charity and to approach Southampton Hospitals Charity to support a refurbishment and further investment into the hub (for example funding a carers shower provision).

Key areas identified for further development

- Major grant request submitted to Southampton Hospitals Charity due to go to Charity Trustee Board in March 2025.
- Recruitment of a band 7 manager role (appointed in January 2025 and starting 31 March 2025);
- Rebranding and merging (of current Patient Support Hub) started in February 2025.

How will ongoing improvements be measured and monitored?

Once the Patient and Family Support Hub is launched there will be a constant drive for patient and service user involvement, co-designing the space, there will be surveys on before and after, end of life quality of care will improve

Progress metrics

- Reduction in adverse event reporting that a patient died in an open bay.
- Carers survey improvement.
- P&FSH FFT results.

Quality Improvement Two: Creating a behavior framework behind our values, bringing them to life to improve our staff and patient experience

Creating a behaviour framework behind our Trust Values to bring them to life in our everyday work and interactions is still very much a priority. However, the work has been paused to ensure it aligns to the development of the new Trust strategy, both these pieces of work need to be produced side by side. It is anticipated the work on the behaviour framework will commence alongside the development of the overall Trust strategy and timelines for launch and embedding will move to 2025/26.

Quality Improvement Priority Three: Volunteering

Why was this a priority?

To value the contribution our volunteers make to our organisation, we wanted to improve the onboarding process to provide more guidance and support for our volunteer colleagues, and to work with them more closely to build in flexibility and be more creative in the kind of roles and support they could offer.

What have we achieved?

- We worked with our systems partners to complete a successful bid through Volunteering for Health (VfH) and have plans to develop a unified and standardised approach of volunteer recruitment using a passporting system.
- Our key relationship is with the Hampshire and Isle of Wight Voluntary Community and Social Enterprise (VCSE) sector Health and Care Alliance (HIVCA) and it has allowed us to further explore a more system-wide approach, with a view to sharing resources, ideas, and opportunities both internally and outside the organisation on a regular basis.
- We have worked with HIVCA and fostered a collaborative learning environment, aiming to streamline and standardise the volunteer onboarding processes over the coming year.
- We have built upon current onboarding and training processes and are particularly developing the enhanced care training for our volunteers to support their awareness of working alongside patients who have mental health issues, dementia, delirium, learning disabilities and autism.
- We are working with information governance leads to consider how the Trust's internal policies can create equitable opportunities for a range of volunteers, to support them in accessing limited patient records, to allow them to document the interactions that they have with patients in support of the provision of collaborative holistic care.
- We have begun to develop a new "ABC" approach to offering our volunteering roles, co-designing new roles for volunteers, and providing a flexible 'responsive volunteering' process that can support the organisational pressures as they arise and dovetailing the offer from our experience of care teams.
- We have started to build relationships with the NHS care responder volunteer's service looking at how they can enhance our existing offering provided by our responder volunteers.

Key areas identified for further development

- We have more scope to develop a more robust support process for volunteers during their placements through building better relationships between the volunteers and their clinical teams.
- We will grow our volunteering hub space in spring 2025, to offer a more effective space for volunteers to access practical and welfare support from voluntary services, giving them a clear base and point of contact.
- Working with HIVCA in the system-wide partnership, we will continue to explore the VfH funding and how it can develop the 'passporting' system for the volunteers across the network.
- As our new Patient and Family Support Hub becomes established, we will work with the NHS responders and our existing responder volunteers to ensure a more extensive five to seven day/week service (including evenings).

How will ongoing improvements be measured and monitored?

The key metrics for measuring these outcomes will come from:

- Our responder volunteer statistics through the Patient and Family Support Hub.
- Our outcomes associated with the HIVCA partnership and the VfH bid i.e. progress with a passporting system including potential recruitment of a post to develop and establish this new system.

Progress metrics

- Year one funding from the VfH bid was received by the partnership to develop the partnership with the HIVCA support meetings every six to eight weeks.
- The system-wide volunteer onboarding and passporting system has not yet been established but will continue to progress with the partnership.
- We will have developed a responsive volunteer network, available five days a week with an established support system in place.
- We are an open and inclusive recruiter of volunteers and monitor the equality, diversity and inclusivity of the volunteers we recruit, seeing a more diverse range of volunteers that begins to more accurately represent our local community.

What our patients/relatives/carers tell us



NHS
University Hospital
Southampton
NHS Foundation Trust

"I really tried to bring mum in a paper each day but sometimes that was impossible if I couldn't visit.

Mum really enjoyed having these delivered especially as she had no TV in the ward. You made the process very easy and straightforward for us via email.

She really appreciated them as she loves the crossword and it helps keep her brain active after her stroke. She said that the lady who delivered it was so happy and smiley all the time.

Its the little things that can make a real difference when you are in hospital, especially long term."



NHS
University Hospital
Southampton
NHS Foundation Trust

"I have difficulty walking anything more than a few metres, so I have been well supported (by the Patient Support Hub). I usually just phone up, and someone meets me at the hospital entrance, takes me to my appointment, and drops me back to the entrance again.

Its meant I can actually attend my appointments - without the volunteers I would not be able to attend my appointments. Its a wonderful service.

I would 100% recommend using the service to others, I have told some people about it already, more people should know about it. The volunteers are so friendly and helpful."



NHS
University Hospital
Southampton
NHS Foundation Trust

“

I'd like to say a massive thank you to you and your volunteers for everything you did for me while I was in hospital, your services made a huge difference to me and I seriously cannot thank you enough for all you do and going that extra mile, you absolutely saved my sanity!

”

thank you



NHS
University Hospital
Southampton
NHS Foundation Trust

What our volunteers have said...

"Go on, be part of a team putting something back into helping others"

"You could not find a nicer group of people to work with, we are a mixed bunch of young students and retirees like me. Such a varied age group I think keeps me from going stale. The best thing though is the enjoyment and pleasure I get from doing it"

"I love interacting with people and making them feel comfortable and happy"

"It has been so satisfying helping people"



"The team are all so lovely, and it's a great way to learn new skills and to try new things!"

"I'm really grateful to everyone in the Patient and Family Support Hub for creating a kind and supportive work environment, and showing me what wonderful teamwork looks like"



Quality Improvement Priority Four: Acuity and deteriorating patients: continuing to improve how we keep patients safe from harm

ADULTS 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 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.

What have we achieved?

Five new starters have successfully completed their supernumerary period. The critical care outreach team (CCOT) resumed its 24/7 service on 16 December 2024. Recruitment for the final vacancies was completed in December 2024, with both new recruits scheduled to commence their roles by 31 March 2025. An education task and finish group has been established, which has conducted a gap analysis with all education leads and reviewed both internal and external training resources. Standards are currently under revision. The medical education and simulation team is testing the Acute Life-threatening Events-Recognition and Treatment (ALERT) course, which includes resident doctors and junior nurses. Initial feedback was presented to the deteriorating patient group on 25 September 2024. The Trust's acute deterioration education day continues to review feedback and evaluations for study days.

The acuity surveillance pilot was successful, and the CCOT is now formally implementing this initiative. Monthly acuity reports are generated at the Trust, division, care group, and ward levels, or through bespoke reporting. These reports incorporate various metrics, including National Early Warning Score 2 (NEWS2) and National Paediatric Early Warning Score (NPEWS) activations, Call 4 Concern activations, a 24-hour overview of NEWS2 activations, cardiac arrest calls, CCOT activations and reasons for referral, and unplanned admissions to the intensive care unit (ICU). Quarterly data on cardiac arrests, Treatment Escalation Plans (TEP), and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) are presented to the resuscitation committee and the deteriorating patient group (DPG). Challenges persist in collecting robust sepsis data.

UHS is participating in the national Martha's Rule pilot programme, with Call 4 Concern implemented in March 2024 and all activations reported on Ulysses. A task and finish group has been established to explore patient wellness questions, which is a fixed agenda item at the DPG. The bi-monthly DPG has been established, with increasing medical engagement, and regular reports are submitted to the patient safety and quality committee (PSSG).

Key areas identified for further development

- Further roll out of Martha's rule UHS-wide including Call 4 Concern.
- Gain feedback from divisional governance teams regarding incidents to ensure learning is identified and appropriate action plans are devised and implemented. Collaboration with maternity and neonatal services.
- Development of acuity dashboard.
- Medium- and long-term service development commenced including workforce planning.

How will ongoing improvements be measured and monitored?

- Bimonthly deteriorating patient group meetings to review current trends and themes, implementation of appropriate actions and evaluation of actions.
- Biannual review of deteriorating patient group terms of reference.
- Quarterly report to patient safety steering group.
- Yearly assurance report – Trust quality committee.

Progress metrics

- Patient observation compliance data.
- NEWS2 and NPEWS activations and data analysis.
- Analysis of all unplanned admissions to ICU from ward areas – adult and paediatric for themes to inform education and practice.
- Adult and paediatric ICU stepdown data.
- Adult critical care outreach team activity and outcome data.
- Adult and paediatric cardiac arrest and outcomes data.
- Adult TEP & DNACPR data.
- Complaints and adverse event reports related to failure to rescue and failure to escalate.
- Percentage of patients diagnosed with sepsis within the emergency department receiving appropriate antibiotics within one hour of sepsis diagnosis.
- Analysis of adult and paediatric Call 4 Concern data, action plan developed, implemented, and adjusted in response to themes.
- Analysis of patient/service user feedback on Call 4 Concern service.
- Analysis of staff feedback on Call 4 Concern service.



Volunteers and quality patient safety partners helped to promote the Call 4 Concern work

Quality Improvement 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-focussed and more patient-focussed level of care. The priority was developed to create a foundation and structure to tackle these care standards of care and to challenge practices, in response to patient and relative feedback.

What have we achieved?

Since commencing in late 2023 the following has been achieved:

- We have established the FoC project board and this group continues to meet every three months to provide an overall project view, share successes and opportunities for learning, discuss the workstreams continuing under the eight standards and to escalate challenges through a formal governance structure (through quality committee and QGSG).
- We have had one quality patient safety partner (QPSP) on the project board since conception. Subsequent events have involved two other QPSPs and have broadened the 'patient voice'.



- Each of the standards has a lead who oversees a multi-professional working group with clinical team representation. Some groups have chosen to pair due to links in their primary and secondary project drivers and actions. Matron involvement is driving the patient facing team involvement.
- The project board is minuted, with an action tracker. The board is attended by the corporate nursing team and is supported by our deputy chief nurse, chaired by our head of patient experience. It is also supported by our chief nursing informatics officer, members of the transformation team and communications.
- There is a FoC project manager in place who has worked with the transformation team to create a project plan in collaboration with workstream leads, a communications plan and drive forward key initiatives including business intelligence and the development of a clinical quality dashboard so we can measure the impact of the FoC.
- Enhancing leadership and role modelling of the FoC has been a key focus through leadership in practice study days. These sessions, held three times annually, target leaders across the organisation to address and challenge behaviours related to the FoC. Incorporating the patient voice, these study days are grounded in real patient stories and involve the practical application of skills using simulated patients.



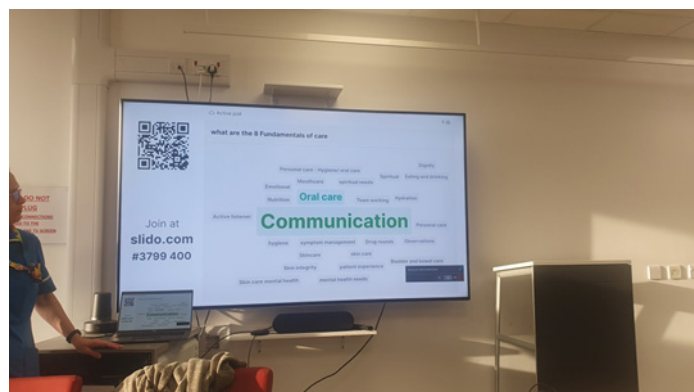
- As part of the patient hygiene working group, we have undertaken surveys using volunteer support, of patients and staff in the clinical decision unit (CDU), acute medical unit (AMU3), trauma assessment unit (TAU) and Macmillan acute oncology service (MAOS) in relation to their experiences of patient hygiene care and the impact of the trial patient hygiene packs.
- Existing surveys, PALS interactions, complaints, adverse event reports (AER), Friends and Family Test (FFT) are followed up and reviewed by senior managers accordingly. These inform the FoC workstream through the head of patient experience.
- Since conception, sharing the patient perspective and reflecting what patients would like to hear from us has been key. The posters around the organisation on our care commitments and resources on staffnet and the virtual learning environment (VLE) for staff, support this. These resources include:
 - o Resources developed by each group to share during the monthly focussed trolley dashes.
 - o Videos developed by staff for staff, to improve awareness of some key facts about each of the eight standards.

Staff on Bassett ward engaging patients with dementia in crafting activities



- Strong presence of the FoC throughout education as it has been mapped to the health care support worker (HCSW) induction, is included on preceptorship for all staff groups, has been presented to some university students at the University of Portsmouth and is embedded in lots of local training and development initiatives. The head of patient experience delivers many sessions across the organisation and beyond.

Head of patient experience engaging with clinical staff in cardiovascular and thoracics on how to assess the FoC in their area



- The What Matters To Me (WMTM) project was trialled in some clinical areas from October 2024 (F7 and G7). Due to challenges in engaging the volunteer support to maintain this project it has temporarily been halted. The boards have an agreed template, agreed by a QPSP, and based upon feedback from staff and patients. The values of this project are echoed in local projects we have seen.
- The FoC is being reviewed in conjunction with matron walkabout and the clinical accreditation scheme (CAS). Starting in February 2025, a new monthly focus is being established, with five core questions associated with a FoC standard and five specialist questions associated with that topic. This is forming part of ward benchmarking with a new self-assessment tool being implemented.

Key areas identified for further development

- Clinical representation in these working groups is to be re-established/built upon to support further engagement in the clinical areas/teams.
- Continuing to establish links and support in child health, maternity and outpatients to ensure a bespoke but collaborative roll out of FoC.
- To continue strong patient engagement and involvement, linking with involved patients where required with the support of our existing FFT results, the national inpatient and urgent and emergency (U&E) care surveys.
- Resources to continue to grow to create a repository of information for staff and develop their knowledge around the FoC and to support each other in challenging behaviours and practices.
- Employ interim project manager to maintain the project and support new ones whilst the current project manager is on maternity leave, focusing on establishing the dataset to evidence the FoC.
- Strengthen the recruitment of volunteers for WMTM through the successful bid to Volunteering for Health (VfH) through the recruitment and investment in a volunteer coordinator, as part of a partnership with other organisations in Hampshire and Isle Of Wight (HIOW), including the charity sectors.
- Successful 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.

How will ongoing improvements be measured and monitored?

Improvements will be measured and monitored through FFT feedback, feedback from self-assessment tools and ongoing surveillance of the clinical quality dashboard.

Progress metrics

Reduction in clinical incidents:

We've seen a decrease in the number and severity of incidents related to the FoC across inpatient settings. A key theme in early 2024 involved patients reporting being asked to urinate in incontinence pads. Six adverse event reports (AERs) were recorded in Q1, with none reported in Q3, indicating improvement.

Reduction in complaints:

While we don't yet tag complaints specifically to FoC, we've observed a decline in 'patient care' complaints - from 14.67% in Q1 to 13.91% in Q3. We're also exploring refinements in complaint categorisation to better align with FoC themes.

Increase in compliments:

Patient and family feedback is gathered through various channels. For example, our urgent and emergency care survey showed an overall satisfaction score of 7.68/10.

Improved performance against metrics:

Throughout 2024, we've redesigned our improvement metrics in collaboration with clinical teams. These are now reflected in the clinical quality dashboard, supported by a comprehensive data dictionary developed by our project manager.

Quality Improvement Priority Six: Improving our morbidity and mortality (M&M) meetings

Why was this a priority?

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

M&M meetings (or clinical review meetings) have a central function in supporting our services to achieve and maintain high standards of care. They allow us to review the quality of the care that is being provided to our patients and learn lessons from outcomes. They are multi-disciplinary meetings which provide a safe place for learning, for supporting comprehensive conversations and ensuring governance standards are met. They allow us to identify any opportunities for improvement and are an important opportunity for education. They also provide opportunities for senior staff to model appropriate professional behaviour and engage the significant expertise of clinicians at the point of care.

There is also a growing trend in M&M meetings to identify how resilience within complex systems enables good outcomes in the face of the kind of challenges and uncertainties which we are experiencing, and which are inherent within healthcare delivery.

What have we achieved?

The medical advisor for patient safety is leading efforts on morbidity and mortality (M&M) meetings. A comprehensive framework for M&M meetings at UHS has been developed, establishing expectations for a safe learning environment that is multiprofessional and multi-disciplinary, with a systematic meeting structure and agenda focused on learning, governance integration, and patient-centred care. This framework is supported by a handbook, resources, and education for M&M leads. A dedicated Teams channel has been created to provide resources for M&M leads.

An M&M workshop was held as part of the WHO Patient Safety Day on 12 September 2024, focusing on creating strong learning environments, maintaining patient centrality, and learning from palliative care. The workshop was attended by 20 M&M leads and governance representatives. Additionally, 20 M&M leads attended a study day on 23 January 2025, covering topics such as human factors and systems thinking, PSIRF, keeping the patient central, appreciative inquiry in M&M, creating strong learning environments, managing difficult behaviour, and expanding the scope of M&M beyond mortality. The study day was well received, and another is planned for early April.

Regular meetings are held with M&M leads and the medical patient safety advisor to provide support and identify areas needing assistance. An electronic M&M recording system was developed and trialed to capture and evidence outcomes, but it is no longer supported by the Trust, prompting the investigation of alternatives. A clear escalation process from M&M meetings to the existing governance structure has been established, with actions recorded. M&M meeting outcomes are now a standing agenda item in governance meetings.

UHS - 6 key principles of M&M



Safety

A safe space for learning. A meeting atmosphere that is conducive to open discussion with a focus on 'Just and Learning Culture' and an emphasis on understanding the systems factors, not focusing on individuals.



Multiprofessional and Multi-disciplinary

Ensuring active participation across staff groups and different disciplines.



Meeting Framework

Systematic agenda selection process, structured meeting format and objective analysis of data, including consideration of systems factors, and human factors and ergonomics.



Learning Focus

Comprehensive discussions to generate actionable learning and system improvement. Using an appreciative inquiry approach to emphasise and learn from the every day, as well as where things can go wrong.



Governance

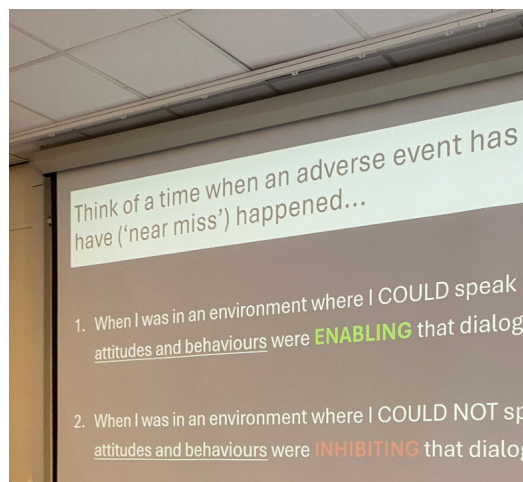
Hospital-wide system to record outcomes, lessons learned, and dissemination of recommendations to ensure action and learning. Supporting our integrated approach to quality across the organisation. Follow up to ensure actions are completed. Clear pathways for central reporting and escalation of concerns.



Patient Centred

Keeping the patient and the family central to the learning. Ensuring that the patient voice is heard when learning from events. Completing feedback and duty of candour to help build trust.

Training as part of the WHO World Patient Safety Day: Discussing how to create psychological safety in meetings



Key areas identified for further development

- Development of electronic recording process that can be used for all M&M meetings.
- Need to develop stronger links and greater support from local governance.

How will ongoing improvements be measured and monitored?

Regular review of M&M meetings with the M&M leads to ensure that:

- M&M meetings are represented by the multi-disciplinary.
- Terms of reference are in place.
- Incorporating mortality data.
- Using a recording app (when available).
- Outcomes are linked to actions and governance processes.

Progress metrics

The electronic recording system is not currently supported so we cannot measure this (and it makes it hard to audit actions and escalations as these would be audited via this).

Survey of clinical staff (163 replies) and their view on M&M. Key findings:

- 73% staff feel UHS views the meetings as important.
- 75% that their department views these as important.
- 60% that they are fit for purpose.
- 75% that they make a difference to patient safety.
- 80% agree that systems factors are considered.
- 35% felt they were well supported by local governance.

Quality Improvement Priority Seven: Develop the Trust's approach to reducing the impact of health inequalities (HIs) (year one)

Why was this a priority?

The causes of health inequalities are complex, but research has shown that the main drivers of health inequalities are social determinants; the environments people live in, access to employment and the kind of start they had in life. Inequalities are also driven by the ways in which health services are designed and delivered, and by the quality of clinical care received. The NHS plays an important role in both mitigating against the wider determinants and in reducing healthcare-based inequalities. As well as a moral and social responsibility, NHS trusts have a legal duty to consider health inequalities.

A new requirement from NHS England asks that trusts describe the extent to which they have exercised its functions consistently with NHS England's views set out in the statement on information on inequalities.

Addressing health and care inequalities is a core focus of the CQC's 2021 strategy. To reinforce this commitment, the CQC has outlined five equality objectives aimed at tackling disparities in health outcomes. They have made it clear that action will be taken where care falls short for particular groups. Providers are expected to proactively identify, engage with, and respond to individuals who face barriers to accessing care or experience poorer outcomes. These efforts will be reflected in the CQC's assessment frameworks.

Failure to address health inequalities also carries a significant financial burden for NHS trusts. Estimates suggest these disparities cost the NHS around £5.5 billion each year. Eliminating health inequalities could potentially reduce the volume of treatments provided by the NHS by up to 15%, easing pressure on services and resources.

What have we achieved?

Governance

A health inequalities board has been convened, chaired by the chief medical officer and attended by representation across UHS, patient partners, public health teams from the local councils and the population health team within the integrated care board.

The board has set some initial objectives. These will be delivered through five areas of focus, each with a dedicated sponsoring director and a detailed delivery plan. These areas of focus are:

- Clinical priorities.
- Data and measurement.
- Enabling the organisation.
- Communications and engagement.
- Strategy and approach.

Clinical priorities

Three clinical priorities have been set, based on national guidance on services where there is greatest health inequalities impact. The public health leadership from the local councils and integrated care board were involved in this prioritisation to ensure that we chose areas with high prevalence locally, and where it was felt an acute trust can have greatest impact. Priorities set are tobacco dependency, hypertension and obesity.

Tobacco dependency

In Southampton, smoking rates are higher than the national average. It is estimated that one in six Southampton deaths are attributable to smoking (JSNA, 2021). 70% of our lung cancer patients and 86% of our COPD patient deaths are directly attributable to smoking. People who smoke are 36% more likely to be admitted to hospital than non-smokers and have poorer treatment outcomes including reduced response to treatments, prolonged recovery and increased risk of complications, across many areas including surgery, cancer and cardiovascular disease (Royal College of Physicians, 2020). This leads to increased length of stay, higher rates of emergency department attendance and greater pressure upon outpatient clinics due to smoking-related comorbidities.

We have been focusing on improving identification of those who have been admitted who smoke, increasing the delivery of very brief advice to all patients who smoke and increasing referral to tobacco dependency services on the ward for those who do not opt out. We've been reviewing our data to understand how we are supporting those most at risk of being impacted by health inequalities.

Obesity

In 2022 to 2023, 29.5% of adults in Southampton were estimated to be living with obesity, above the national average. Southampton has one of the highest childhood obesity rates in the county. There are a large number of conditions linked with obesity, including cardiovascular disease, hypertension and liver disease.

There is a multi-disciplinary service provided at UHS for children which provides excellent outcomes, reversing clinical impacts such as hypertension and type two diabetes. This programme seeks to identify opportunities to collaborate with our system to prevent the increasing levels of childhood obesity, reflecting the national focus on left shift and prevention. Adult obesity services are in review across our system.

Hypertension

Hypertension is amongst the leading causes of death in Southampton and Hampshire. High blood pressure causes threat to life expectancy linked with stroke, vision loss, heart failure, heart attack, kidney disease/failure. Hypertension identification and control have both been a challenge across Hampshire and Isle of Wight.

Although hypertension treatment is delivered in primary care, there are actions we are taking as a trust to support this important priority. This includes:

- As the largest employer in the city we have the opportunity to improve health by supporting our staff. We are developing materials to support our staff to understand the importance of blood pressure monitoring and approach to accessing help with high blood pressure. We hope this knowledge will extend to families, communities and how we support our patients.
- Support people to 'wait well' whilst on our waiting list, with improved guidance on controlling and monitoring blood pressure while waiting for surgery, reducing the number of cancelled procedures due to high blood pressure.
- Consider how improved data sharing on blood pressure readings between UHS and GPs can support onward support for hypertension.

Data and measurement

Several positive steps have been taken in measuring and understanding health inequalities within our services. These have been:

- Building new dashboard that enables us to assess whether access to our services is equitable related to IMD decile, age, gender and ethnicity.
- Assessment of equitable delivery of smoking cessation services.
- Assessing the acute impact of hypertension control.
- Collaborating with the Integrated care board on producing the data required for national reporting guidelines.

Enabling the organisation

We wish to support staff across our organisation to understand health inequalities, to recognise them within services, to access to tools to enable service change and to have routes to escalate issues. We have appointed a health inequalities officer who will be a key link to support services to achieve this. We have begun developing training that will be available across the organisation. We have also established escalation routes for raising concerns related to health inequalities.

Communications and engagement

There have been a number of excellent case studies communicated during this year through existing communications channels such as the Connect magazine. HELIXR, a pioneering programme that supports vulnerable patients with chronic liver disease through the introduction of peer support workers, attracted news coverage and was featured on the BBC and ITV Meridian in March.

We have been attending events across Southampton including Pride and the Black Business and Arts Festival to show our support and to connect with our communities. We've been reaching out to grow the number and diversity of our involved patients, aiming to reflect the diversity of our population in our feedback and helping us to better serve the needs of our community.

Strategy and approach

We have worked on establishing this approach to delivering health inequalities over the year, which is now seeing results in progress in all prioritised areas for improvement.

We have taken discussions to our Trust Board to establish how we will move this important work forward in years to come. We have also reflected on how population health, prevention and health inequalities will feature in our developing updates to our trust and clinical strategies.

Key areas identified for further development

There are detailed delivery plans for all of our priority areas over the next year, which will enable us to keep driving towards our aims. Highlights from these plans include:

- Designing and publishing health inequalities training for all staff.
- Creating an internal staff campaign, recognising the impact of health inequalities within our people and providing advice.
- Establishing a health inequalities operational group who receive escalations of health inequalities issues and assess trust-wide implications and support improvements.
- Delivery of planned improvements within our three prioritised clinical specialties.
- Connecting with our communities and engagement leads across our city, improving our insights into the local drivers of health inequalities and identifying improvement opportunities.
- Reviewing our use of QEIAs for change and decision making.

- Development of Trust and clinical strategies with making impact on health inequalities included.
- Making use of the data sets we have built to drive change within our services and measure our impact.

How will ongoing improvements be measured and monitored?

We have clear objectives against all priorities with delivery timelines. We will continue to assess our progress in delivering against these.

The dashboards that have been built will enable us to measure change over time, demonstrating where we have been able to impact on the equality of access to services.

We will continue to work with our patients to gain feedback on how well we have met their needs while under our care.

Progress metrics

During 2024/25, we significantly advanced data capabilities to measure health inequalities across UHS services. We now track outpatient and inpatient waiting lists, discharges, and emergency department performance by age, gender, ethnicity, and Index of Multiple Deprivation - enabling long-term impact assessment. Staff access to this data will also be monitored.

While some planned measures were successfully implemented, others remain in progress and will continue into year two (2025/26) of this quality priority.

As part of our hypertension programme, we aimed to reduce theatre cancellations and non-elective admissions. Pathway improvements are underway and will be implemented in 2025/26, supported by expanded data sources. Combined with the Hampshire and Isle of Wight Intergrated Care Board's (HIOW ICB) cardiovascular disease (CVD)-focused 'signature move' in primary care, these efforts are expected to reduce non-elective admissions.

HIOW ICB data for 2024/25 shows:

- ~95 CVD-related ED attendances/month
- ~420 non-elective admitted episodes of care/month
- ~2,340 bed days/month

Our tobacco quit rates continue to be better than expected nationally.

Throughout the year, the health inequalities board reviewed case studies from eight services, showcasing impactful improvement work. These have been documented to support organisational learning.

Quality Improvement Priority Eight: Develop a UHS quality management system approach (year one)

Why was this a priority?

In April 2023, NHS Improving Patient Care Together (IMPACT) was launched to support all NHS organisations, systems, and providers at every level (including NHS England) to have the skills and techniques to deliver continuous improvement. NHS IMPACT's five components form the basis of all evidence-based improvement methods and underpin a systematic approach to continuous improvement:

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

Taking a more integrated quality approach is also a key component of our 'always improving', clinical effectiveness and Trust strategies in support of our 'outstanding patient outcomes, safety and experience' strategic pillar.

To establish our current position, the Trust undertook a self-assessment to gauge its organisational maturity against the IMPACT framework and identified 'embedding improvement into management systems and processes' as an area of opportunity to improve and employ best practice. It was also a recommendation from the Thirlwall Inquiry that organisations focus on their ability to triangulate different quality indicators to build a holistic view of the organisation or a particular service.

What have we achieved?

- The Trust executive committee (TEC) commissioned a quality report as a standing item to enable integrated organisational oversight of all aspects of quality for consideration alongside the financial, performance and people domains.
- A steering group led by the chief nursing officer with representation from the deputy chief nurse portfolio, clinical effectiveness, corporate affairs, and transformation has been established to create this report, review the quality data requirements and the coordination of quality teams to produce it.
- A review of our current quality board reporting and the care quality dashboard (CQD) has been undertaken. A working group to look at future requirements across all of these use cases and developing these has been established.
- Visits have been undertaken to draw upon learning from other hospitals' approach to quality management systems through a series of online webinars and resources shared through NHS IMPACT and through visits to other trusts. East London NHS Foundation Trust is seen as leading in their quality management system approach and a site visit was conducted in July with learning taken to include in our UHS approach. In February, Salisbury hosted the Trust to demonstrate their quality management system and how it drives the deployment of their trust strategy.
- We have identified opportunities to collaborate across the quality portfolio and work together on these objectives. The health inequalities board has representation from all the quality teams and various workstreams and subgroups are owned across the portfolio in a coordinated approach.

Key areas identified for further development

Initiate the quality report paper to TEC from April 2025 and iterate based on feedback:

- Further site visits planned and engagement across the South East regional Learning Improvement Network will enable learning and understanding of best practice from other centres in the South East region.
- Review the workplan for the future development of the CQD to be initiated following a workshop to gather requirements from the different use cases that have been identified. This workshop is expected to produce a development roadmap for the quality information.
- The Trust has initiated its strategy development process and an emphasis on an integrated quality approach will be a key component within the new framework building on the learning from other centres.

How will ongoing improvements be measured and monitored?

- Feedback will be gathered from the quality report and shared with TEC members.
- A development roadmap will be developed for the quality dashboard to monitor progress.
- A key milestone will be the management system being set out in the updated Trust strategy in September 2025.
- The Trust will undertake a further self-assessment against NHS IMPACT improvement framework to assess any increased maturity resulting from focussing on these priorities.

Progress metrics

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

2.2 Priorities for improvement for 2025/26

This section outlines our quality improvement priorities for 2025/26, developed in response to the ongoing operational challenges of the past year. Our focus remains firmly on delivering high-quality, patient-centred care across all services.

These priorities have been shaped through collaboration with our executive team, governors, clinical colleagues, and informed by feedback from patients and staff. This inclusive approach ensures our efforts are directed toward the areas that will have the greatest impact on those who use our services.

Our priorities are grounded in the Trust's commitment to providing well-led, safe, reliable, and compassionate care - delivered transparently and measured meaningfully.

We continue to align our priorities with the three core dimensions of quality:

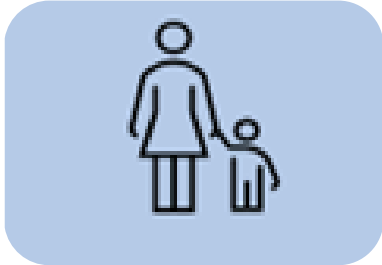
- **Patient Experience** – how patients perceive and experience the care they receive
- **Patient Safety** – protecting patients from avoidable harm
- **Clinical Effectiveness** – ensuring care leads to the best possible outcomes

To identify these priorities, we engaged with a wide range of stakeholders, including staff, the quality committee, Trust Board, executive committee, commissioners, patient representatives (via Healthwatch), and our Council of Governors.

Each proposed priority was assessed against the following criteria:

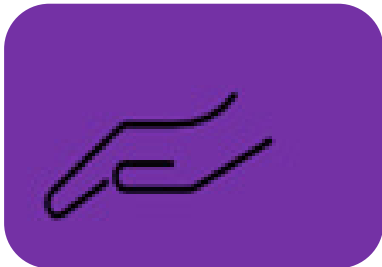
- Is this a concern raised by our patients?
- Is this a concern raised by our staff?
- Will it significantly improve quality?
- Is it achievable within our available resources and timeframe?
- Does past performance indicate room for improvement?
- Does it align with national priorities or audit findings?

2025/26 Quality improvement priorities



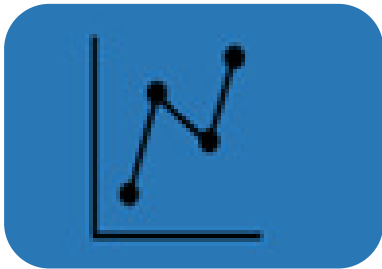
Patient experience - how patients experience the care they receive

- Quality Priority One: Establishing and developing the Family Support Hub to address disease inequalities and meet the needs of all our patients, families and carers (year two).
- Quality Priority Two: Care of the dying patient and those important to them



Patient safety - keeping patients safe from harm

- Quality Priority Three: Acuity and deteriorating patients across the Trust.
- Quality Priority Four: Implementation of the National Safety Standards for Invasive Procedures (NatSSIPs) 2.
- Quality Priority Five: Fundamentals of Care (year two).



Clinical effectiveness - how successful is the care we provide?

- Quality Priority Six: Developing the Trust's approach to reducing the impact of health inequalities (year two).

We believe we have chosen priorities that reflect our long-term strategic position, the key areas which will make the difference to the patients accessing our services as well as being responsive to the emerging challenges across the healthcare system. The finalised priorities were presented to the quality committee and Trust executive committee in March 2025. The quality committee will provide governance oversight and support to ensure that the quality improvement priorities progress and successfully achieve the required outcomes within the year. The 2025/26 quality improvement priorities are embedded within the Trust's Five Year Corporate Strategy, under the overarching objective of delivering outstanding patient outcomes, safety, and experience.

Quality Improvement 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)

Core dimension

Patient experience

Rationale of selection

To provide equitable access to support for all UHS patients and their families/carers.

Key aims

The former Macmillan centre is now rebranding as the Patient & Family Support Hub (P&FSH). The hub will continue to provide services previously offered at the Macmillan centre, such as emotional support, financial advice, complimentary therapies and practical assistance, the ambitions and plans is to expand the service and support available to all patients, relatives and carers.

The plans for the P&FSH:

- Provision of a multi-purpose hub for all patients, carers, and families to address and reduce current health and disease inequalities, integral to this is a refurbishment based on current service users poor feedback on environment.
- Improvement of wellbeing support for the 9,000 patients on elective procedure waiting lists by creating a 'waiting well' service run through the hub, creating equity in access to information pertaining to their wait list, counselling, health education (in line with Core20PLUS5) and education on coping mechanisms.
- Reduce the dehumanisation of hospital-bound patients, bringing the outside world into the hospital with services such as a hair salon, beauty treatments designed to boost patient wellbeing.
- Private discussion rooms that will be neurodivergent-friendly and bookable by all clinical teams. We aim to create a space away from crowded areas where our patients with autism or learning disabilities do not become overwhelmed. This will also provide an area where sensitive discussions can take place away from a clinical location.
- Provisions for carers respite to support our unpaid workforce. Provide a designated carers shower and dressing room and access to a domestic washing machine.
- Hair and beauty treatments salon/barber to bring the outside world of holistic support into UHS to support long-stay patients improving mental wellbeing. The experience of care team is consistently inundated with hair cut requests. One common complaint from relatives is their loved one looks unrecognisable after a long stay in hospital. The hair salon will be mainly aimed at elderly patients and incentivise back to normal/end pyjama paralysis campaigns.
- To work collaboratively with our community, for example engaging with local colleges and offer health and beauty treatment students to come to the hub to provide free treatments such as manicures/pedicures/massages for long stay inpatients.
- Music sessions in collaboration with University of Southampton musical education department, hosting and supporting music therapy and puppetry for patients to enjoy.
- Access to support for patients/family members potentially arriving distressed by triaging and ensuring safe signposting occurs. Supporting patients/family members with adapting to changes in health conditions etc.

- A mock living room environment created in the room which has accessibility for a hospital bed to provide long-term conditions and end of life patients a comforting space to see their loved ones and have private time away from the clinical environment.
- A designated one-stop accessibility area for all patients, carers and relatives that have additional support needs to access support and assistance for their appointments, and to be further supported by a volunteer where appropriate.
- Outreaching some of what the hub offers to the inpatient areas to ensure that we do not create accessibility inequalities.
- Currently the equality, diversity and inclusion (EDI) demographics for Macmillan centre service users are 70% white, with the average user being a 50–60 year old white woman. We aim to operate and offer services that will encourage diversity and ensure all patients are accessing the support services (for example holding religious celebration events).

Progress metrics

- Patients and families co-designing all aspects of the P&FSH.
- Friends and Family Test feedback and other targeted surveys.
- Data evidencing a diverse range of attendance from patients and families.
- Volume of 'waiting well' attendees.
- Established placements with local colleges.

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

Core dimension

Patient experience

Rationale of selection

1. Patients and families require clearer, more accessible information about end-of-life care (EOLC), including symptom management, the dying process, and available support.
2. Effective symptom control is essential. A standardised system is needed to assess symptom severity and evaluate treatment effectiveness.
3. Findings from the National Audit of Care at the End of Life 2024 (NACEL) and other feedback indicate that family needs are not consistently identified or met. High-quality EOLC must also support families through bereavement.
4. Communication remains a key concern. Feedback shows that we are not consistently meeting expectations, and there is currently no trust-wide communication training in place.
5. Limited post-bereavement feedback suggests a gap in understanding the lived experience of families. We must ensure our care aligns with the standards we aspire to deliver.
6. The current hybrid documentation system, paper-based care plans and digital assessments, risks incomplete or inconsistent care planning and communication between nursing and medical teams.

Key aims

1. Raise awareness and embed EOLC strategy

Launch the new EOLC strategy trust-wide via communications, clinical leaders, grand rounds, and ward-level engagement.

Promote use of new family information booklets, patient leaflets (e.g., JIC medication), and the EOLC discharge checklist.

Use the link nurse programme and trolley dashes to distribute materials and provide on the spot training.

2. Standardise symptom management

Implement a new paper-based symptom observation chart, supported by a clinical guideline.

Deliver targeted training at ward level, link nurse sessions, and clinical forums to ensure consistent use.

3. Improve family support

Conduct a thematic review of family experiences during EOLC.

Provide education to clinical and non-clinical staff on recognising and responding to family needs.

4. Strengthen communication training

Advocate for communication to be prioritised in inpatient documentation.

Expand EOLC communication training through the supportive and palliative care team (SPCT) and clinical educators.

5. Enhance feedback mechanisms

Promote NACEL 2025 participation through SPCT engagement with patients and families.

Bereavement team to proactively invite families to complete NACEL and a new UHS bereavement survey six months post-loss.

6. Improve documentation systems

Collaborate with the digital team to develop a fully electronic, individualised EOLC plan for both nursing and medical staff.

Create a digital comfort observation form for future integration into trust-wide systems.

Progress metrics

1. Awareness and strategy implementation

- Completion of patient experience evaluation and action plan.
- Family feedback and NACEL 2025/26 data.
- Number of educational sessions delivered.

2. Symptom management

- Number of wards using comfort observation charts.
- Audit results on chart completion and intervention appropriateness.

3. Family support

- Improvement in NACEL feedback on symptom control.
- Number of teaching sessions and promotional activities.
- Staff familiarity with materials (via local survey).

4. Communication

- Number of training sessions delivered.
- Staff feedback and NACEL family responses.
- Results from the UHS bereavement survey.

5. Feedback collection

- Increased volume of bereaved family responses to NACEL and UHS surveys.

6. Digital integration

- Implementation of digital EOLC plans and comfort observation documentation in inpatient systems.

Quality Improvement Priority Three: Acuity and deteriorating patients across UHS ADULTS AND PAEDIATRICS

Core dimension

Patient safety

Rationale of selection

Key priorities:

1. Active surveillance of acuity across the Trust in patient adult and paediatric ward areas.
2. Implementation of Martha's Rule recommendations Call 4 Concern (C4C) for all adult and paediatric in-patient ward areas.
3. Trust-wide acuity education strategy.
4. Development of acuity dashboard for adults, paediatrics and neonatal services.
5. Development of key sepsis workstreams across the Trust.

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.

The Trust use the National Early Warning Score (NEWS2) and National Paediatric Early Warning Score (NPEWS) to provide our healthcare professionals with a standardised language and approach to assessing adult and paediatric patients who either present as acutely ill or are showing clinical signs of deterioration within a healthcare setting. NEWS2 and NPEWS standardise the recording and analysing of clinical observations and the language used to escalate concerns or instigate calls for concern. The ongoing surveillance of NEWS2 and NPEWS activations and escalations provides a barometer for overall acuteness within the Trust for both adult and paediatric ward areas.

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

This year the focus includes workstreams to ensure that the patient voice is heard and listened to during an acute deterioration episode. The Call 4 Concern service implemented across the Trust provides patients/relatives/carers (adult and paediatric) with a simple pathway to access a review by the critical care outreach team at times when they feel that their worries and concerns related to acute deterioration are not resolved by the ward teams. This encompasses the principles of Martha's Rule where patients/relatives/carers will have a legal right to a rapid review by the critical care outreach team (CCOT) during an acute deterioration episode and the service is available 24/7.

At UHS we have a 24/7 adult critical care outreach team and a 24/7 paediatric outreach team that provide a rapid clinical review by critical care trained clinical practitioners during an acute clinical deterioration for either adult or paediatric patients, thus meeting the core recommendation within Martha's Rule.

In line with the principles behind Martha's Rule there will be an increased focus on developing key sepsis workstreams across UHS.

Highly skilled and knowledgeable healthcare professionals are vital in the recognition and management of deteriorating patients. The development of a trust-wide education strategy for recognising and managing deteriorating patients will provide core standards for all deteriorating patients (adult and paediatric) education training. Early discussions have commenced with our maternity and neonatal colleagues to explore implementation of Martha's Rule within their areas.

Currently there is no provision available for a specific acuity dashboard in adults or paediatrics. Collected data cannot be sourced from one domain causing lack of visibility in this area. A specific dashboard would facilitate the coordinated collation of data across all adult and paediatric inpatient areas to highlight and identify the adult and paediatric dimension of acuity across UHS. This will require future but immediate investment.

Key aims

Active surveillance of acuity across UHS in patient adult and paediatric ward areas

Monthly reports detailing NEWS2 activations exceeding five are generated for each adult inpatient ward to support local review and action. In addition, 24-hour overview reports of such activations are produced monthly to provide a more immediate perspective on patient deterioration.

Unplanned admissions to the Intensive Care unit (ICU) are reviewed and analysed on a monthly basis. Cardiac arrest data undergoes bi-monthly analysis to identify trends and opportunities for improvement. Treatment Escalation Plans (TEP) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation are reviewed quarterly to ensure alignment with policy and standards.

The adult deteriorating patient policy is regularly reviewed and updated, with ongoing monitoring of compliance related to patient observations. Monthly reviews of adult Critical Care Outreach Team (CCOT) network data are conducted, and NEWS2 observation compliance is enforced across all adult inpatient areas.

The acuity dashboard is actively used during all staffing hub meetings. CCOT also leverages the dashboard and biochemistry data to proactively identify and assess acutely ill adult and paediatric patients prior to referral. Early referrals from the emergency department resuscitation area and inpatient maternity services are implemented and evaluated for effectiveness.

In paediatrics, the National Paediatric Early Warning Score (NPEWS) has been integrated into the children's emergency department, with data analysis reported to Child Health Governance and the deteriorating patient group. All paediatric 2222 escalation calls are reviewed and analysed to support shared learning across the Trust, including unplanned admissions to PICU/PHDU.

Weekly multi-disciplinary team (MDT) learning is facilitated through the child death and deterioration (CDAD) forum. The recognition and assessment of the paediatric patient in deterioration (RAPPID) programme is delivered to nurses above Band 4 and resident doctors across Southampton Children's Hospital.

Finally, safety huddles are continuously implemented to support early identification of deteriorating patients and to facilitate effective patient flow throughout Southampton Children's Hospital.

Implementation of Martha's Rule recommendations Call 4 Concern for all adult and paediatric in-patient ward areas.

A monthly audit and multi-disciplinary team (MDT) review of Call 4 Concern calls are conducted to identify key themes and hotspot areas, with appropriate actions implemented based on the identified themes. A patient wellness questionnaire is being piloted in two adult inpatient wards, with results analysed and plans for a roll out across all adult inpatient areas. Resources for Call 4 Concern are being developed and implemented for patients and carers with cognitive and/or communication impairments. Parental concerns questions within the National Paediatric Early Warning Score (NPEWS) are analysed for theming and action planning, supported by the Call 4 Concern pilot in paediatrics. Regular audits and analyses of the paediatric Call 4 Concern service are conducted and reported to the deteriorating patient group. Continue to work with divisional governance teams regarding incidents to ensure learning is identified and appropriate action plans are devised and implemented.

UHS acuity education strategy

- Evaluation of current deteriorating patient education provision across UHS.
- Evaluation of trust-wide deteriorating patient education study day.
- Development and implementation of standards for deteriorating patient education. These are then reviewed on a yearly basis.
- Development and implementation of an acuity education virtual learning environment (VLE) platform.

Development clinical quality dashboard

Collaborate with colleagues across clinical outcomes, patient safety, and experience to develop a contemporaneous, meaningful, and accessible clinical quality dashboard, which includes acuity, that supports teams to drive continuous improvement.

Development of key sepsis workstreams across UHS

- Establish collaborative multi professional sepsis focus group.
- Key workstreams agreed to include education, resources and communication.
- Agree key sepsis data metrics to begin auditing and analysing.

Progress metrics

Governance

- Bimonthly deteriorating patient group meetings to review current trends and themes, implementation of appropriate actions and evaluation of actions.
- Biannual review of deteriorating patient group terms of reference.
- Quarterly report to patient safety steering group.
- Yearly assurance report – Trust quality committee.

What will we measure and analyse

- Patient observation compliance data.
- NEWS2 and NPEWS activations and data analysis.
- Analysis of all unplanned admissions to ICU from ward areas – adult and paediatric for themes to inform education and practice.
- Adult and paediatric ICU stepdown data.
- Adult critical care outreach team activity and outcome data.
- Adult and paediatric cardiac arrest and outcomes data.
- Adult TEP & DNACPR data.
- Complaints and adverse event reports related to failure to rescue and failure to escalate.

- Percentage of patients diagnosed with sepsis within the emergency department receiving appropriate antibiotics within one hour of sepsis diagnosis.
- Analysis of adult and paediatric Call 4 Concern data, action plan developed, implemented, and adjusted in response to themes.
- **Analysis of patient/service user feedback on Call 4 Concern service.**
- **Analysis of staff feedback on Call 4 Concern service.**

Quality Improvement Priority Three: Acuity and deteriorating patients across UHS MATERNITY

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 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.

Build upon and maintain strong working relationships with maternal medicine and critical care outreach teams, training together and sharing learning.

Key aims

- 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 the critical care outreach team 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 on the maternity records system (BadgerNET).
- Work with local maternity and neonatal system (LMNS), maternal medicine team and UHS CCOT on training including the PRactical Obstetric Multi Professional Training (PROMPT) and maternity red flags. Open invitation for these teams to attend maternity safety huddle to share learning and/or discuss current patients.

Progress metrics

Audit MEWs

- Are observations being recorded accurately and consistently on BadgerNet?
- Has escalation occurred when indicated?

Audit Call for Concern

- How often is it used, what are the referral themes?
- Patient outcomes where referral made for deterioration.

Audit CCOT surveillance tool

- Number of patients highlighted on dashboard.
- Number of patients reviewed by CCOT and outcomes.
- Patient and staff feedback where critical care outreach review maternity patients in Princess Anne Hospital.

Quality Improvement Priority Three: Acuity and deteriorating patients across UHS NEONATAL

Core dimension

Patient safety

Rationale of selection

Recent publication of Newborn Early Warning Track and Trigger2 framework from the British Association of Perinatal Medicine (BAPM):

This framework is designed for use in postnatal care settings including the delivery suite, postnatal ward and transitional care unit. It describes at-risk groups and provides an updated Newborn Early Warning Track and Trigger (NEWTT2) chart aligning to current recommendations for newborn care and acknowledging feedback from healthcare professionals.

The chart encompasses parental concern to acknowledge the importance of the opinion of the family in addition to the wider multi-disciplinary team. The inclusion of parental concern supports concerns highlighted and recommendations made in recent national maternity investigations.

The escalation and response tools use standardised language to minimise the potential for errors in communication and encourage joint multi-disciplinary team working.

This extended framework provides an escalation tool and a standard response and review tool for the MDT to use jointly.

Key aims

Implementation of NEWTT 2 across the birth environment, postnatal wards and transitional care:

- Training to commence from 10 February 2025.
- Equipment to be ordered (taken time to receive funding approval).
- Plan to go live in March 2025 once >75% of staff in each area has received training, including neonatal medical team.
- Trolley dashes.
- Train the trainer.

Progress metrics

Audit of compliance:

- Has it been undertaken for the appropriate babies?
- Was the frequency of observation undertaken correctly?
- Was the score accurately calculated?
- Did escalation take place if required?
- Was the response to escalation appropriate?

Quality Improvement Priority Four: Implementation of the National Safety Standards for Invasive Procedures (NatSSIPs) 2 at UHS

Core dimension

Patient safety

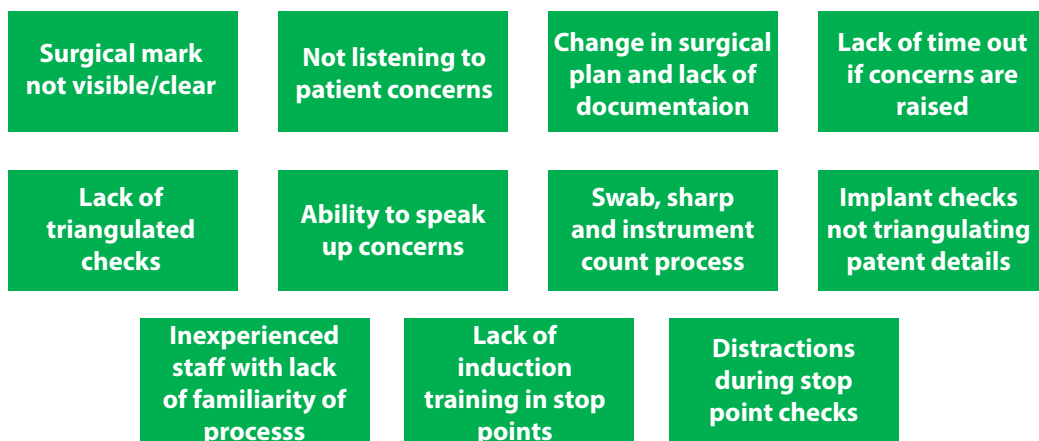
Rationale of selection

The new National Safety Standards for Invasive Procedures (NatSSIPs 2) represent the progression of the original NatSSIPs. The key aim to standardise, harmonise and educate (SHE) across organisations and procedural teams remains central to the NatSSIPs purpose. Critical changes include bolstered organisational standards and proportionate checks that recognise different levels of risk during major and minor invasive procedures, and the adaptations to processes that may be necessary in life-threatening situations. This standardisation, harmonisation and education goals are set out in the table below.

	Organisational	Sequential (‘The NatSSIPs Eight’)
Standardise	Safety behaviours, processes, policies, insight, involvement and performance measures across organisations and specialities.	Expected behaviour, safety standards, checklists and format across invasive specialities.
Harmonise	Across groups of hospitals. Across IT systems.	Reduce variation across specialities.
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.

Investigations into the increase of never events in 2023 and 2024 has identified that the majority of these had contributing factors related to stop points for safety. The key learning identified:

Thematic analysis of never events



All these factors will be addressed through NatSSIPs2 implementation.

Safer invasive procedures is to be included as a local quality indicator by the ICB within the 2025/26 national contract.

Key aims

- Establish a NatSSIPs oversight committee.
- Set up an invasive procedures committee.
- Establish the following workstreams:
 - o Audit of stops point for safety in theatres and for minor procedures in outpatient and ward areas
 - o Multi-disciplinary safety walkabouts
 - o VLE and induction workstream
- Education: recruitment of medical education led to set up simulation-based MDT training.
- Patient involvement.
- NatSSIPs eight and communications.
- Stop points for safety staff resources.

Progress metrics

- Increase in the completion of VLE stop points training.
- Develop and implement a programme to deliver non-technical skills to the MDT.
- 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 Improvement Priority Five: Fundamentals of Care

Core dimension

Patient safety

Rationale of selection

The term Fundamentals of Care (FoC) describes the eight standards that staff across the Trust have committed to in collaboration with the patient, to support the physical and emotional needs of patients', relatives, and carers. This is not a new concept, it underpins the core values of what it means to be a healthcare professional, to truly 'care' and will build upon our achievements in year one. Operational challenges have led the workforce to become more task-focused and less person-focused, taking away from that personalised care experience but we are committed to changing that culture, following our Trust value, patients first.

The FoC exemplifies how the interdisciplinary team connects and builds relationships with our patients, getting to know them and what matters to them as a person, not just as a patient, supporting and encouraging independence and rehabilitation from the beginning of their hospital stay. These activities are the essentials of our daily living such as personal hygiene, skin care, oral hygiene, toileting, eating and drinking, and mobilising. Communication is also essential and includes both listening and hearing patients, understanding what is important to them using communication tools they need, coming to shared decisions with patients about their care and recognising the diversity of our population, embracing accessibility for those with people with learning disabilities, sight/hearing loss or other disabilities, or if English may not be their primary language.

In addition, the FoC encourages us as healthcare professionals to consider the whole person, support cultural, spiritual, mental health, emotional wellbeing and dignity needs of people we care for and those that matter to them.

We know here at UHS that not everyone experiences this level of care, but we acknowledge the need to change the rhetoric from 'we are busy' to 'we are never too busy to care' empowering and educating our staff at all levels to challenge the 'we have not got time' rhetoric and ensure fundamental care is at the heart of what we do at UHS. Thus improving, patient care and experience.

Key aims

We will grow the multi-disciplinary engagement and involvement in workstreams that embrace the FoC and encourage person centred to care.

We will continue to pursue the digitalisation of the Friends and Family Test (FFT), using this data and the national inpatient and urgent and emergency care survey as a baseline, while linking with involved patients where required with to encourage feedback on the FoC.

We will listen to the voice of our patients, their relatives, and carers to make sure their stories and experiences are heard by our workforce to encourage the organisation wide change.

We will ensure the FoC will has clear and measurable improvement metrics as part of a live clinical quality dashboard that will afford ward managers and senior leaders, the opportunity to monitor, review and report on to FoC in their areas.

We will embed the FoC into the matron walkabout and CAS processes, supported by consistent evaluation metrics that ask the patients about their experiences and encourage clinical areas to continually assess and evaluate the FoC in their areas through a self-assessment tool.

We will enhance the availability of existing resources on our virtual learning environment (VLE) in collaboration with our patient partners for all staff groups and embed the FoC into training across the organisation, to improve the knowledge, skills and awareness ensuring the delivery of quality care.

We will continue to test and evaluate the What Matters To Me project, growing our volunteer role to support staff in finding out what is important to the patient and using their personalised board to remind staff of the 'person' they are caring for.

We will continue to establish project links in child health, maternity and outpatients to ensure a bespoke, but collaborative roll out of FoC, considering how these different care environments may impact care.

Progress metrics

- Patient hygiene: we will see an improvement in the number of patients who report having their personal care needs met, particularly within their first 24 hours coming through emergency admission routes.
- Skin integrity: we will support the reduction in incidences of avoidable pressure ulcers across the organisation.
- Communication: we see an increase in the number of people accessing our interpreting services and a reduction in complaints related to interpretation.
- Pain: we will see an improvement in patients reporting that their pain was well controlled when coming through the emergency department.
- Mouthcare: we will see a positive uptake in the implementation of the new mouthcare assessment tool and an improvement in patients reporting that their oral hygiene needs have been met.
- Nutrition and hydration: we will see an increase in patients reporting they are being offered adequate food and drink provisions throughout their hospital stay, including access to equipment for those with conditions or disabilities that impact their ability to do so independently.
- Bowel and bladder care: we will see improved assessment of bowel and bladder habits through increased documentation using the Inpatient Noting system.
- Enhancing safe movement: we will support a reduction in the incidence of high harm falls and high harm falls that have preventable causes.
- Infection prevention: we will see a reduction in nosocomial infections through increased hand hygiene standards and more effective cleaning of equipment.

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

Core dimension

Clinical effectiveness

Rationale of selection

Tackling health inequalities is a key priority for the NHS. 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 the work that started in 2024/25. 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.

Key aims

We are continuing our health inequalities board, with focus on five priorities: enabling our organisation, data and measurement, clinical service priorities, communication and engagement and strategy and approach. Each of these priorities have aligned directors to oversee improvement and a detailed delivery plan.

Key priorities and expected outcomes from each of these are listed below:

Enabling the organisation

- Developing supporting structures: set up governance so that teams who identify health inequality related issues know where they can go for help, so that we can understand frequently arising challenges and notice when a problem raised might be affecting other of the hospital too. This will aid improvement, learning from issues identified and escalation of issues that cannot be resolved locally
- Capability building: develop training for our staff to understand health inequalities, identify them within services and access tools to make improvement.
- Delivery of the health inequalities officer role: grow knowledge of the health inequalities officer role across the organisation and utilise this role to share knowledge, training and support improvements.

Data and measurement

- Continue to develop our understanding of inequalities in access across outpatients and diagnostics, inpatients, theatres and the emergency department.
- Enable the measurement of improvement in areas recognised as clinical priorities.
- Enable completion of national reporting.

Clinical priorities

- Improve services and support for patients and staff with obesity (children and adults).
- Improve identification and control of hypertension.
- Improve services and support for patients and staff who smoke.

Communication and engagement

- Adopt health inequalities into leadership and decision making.
- Learning from our communities and our staff.
- Communicating improvements internally and externally.
- Staff support campaign.

Strategy and approach

- Overseeing and agreeing UHS approach and strategy for HIs.
- Overseeing annual delivery against priorities.
- Aligning programme resource.
- Maintaining collaborative working with public health and Integrated care board teams and other local healthcare providers.
- Keeping up to date with national recommendations and expectations, sharing this knowledge with our organisation.
- Overseeing trust-wide improvement and health inequalities maturity.

Progress metrics

- Increasing numbers of staff trained.
- Numbers of health inequalities issues reported (expected to increase through understanding before reducing due to improvement work).
- Case studies shared of successful improvement projects.
- Increased involvement and collaboration with patients and public on improvement.
- Increased use of QEIA templates in decision making.
- Demonstration of improved access to care for obesity, tobacco dependency and hypertension.

2.3 Statements of assurance from the Board

This section includes mandatory statements about the quality of services that we provide relating to the financial year 2024/25. This information is common to all quality accounts and can be used to compare our performance with that of other organisations. The statements are designed to provide assurance that the board of directors has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.

2.3.1 Review of services

During 2024/25 UHS provided and/or sub-contracted 118 relevant health services (from total Trust activity by specialty cumulative 2024/25 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 2024/25 represents 100% of the total income generated from the provision of relevant health services by UHS for 2024/25.

2.3.2 Participation in national clinical audits and confidential enquiries

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

Healthcare Quality Improvement Partnership (HQIP) produces a National Clinical Audit & Enquiries Directory which identifies those national audits which are included in the NHS England Quality Account List 2024/25, those audits which are part of National Clinical Audit and Patient Outcomes Programme (NCAPOP).

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

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

UHS has a strong history for completing clinical audits. The clinical effectiveness team has a robust approach to governing and supporting the completion. We've opened discussions with senior clinical leadership within Hampshire and Isle of Wight Integrated Care Board 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 2024/25 68 national clinical audits and four national confidential enquiries covered NHS

services that UHS provides. During 2024/25 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 2024/25 were:

- Emergency (non-elective) surgery in children and young people.
- Juvenile idiopathic arthritis.
- Blood sodium (hyponatraemia).
- Acute Limb Ischaemic.

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 complete during 2024/25, 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=68)	Eligible (68)	Participated (66=97%)	% Actual cases submitted/ expected submissions
1.	BAUS Penile Fracture Audit			Not yet started
2	BAUS I-DUNC (impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of care practices)	✓	x	
3.	BAUS Environmental lessons learned and applied to the bladder cancer care pathway audit (ELLA)	✓		
4.	Breast and Cosmetic Implant Registry	✓	✓	
5.	Case Mix Programme (CMP) (ICNARC)	✓	✓	1677 for 3 quarters
6.	Emergency Medicine QIPs – time critical medications	✓	✓	63 pts
7.	Emergency Medicine QIPs – care of older people	✓	✓	182 pts
8.	Falls and Fragility Fractures Audit Programme (FFFAP) national hip fracture database	✓	✓	971 all pts
9.	Falls and Fragility Fractures Audit Programme (FFFAP) fracture liaison database	✓	✓	2910 all pts
10.	Falls and Fragility Fractures Audit Programme (FFFAP) National Audit of Inpatient Falls	✓	✓	
11.	Learning disability and autism programme – learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	✓	✓	100%

QUALITY ACCOUNT

No	Total number of NCAs UHS were eligible to participate in (n=68)	Eligible (68)	Participated (66=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	✓	✓	100%
14.	National Diabetes Audit – transition	✓	✓	Collects data from database
15.	National Diabetes audit – gestational diabetes	✓	✓	Collects data from database
16.	National respiratory Audit Programme (NRAP) – asthma in children	✓	✓	
17.	National respiratory Audit Programme (NRAP) – asthma in adults	✓	✓	
18.	National respiratory Audit Programme (NRAP) – COPD secondary care	✓	✓	
19.	National respiratory Audit Programme (NRAP) – pulmonary rehabilitation	✓	✓	
20.	National Audit of Care at the End of Life (NACEL)	✓	✓	250 pts
21.	National Cancer Audit Collaborating Centre – National Audit of Metastatic Breast Cancer	✓	✓	Data entry not required collected nationally
22.	National Cancer Audit Collaborating Centre – National Audit of Primary Breast Cancer	✓	✓	
23.	National Cancer Audit Collaborating Centre – National Kidney Cancer Audit (NKCA)	✓	✓	
24.	National Cancer Audit Collaborating Centre – Non-Hodgkin Lymphoma Audit (NNHLA)	✓	✓	
25.	National Cancer Audit Collaborating Centre – National Pancreatic Cancer Audit	✓	✓	
26.	National Cancer Audit Collaborating Centre – National Bowel Cancer Audit (NBOCA)	✓	✓	
27.	National Cancer Audit Collaborating Centre – National Oesophago-gastric Cancer (NOGCA)	✓	✓	
28.	National Cancer Audit Collaborating Centre – National Lung Cancer Audit (NLCA)	✓	✓	
29.	National Cancer Audit Collaborating Centre – National Prostate Cancer Audit (NPCA)	✓	✓	
30.	National Cardiac Arrest Audit (NCAA)	✓	✓	150 Approx
31.	National Cardiac Audit Programme (NCAP) – Adult cardiac surgery	✓	✓	
32.	National Cardiac Audit Programme (NCAP) – Cardiac Rhythm Management (CRM)	✓	✓	

QUALITY ACCOUNT

No	Total number of NCAs UHS were eligible to participate in (n=68)	Eligible (68)	Participated ✓ (66=97%)	% Actual cases submitted/ expected submissions
33.	National Cardiac Audit Programme (NCAP) – Heart Failure Audit	✓	✓	
34.	National Cardiac Audit Programme (NCAP) – Heart Failure Audit	✓	✓	
35.	National Cardiac Audit Programme (NCAP) – Acute Coronary Syndrome or Acute Myocardial Infarction	✓	✓	100%
36.	National Cardiac Audit Programme (NCAP) – percutaneous coronary interventions (PCI)	✓	✓	100%
37.	National Cardiac Audit Programme (NCAP) – the UK Transcatheter Aortic Valve Implantation (TAVI) Registry	✓	✓	
38.	National Cardiac Audit Programme (NCAP) – Left Atrial Appendage Occlusion (LAAO) Registry	✓	✓	
39.	National Cardiac Audit Programme (NCAP) – Patent Foramen Ovale Closure (PFOC) Registry	✓	✓	
40.	National Cardiac Audit Programme (NCAP) – Transcatheter Mitral & Tricuspid Valve (TMTV) Registry	✓	✓	
41.	National Child Mortality Database (NCMD)	✓	✓	100%
42.	National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12)	✓	✓	*1 pt
43.	National Comparative Audit of Blood Transfusion – Audit of NICE Quality Standard QS138	✓	✓	
44.	National Comparative Audit of Blood Transfusion – Bedside Transfusion Audit	✓	✓	
45.	National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓	
46.	National Emergency Laparotomy Audit (NELA) – Laparotomy	✓	✓	
47.	National Emergency Laparotomy Audit (NELA) – No lap	✓	✓	
48.	National Joint Registry	✓	✓	834 (data run to 10/02/2025)
49.	National Major Trauma Registry	✓	✓	600 for 3 quarters
50.	National Maternity and Perinatal Audit (NMPA)	✓	✓	
51.	National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	✓	✓	100%
52.	National Ophthalmology Audit Database	✓	✓	
53.	National Paediatric Diabetes Audit	✓	✓	
54.	National Vascular Registry (NVR)	✓	✓	**100%

QUALITY ACCOUNT

No	Total number of NCAs UHS were eligible to participate in (n=68)	Eligible (68)	Participated (66=97%)	% Actual cases submitted/ expected submissions
55.	Paediatric Intensive Care Audit Network (PICANet)	✓	✓	100%
56.	Perinatal Mortality Review Tool (PMRT)	✓	✓	100%
57.	Perioperative quality improvement programme	✓	✓	12 pts
58.	Quality & Outcomes in Oral & Maxillofacial Surgery (QOMS) – Oncology & reconstruction	✓		Data taken straight from other databases
59.	Quality & Outcomes in Oral & Maxillofacial Surgery (QOMS) – Trauma	✓		
60.	Quality & Outcomes in Oral & Maxillofacial Surgery (QOMS) – Orthognathic surgery	✓		
61.	Quality & Outcomes in Oral & Maxillofacial Surgery (QOMS) – Non-melanoma skin cancers	✓		
62.	Quality & Outcomes in Oral & Maxillofacial Surgery (QOMS) – Oral & Dentoalveolar Surgery	✓		
63.	Sentinel Stroke National Audit Programme (SSNAP) continuous SSNAP Clinical patient Audit, organisational audit	✓	✓	100%
64.	Serious Hazards of Transfusion (SHOT) UK national haemovigilance scheme	✓	✓	100%
65.	Society for Acute Medicine's Benchmarking Audit (SAMBA)	✓	✓	100%
66.	UK Cystic Fibrosis Registry	✓	✓	75%-100%
67.	UK Renal Registry Chronic Kidney Disease Audit	✓	✓	
68.	UK Renal Registry National Acute Kidney Injury Audit	✓	✓	

*Epilepsy12: the team have liaised with the national team about the data collection and changes are being made. The secondary care team have a database which enables process measures such as time to see first fit, time to MRI/EEG etc to be calculated. It also has been incredibly useful in responding to safety alerts e.g. PREVENT programme as able to search for children and young persons on certain medications. Likewise, it has facilitated our participation in research studies as able to contact those with certain conditions. This is not possible with the national data collection.

**National Vascular Registry: all key procedures are added but not interventional radiology (IR) at present. National outlier for recording IR cases.

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

The reports of 15 national clinical audits were reviewed by the provider in 2024/25. Appendix A lists actions identified during 2024/25, which UHS intends to take to improve the quality of healthcare provided. Progress already made against these actions is also indicated.

The reports of 70 trust-wide and local clinical audits were reviewed in 2024/25. 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 University Hospital Southampton in 2024/25 that were recruited during that period to participate in research approved by a research ethics committee was 17,495. We ranked 11th for total recruitment to NIHR portfolio studies – and our total recruitment was 16,102 (portfolio only).

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 2024/25 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because CQUIN was "paused" by NHS England for this contracting year.

2.3.5 Statements from the Care Quality Commission (CQC)



UHS is required to register with the CQC, and its current registration status is registered without conditions attached to the registration. UHS was registered with the CQC since its inception in 2010 and has maintained its registration without conditions or enforcement action ever since, including 2024/25.

The CQC has not taken enforcement action against UHS during 2024/25. UHS has not participated in any special reviews or investigations by the CQC during the reporting period.

The registration details are available on the CQC website.

The CQC last inspected the Trust between December 2018 and January 2019. The inspection focused on the quality of four core services: urgent and emergency care, medicine, maternity, and outpatients, as well as management, leadership, and the effective and efficient use of resources. In January 2019 NHS Improvement carried out a Use of Resources (UoR) inspection and the CQC completed their inspection. The report was published on 17 April 2019 and the Trust was rated as 'good' overall and 'outstanding' for providing effective services.

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

An inspection report was published on 8 August 2023, confirming an overall rating of 'Good'. As the inspection did not include a review of the location's rating, the overall rating for UHS remains unchanged at 'good', and the Princess Anne Hospital continues to hold a 'good' rating as well.

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

Overview

Latest inspection: 4 - 6 Dec 2018, 22 - 24 Jan 2019

Report published: 17 April 2019

Safe	<u>Requires improvement</u> 	
Effective	<u>Outstanding</u> 	
Caring	<u>Good</u> 	
Responsive	<u>Requires improvement</u> 	
Well-led	<u>Good</u> 	
Use of resources	<u>Good</u> 	
Combined Rating 		<u>Good</u> 

Data source: CQC

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 report for 2024/25 by the Audit Commission.

The last PbR audit was in 2013/14 and no further external audits were recommended for the Trust, as we were found to be fully compliant. The Audit Commission has now ceased to exist; however, the Trust continues to maintain an internal audit programme, carried out by approved NHS Digital clinical coding.

2.3.7 Data quality

High quality data is crucial for robust governance and effective service delivery. It ensures the accuracy, completeness, and timeliness of patient care records, which are vital for tracking a patient's journey. This supports effective care delivery and enhances both care quality and patient safety. Poor data quality can result in treatment delays, increased workload, loss of income, and misleading information. We are proud of our ongoing efforts to improve data quality, which have already led to significant enhancements in patient care and operational efficiency.

The data quality team audit hundreds of records on a monthly basis. We are interested in helping create better data entry across the Trust and continually review areas of interest for improvement. UHS submitted records between April 2024 and November 2024 to the NHS-wide Secondary Uses Service for inclusion in Hospital Episode Statistics. As of November 2024 (latest reporting month) the percentage of records in the published data:

Which included a valid NHS number were:

- 99.4% for admitted patient care (**no change from last year**)
- 99.8% for outpatient care (**no change from last year**)
- 95.8% for accident and emergency care (**0.5% improvement from last year**)

Which included a valid General Medical Practice Code were:

- 100% for admitted patient care (**no change from last year**)
- 99.9% for outpatient care (**0.2% improvement from last year**)
- 99.5% for accident and emergency care (**0.3% improvement from last year**)

UHS will be taking the following actions to improve data quality:

- Data services routinely reviews and updates its data quality checks and procedures to ensure they are robust and in line with any changes to national policy.
- Analyse the data and classify the inaccuracies according to the key error codes.
- Identify areas of poor data quality and bad practices.
- Make recommendations to help improve the quality of data.
- 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 assessment tool that enables the Trust to measure its performance against the national data guardian's ten data security standards. Submission of the DSPT is a mandatory annual requirement. The Trust submitted its 2023/24 assessment in June 2024. The Trust was able to provide the required level of assurance for all ten mandatory assertions. As a result, the Trust was able to demonstrate it is practising good data security and achieved 'standards met'.

The DSPT for 2024/25 has been updated to follow the Cyber Assurance Framework (CAF) which provides a systematic and comprehensive approach to assessing the extent to which cyber and information governance risks to essential functions are being managed. The Trust is working towards meeting the five principles of the CAF listed below:

- Managing risk.
- Protecting against cyber-attack and data breaches.
- Detecting cyber security events.
- Minimising the impact of incidents.
- Using and sharing information appropriately.

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 2024/25

		2023/24 YTD	2024/25 YTD
Maximum time of 18 weeks from point of referral to treatment (RRT) in aggregate – patients on an incomplete pathway		62.9%	63.00% (APR-MAR)
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge		61.4%	62.8% (APR-MAR)
All cancers: 62 day wait for first treatment from:	Urgent GP referral for suspected cancer	66.5%	72.7% (APR-MAR)
	NHS Cancer Screening Service referral	79.6%	82.8% (APR-MAR)
C.difficile variance from plan		-76.3%	-26.23% (APR-MAR)
Maximum 6-week wait for diagnostic procedure		81.5%	87.86% (APR-MAR)

Data source: UHS

Different systems have different configurations for emergency care, with many having an urgent treatment centre co-located within their emergency department (ED). When looking at patients across the UHS site, we achieved 65.5% performance in 2024/25, which includes both Type 1 main ED performance of 62.8% and Eye ED. An alternate measure is 'mapped' performance, which takes into account the urgent treatment centres, and therefore gives an overview of the performance for the local population. In 2024/25 this was 77% of patients seen, treated and admitted or discharged in 4 hours.

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

	January 24 to December 24			February 24 to January 25		
	Value	OD banding	% patient deaths with palliative care coded	Value	OD banding	% patient deaths with palliative care coded
UHS	0.82	3	33	0.81	3	33
National ave	1.00	-	44	1.00	-	44
Highest trust score	1.33	1	66	1.34	1	65
Lowest trust score	0.70	3	17	0.71	3	17

Data source: NHS Digital

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 SUS. 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

during the reporting period.

The following agreed metrics used in previous years are no longer available as we no longer collect this information:

- Groin hernia surgery and varicose vein surgery. In the past neither hernia repair nor varicose vein surgery were reported on in the quality accounts because the low numbers being performed meant it was not statistically significant. This was confirmed by checking the registries through NHS Digital for hernia and varicose vein surgery for 2017/18 and continues to date. There were only small numbers for hernia repair and no data available for varicose veins. Varicose veins are treated at UHS, but they are dealt with at the independent treatment centre.

PROMS - Case mix adjusted average health gain

	2022/23	2023/24		
Adjusted average health gain	UHS	UHS	Highest provider	Lowest provider
Hip replacement primary	21.459	20.6935	25.6601	18.6003
Knee replacement primary	16.1056	18.0494	19.7877	11.7164
Total hip replacement	21.2551	21.1264	25.4922	18.1014
Total knee replacement	15.5383	17.906	20.1149	11.445

Data source: NHS Digital

* Please note, 2024/25 data will be published in February 2026

Regulatory/Assurance statement: UHS considers that this data is as described for the following reasons: adjusted average health gain is a trust level average of the difference between case-mix adjusted patients' health status before and after surgery. We are not classed as an outlier as both measures are not statistically different from the overall England average. UHS intends to improve number of patients completing their pre-operative questionnaires for a richer dataset.

Core indicator 19: The percentage of patients readmitted to a hospital within 30 days* of being discharged from a hospital which forms part of the Trust during the reporting period.

	2023/24	2024/25
Emergency readmissions, within 30 days (as average of monthly %)*	12.34%	12.42%

*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 taken the following actions to improve the percentage of patients readmitted to a hospital, and so the quality of its services by working to ensure we treat and discharge patients appropriately so that they do not require unplanned readmission, working with partners in the system to address long-standing pressures around demand, capacity and patient flow and working closely with system partners to ensure safe discharge practice.

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

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?" - alongside the response rate - offers a more meaningful measure.

Positive responses

A&E	2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	* Q4 2024/25	2024/25
UHS	73.57%	74.43%	81.11%	80.78%	N/A	78.77%
National average	79.41%	78.12%	80.50%	76.59%	N/A	78.40%
Highest trust	100.00%	100.00%	100.00%	100.00%	N/A	100.00%
Lowest trust	0.00%	40.00%	53.13%	12.50%	N/A	35.21%

Inpatient and daycase	2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	* Q4 2024/25	2024/25
UHS	98.21%	97.53%	97.21%	97.85%	N/A	97.53%
National average	94.52%	94.44%	94.76%	94.61%	N/A	94.60%
Highest trust	100.00%	100.00%	100.00%	100.00%	N/A	100.00%
Lowest trust	65.89%	55.93%	53.69%	71.76%	N/A	60.46%

Negative responses

A&E	2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	* Q4 2024/25	2024/25
UHS	17.75%	16.75%	11.11%	13.25%	N/A	13.70%
National average	13.50%	14.04%	12.49%	15.29%	N/A	13.94%
Highest trust	100.00%	52.00%	41.67%	88.00%	N/A	60.56%
Lowest trust	0.00%	0.00%	0.00%	0.00%	N/A	0.00%

Inpatient and daycase	2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	* Q4 2024/25	2024/25
UHS	0.60%	0.62%	0.75%	0.62%	N/A	0.66%
National average	2.58%	2.57%	2.51%	2.61%	N/A	2.56%
Highest trust	22.91%	22.25%	16.67%	24.00%	N/A	20.97%
Lowest trust	0.00%	0.00%	0.00%	0.00%	N/A	0.00%

* Please note: The above data is provided by NHS England and Q4 for this reporting year is not currently available. The 2024/25 overall data is based on Q1, Q2 and Q3.

Low UHS response rate to A&E FFT

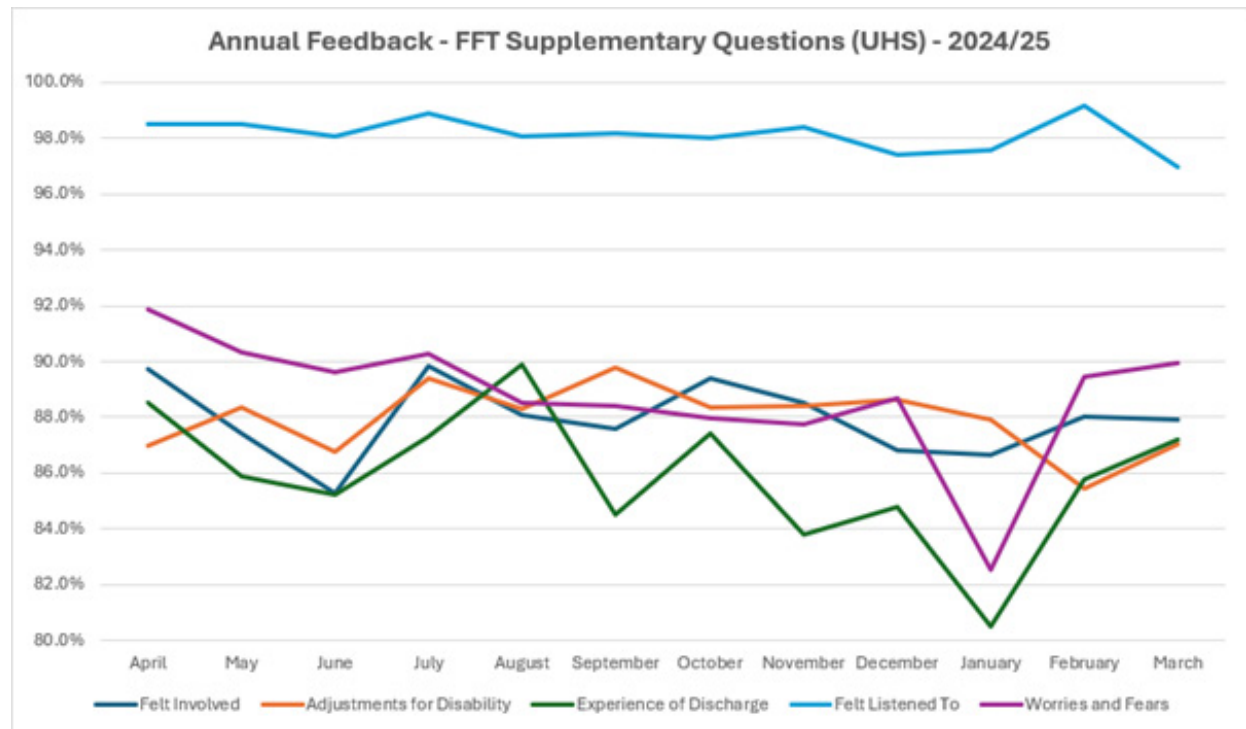
An SMS text message is sent to every patient following discharge from the emergency department (ED) approximately 48 hours after leaving (with some exclusion criteria in place) prompting them to complete the FFT. Consequently, this does introduce self-selection bias into the completion rates of the survey. Since introducing the SMS FFT, engagement with the FFT survey has increased from single digit engagement to more than one hundred people responding, highlighting the significant increase in completion since SMS was introduced. The Trust aspires to introduce text messaging for FFT surveys post-discharge for all care groups to help improve overall response and engagement rate.

Low negative response rate to inpatient and daycase FFT

Our FFT results continue to show high levels of positive response for inpatient and daycase services, with an average of 97.53% of responses being positive in the first three quarters of 2024/25 (average response rate is 5.67% for this period). Of those who responded, the Trust achieved an average negative response rate of 0.66% in this period, which is considerably below the national average of 2.61%.

UHS FFT: five core Questions results

In the FFT, the Trust captures data beyond the core 'Overall, how was your experience of care' question - the 'supplementary' questions. These focus around five core elements of care and patient experience: feeling involved in care decisions, making adjustments for disabilities, patient experience of discharge, feeling listened to by the clinical team, and feeling able to talk about worries and fears. The Trust consistently scores at least 80% satisfaction in all five of these areas and averages a 98.2% satisfaction rate to patients feeling listened to.



Data source: GATHER

Regulatory/assurance statement: UHS considers that this data is as described for the following reasons: collating the results of a selection of questions from the national inpatient survey focusing on the responsiveness to personal needs is ensuring we are benchmarking our performance against our peers. UHS feedback shows an average of 98.2% of patients feeling listened to from the FFT and consistently receives more than 80% positive responses for our supplementary FFT questions.

UHS has taken the following actions to improve the Trust's responsiveness to the personal needs of its patients: continuing to collect real-time feedback from patients as part of national inpatient surveying, promoting greater awareness and encouraging response to the FFT through use of posters and surveying volunteers, recruiting and engaging involved patients and working to promote the range of services offered through the patient experience team.

Core indicator 21: The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family and friends.

	2020	2021	2022	2023	2024
Your org	86.77%	83.15%	78.78%	76.27%	76.75%
Best result	91.73%	89.48%	86.30%	88.79%	89.59%
Average result	74.30%	67.01%	61.79%	63.34%	61.54%
Worst result	49.51%	43.50%	39.23%	44.30%	39.72%
Responses	5651	6669	6921	5526	5301

Data source: NHS Staff Survey

Regulatory/assurance statement: UHS considers that this data is as described for the following reasons: UHS scores significantly above average for this indicator and compares well with other acute trusts in our survey category, ranking 11th out of 122 trusts. Our free text feedback tells us that people who work for UHS are proud of the standard of care provided, and our values drive our approach to putting patients first and always improving. Staff at UHS strive to achieve high patient outcomes and 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.

UHS intends to take actions to improve the percentage of staff who would recommend the Trust as a care provider, and so the quality of its services, by improving the percentage of staff who complete the annual survey and pulse surveys, and by triangulating other mechanisms of feedback to improve care provision, staff and patient experience. Through a set of trust-wide actions, and locally derived priorities we will celebrate and share what is working well and continue to improve in those areas which have been highlighted. These include supporting leaders and managers to support people to thrive in complex and challenging environments, focus on wellbeing, strengthening our speaking up and feedback culture, and encouraging principles of civility, kindness and inclusion.

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%	95.20%	95.16%
National average (acute trusts)	89.00%	89.00%	90.69%	90.62%
Highest trust score (acute trusts)	100.00%	100.00%	100.00%	99.76%
Lowest trust score (acute trusts)	15.00%	14.00%	12.65%	14.27%

Data source: NHS England

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 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 the thrombosis committee, it is a standing agenda item on the thrombosis committee and the data is signed off by the chief medical officer.

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
UHS	21.85	26.36	31.58
National average	26.82	28.38	31.39
Highest trust score	84.38	92.54	77.81
Lowest trust score	0.00	0.00	0.00
Lowest trust score (non-zero)	1.4	5.9	2.3

Data source: UK Health Security Agency (UKHSA)

Regulatory/assurance statement: UHS considers that this data is as described for the following reasons: we use nationally reported and validated data; we monitor performance regularly through our Trust infection 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 31.58 and the quality of the services, by:

- Approval and launch of an updated isolation of patients with infectious conditions policy.
- Focused isolation care ward rounds/reviews undertaken by the infection prevention team, supported by education/awareness activities to improve knowledge of the expected standards of practice.
- Ongoing focus on antimicrobial stewardship (AMS) and application of the principles of prudent antimicrobial prescribing – antimicrobial stewardship ward rounds (microbiologists and pharmacists).
- Introduction of combined infection prevention and control and AMS C. difficile ward rounds (by IPT and pharmacy-micro team) with focus on antimicrobial prescribing, including the clinical management of the patient post C. difficile positive result, and IP&C practices.
- Development of an IP&C improvement plan with specific focus on hand hygiene and equipment cleaning.
- Ongoing implementation of the 'give up the gloves' campaign to support reduction of unnecessary use of gloves.
- A successful IP&C awareness campaign throughout the month of October focused on equipment cleaning (especially items shared between patients) and hand hygiene.
- Launch of the clinical cleaning escalation framework.
- Launch of revised 'cleaning roles and responsibilities' framework.
- Actions and ongoing focus on improving clinical cleaning standards, including cleanliness of commodes.
- 'Spring clean' campaign in March 2025 with further focus on equipment cleaning, decluttering, decommissioning damaged/broken items and cleaning of the environment, including focused matron walkabouts.

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.

	2023/24	2024/25
Patient safety incidents (PSIs) - PSIs uploaded to learning from patient safety events - (LFPSE) portal	9,398	8,477
Number of PSIs that resulted in severe/major/catastrophic harm*	79	77
PSIs that required a patient safety incident investigation (PSII)**	N/A	9 (APR-MAR)
Never events	8	10 (APR-MAR)
Avoidable hospital acquired grade III and IC pressure ulcers	206	140 (APR-JAN)
Total number of falls with significant harm	46	56 (APR-MAR)
Thromboprophylaxis (VTE) % patients assessed	No data	>95%

Data source: UHS

* 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 PSIs in 2024/25 make comparisons to historical years not meaningful.

Regulatory/assurance statement: UHS considers that this data is as described for the following reasons: we use nationally reported and verified data from the national reporting and learning system (NRLS).

UHS has taken actions to improve patient safety by continuing to work on actively learning from incidents, by promoting a culture of transparency and collaboration, empowering both patients and staff to play an active role on patient safety investigations.

Other information

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 against 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

	2020/21	2021/22	2022/23	2023/24	2024/25
Healthcare associated infection MRSA bacteraemia reduction	1	1	4	7	5
Healthcare associated infection clostridium difficile reduction	63	74	84	105	120

MRSA performance against national limit

	2020/21	2021/22	2022/23	2023/24	2024/25
MRSA annual limit	0	0	0	0	0
UHS healthcare associated infection MRSA bacteraemia performance	1	1	4	7	5

UHS C.difficile performance against national limit

	2020/21	2021/22	2022/23	2023/24	2024/25
C.difficile annual limit	64	64	61	60	99
UHS healthcare associated infection clostridium difficile performance	63	74	84	105	120
C.difficile variance from plan	-1.6%	15.6%	37.7%	42.86%	17.5%

Data sources: UKHSA

Infection prevention practice standards

There is a UHS Trust annual infection prevention audit programme in place for 2024/25 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 2024/25 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.

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.

Audit title	Actions
Infection Prevention and Control (IPC) audit programme Personal Protective Equipment (PPE) audit	Use of PPE audit. A total of 129 areas submitted an audit. Overall, Trust result of 98%. Three elements of the audit fell below the expected 95% standard. 9/129 (7%) gloves not removed immediately after completing a procedure/task (even on the same patient) and hand hygiene performed. 9/129 (7%) face and eye protection not worn by staff if blood and/or body fluid contamination to the eyes of face is anticipated or likely. 8/129 (6%) hand hygiene not performed immediately before putting on and immediately after removing gloves. 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 Cleanliness and decontamination audit	Cleaning and decontamination of clinical equipment audit. Cleaning of equipment on non-infected patients in non-contaminated area. A total of 129 areas completed the audit and 497 observations undertaken. Overall, Trust result of 96%. Cleaning of equipment on infected patient/in a contaminated area a total of 61 areas completed the audit and 214 observations undertaken. Overall, Trust result of 96%. No elements fell below the 95% expected standard.
Infection Prevention and Control (IPC) audit programme Isolation audit	A total of 82 areas completed the isolation audit. The overall Trust score is 98% shows consistent compliance compared to previous audit. One element of the audit fell below the expected 95% standard, 6/82 (7%) failed to complete an isolation risk assessment. All areas are responsible for developing and implementing an action plan based upon their results following their audit.
Infection, Prevention and Control (IPC) – Saving lives HII 6 urinary catheter care	Insertion of urinary catheter audit. A total of 48 areas completed the audit and 165 observations undertaken. The overall Trust result of 100%. Urinary catheter ongoing care audit. A total of 49 areas completed the audit and 237 observations were undertaken. The overall Trust result of 96%. One element of the audit fell below the expected 95% standard, 3/49 (6%) failed to document daily review of short-term catheter including need and reason for ongoing requirement. All areas are responsible for developing and implementing an action plan based upon their results following their audit.

Audit title	Actions
Infection, Prevention and Control (IPC) – Saving lives HII 1 central venous catheter care	Central venous catheter insertion audit. A total of nine areas completed an audit and 41 observations were undertaken. The overall trust result of 89%. No elements fell below the 95% expected standard. One area submitted only two observations both identified practice concerns with full eye and facial protection worn this 0% score affected the overall trust score. Central venous catheter ongoing care audit A total of 26 areas completed the audit and 130 observations were undertaken. The overall Trust result of 99%. All areas are responsible for developing and implementing an action plan based upon their results following their audit.
Infection, Prevention and Control (IPC) – Saving lives HII 2 peripheral intravenous cannula care	Peripheral intravenous cannula insertion audit. A total of 59 areas completed an audit and 313 observations were undertaken. The overall Trust result of 96%. No elements fell below the 95% expected standard. Peripheral intravenous cannula ongoing care audit. A total of 55 areas completed the audit and 351 observations were undertaken. The overall Trust result of 96%. No elements fell below the 95% expected standard.
Infection, Prevention and Control (IPC) – Sharps audit	Sharps safety audit. A total of 124 areas submitted an audit. Overall, Trust result of 97%. Five elements of the audit fell below the expected 95% standard. 22/124 (18%) of yellow biobin (sharp containers) contained other items than needles and syringes. 18/124 (15%) of blue pharmacy biobin contained other items then pharmacy waste. 13/124 (10%) of sharp container lids not temporarily closed between use. 11/12/4 (9%) of sharps containers not labelled tagged with date locality and signature on assembly. 7/124 (6%) of sharps containers not safely positioned and out of reach of vulnerable people. All areas are responsible for developing and implementing an action plan based upon their results following their audit.
Infection, Prevention and Control (IPC) – Inpatient and outpatient hand hygiene audit	UHS Trust-wide audit of hand hygiene. A total of 112 areas were audited and a total of 2220 observations were carried out. Results show an overall Trust score of 93%. An improvement framework specifically for hand hygiene is in place with the aim of driving improvements in practice. Areas will be measured against a performance improvement target. All areas are responsible for developing and implementing an action plan based upon their results following their audit.

Audit title	Actions
Infection Prevention and Control (IPC) – Standard precautions audit	Standard infection control precautions audit. A total of 102 areas submitted an audit. Overall, Trust result of 97%. Three elements of the audit fell below the expected 95% standard. 16/102 (16%) yellow biobin (sharps container) only contain sharps such as needles & syringes i.e. no pharmacy bottles or IV fluid bags. 10/102 (9%) waste disposed of into the correct waste stream 6/102 (6%) waste bins are clean, in good working order and a good state of repair.
Infection Prevention and Control (IPC) – Preventing surgical site infection	Preventing surgical site infection pre-operative audit. A total of 30 areas submitted an audit. Overall, Trust result 95%. No elements fell below the 95% expected standard. Preventing surgical site infection intra-operative audit . A total of 14 areas submitted an audit. Overall, Trust result 100%. No elements fell below the 95% expected standard. Preventing surgical site infection post-operative audit. A total of 36 areas submitted an audit. Overall, Trust result 95%. No elements fell below the 95% expected standard.

Data source: UHS

2.4.3 Learning from deaths

During 2024/25 1,962 UHS patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Number of deaths per quarter 2024/25

Q1	Q2	Q3	Q4
466	446	498	552

Data source: UHS

Mortality and morbidity (M&M) reviews

31 cases were referred for a trust mortality and morbidity review by Medical Examiner Southampton in the year 2024/2025.

In all cases, it was reported that deaths were unavoidable, and care and treatment was appropriate. However, several learning opportunities were identified and discussed.

Thematic learning: documentation in record keeping.

Summary of actions: actions for refresher training on CHADS-VASC and HAS-BLED (clinical prediction tools for estimating risk of stroke for people with Atrial fibrillation) scoring was noted. The importance of clear documentation of the risks considered when planning to withhold anti-coagulation medications was also discussed. Another case highlighted the importance of documentation of upper gastrointestinal (GI) bleeds, and not letting the status of a patient as 'palliative' impact this.

How learning has been shared: discussion at local M&M and feature in Q2 learning from death report, discussed and shared among local departments.

Impact of actions: awareness of importance of clear documentation of discussions of risks and considerations of this by the patient.

Thematic learning: earlier follow ups for patients started on diuretics.

Summary of completed action: a system where patients started on diuretics are reviewed in the day unit within one week of initiation.

How learning has been shared: discussion at local M&M and feature in Q3 learning from deaths report. Learning and new system shared locally for involved teams.

Impact of actions: patients starting diuretics are reviewed earlier reducing the likelihood of any problems being missed.

Thematic learning: availability of TAVI (transcatheter aortic valve replacement). In one case, a patient was referred for TAVI but did not receive this before they died. Care was reported to have been 'excellent' and the death was possibly avoidable but not likely considering the co-morbidities of the patient. However, this highlighted the logistical limitations of TAVI.

Summary of completed actions: the capacity of TAVI was noted as a concern following referral of a case to M&M by the medical examiners service. This was taken for discussion at the respective care group governance meeting.

How learning has been shared: discussion at local M&M and feature in Q3 learning from death report, it was also highlighted to care group governance.

Impact of actions: strengthened awareness of the importance of TAVI in a timely way following referral and highlighted the logistical limitations of having the procedure carried out in a timely way.

Patient safety incidents

The patient safety team received and triaged 11 referrals from the medical examiner from April 2024 until March 2025:

- One case will be subject to a patient safety case review (scheduled for scheduled for 24 April 2025).
- Three cases were directed to be discussed/reviewed at relevant M&M meeting.
- One case was directed to be discussed/reviewed by the adult safeguarding team.
- Two cases were linked to already established workstreams (Trust diabetes working group and infection prevention team).
- Two cases were deemed as not requiring any further action.
- Two cases are under review, pending further information.

By 31 March 2025, 111 cases were triaged by the patient safety team, to establish if any immediate learning and what further investigation, if any was required in relation to the deaths reported above.

	April 2024 – March 2025			
	Q1	Q2	Q3	Q4
Cases triaged	27	14	29	41
Patient safety case review	7	2	7	8
Patient safety incident investigation	2	0	1	0

Data source: UHS

These referrals come from the medical examiners, adverse event reporting, child death and deterioration group (CDAD), clinical events reviews and clinicians involved in care.

A total of 28 cases were subject to a patient safety case review meeting. Three progressed to be investigated as patient safety incident investigations, as per UHS Patient Safety Incident Framework plan.

Two 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.
- zero representing 0% for the second quarter.
- one representing 0.01% for the third quarter.
- zero representing 0% for the fourth quarter.

For 2024/25 the child death and deterioration (CDAD) group reviewed 31 deaths and 170 unplanned admissions to the paediatric intensive care unit (PICU).

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

1. *Patient had regular insulin prescribed, which was due to be given at the same time as NG feed due to start. There was a delay in starting the nasogastric (NG) feed and insulin was administered. Patient had hypoglycaemic episode and became unresponsive.*

Thematic learning: hypoglycaemia caused by unopposed variable rate insulin infusion.

Summary of completed actions: launch of trust-wide group to oversee the diabetes improvement work streams including an updated variable rate insulin infusion (VRII) chart to include intravenous (IV) glucose when no feed is running.

How learning has been shared: teaching to all staff groups involved in care of diabetic patients. Diabetes app promoted to all staff as a quick way to get advice on management of the diabetic patient.

Impact of actions: improve awareness of how to safely manage diabetic patients.

- 2. Patient was admitted to ward F4 spinal. She deteriorated with NEWS2 score of 7 and was later found to be unresponsive. Crash call put out and team attended but she did not survive this episode.*

Thematic learning: lack of recognition and escalation of a deteriorating patient. Challenge in identifying most appropriate ward for discharge from general intensive care unit (GICU) when patients are under the care of multiple specialities.

Summary of completed actions: improve usage of Situation Background Assessment Recommendation (SBAR) framework or equivalent when escalating a deteriorating patient. Trust-wide communication to raise awareness of the critical care outreach team (CCOT) and how to contact them. Review discharge policy for complex trauma patients and review use of the trauma multi-disciplinary team (MDT) to ensure best placement.

How learning has been shared: an organisational wide learning (OWL) document describing how to contact and the services available from CCOT. Teaching on management of the deteriorating patient.

Impact of actions: improved recognition and escalation of deteriorating patients. Improve patient transfer from GICU to most appropriate area.

- 3. Patient was discharged from UHS on 25 December 2024. His next of kin and care providers were not informed. The following day, his medications were found by the care providers at another patient's location, which led to a welfare check. Patient was found unwell, ambulance called but he sadly died.*

Thematic learning: patient safety incident investigation is still ongoing. Initial review identified learning concerning the discharge process.

Summary of completed actions: N/A (investigation still ongoing).

How learning has been shared: N/A (investigation still ongoing).

Impact of actions: N/A (investigation still ongoing).

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 for anyone who works in health. This includes any health care professionals, non-clinical workers, senior, middle and junior managers, volunteers, students, locum, bank and agency workers and former employees.

The Trust has a FTSU guardian who is an independent and impartial source of advice for those wishing to speak up. The FTSU guardian is supported by an executive lead and a non-executive lead who are both knowledgeable about Freedom to Speak Up. Gail Byrne is the executive lead for Freedom to Speak Up and her role is to provide the Board with a variety of reliable independent and integrated information that gives the board assurance that:

- o Workers in all areas know, understand and support the FTSU vision, are aware of the policy and have confidence in the speaking up process.
 - o The Trust provides FTSU awareness sessions at Trust induction to ensure that all new starters are aware of the FTSU guardian/champions and our raising concerns (whistleblowing) policy.
 - o We provide education to ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively. We also send out regular communications across the Trust to raise the profile and understanding of the raising concerns agenda.
 - o Steps are taken to identify and remove barriers to speaking up for those in more vulnerable groups such as people from ethnic minority backgrounds and agency workers.
 - o We have developed a network of fully trained FTSU champions so that all staff can access confidential and impartial support in times of need. This team of advisors are available to support staff who are subject to, or accused of, bullying, harassment, and discrimination whilst at work, staff who need advice on issues such as conflict in the workplace, and staff who are thinking of leaving UHS. We continued to grow our community of champions and have increased the number of champions from 38 to 78. The champions are from all backgrounds and cover a wide variety of areas at UHS.
 - o Speak up issues that raise immediate patient safety concerns are quickly escalated.
 - o Action is taken to address evidence that workers have been victimised because of speaking up, regardless of seniority.
- Lessons learnt are shared widely both within relevant service areas and across the Trust. We have a multi-disciplinary approach to concerns raised through the monthly raising concerns (whistleblowing) steering group, chaired by an executive lead.
 - The group shares key findings/recommendations from concerns that have been raised to foster a culture of openness, transparency, and learning from mistakes. The group monitors evidence that investigations are evidence based and led by someone suitably independent in the organisation.

- FTSU policies and procedures are reviewed and improved using feedback from staff. The Trust also has a raising concerns policy that establishes clear lines of escalation for concerns to be raised which are as follows:
 - o Raise the matter with your line manager.
 - o Contact the FTSU guardian or FTSU champion.
 - o Contact the executive director responsible for FTSU.
 - o Contact the non-executive director responsible for FTSU.
 - o Raise the concern externally.
- The FTSU guardian sends a feedback form whenever a case has closed to understand and learn how FTSU is working and seek advice on how to improve.
- Every six months the Trust Board receives a report from the FTSU guardian. The reports are submitted frequently enough to enable the Board to maintain a good oversight of FTSU matters and issues. The reports are presented by the FTSU guardian in person.
- Our progress and performance are measured through our annual staff survey and Friends and Family Test (FFT) results as well as feedback from those who have raised concerns. Benchmarking concerns we have received against national FTSU guardian's office data and the regional FTSU guardian network helps us track our performance. We also discuss progress against the national FTSU office guidance for NHS trusts and self-assessment tool, progress against key actions related to the vision and strategy and any relevant benchmarking or recommendations following national publications.

What our staff tell us

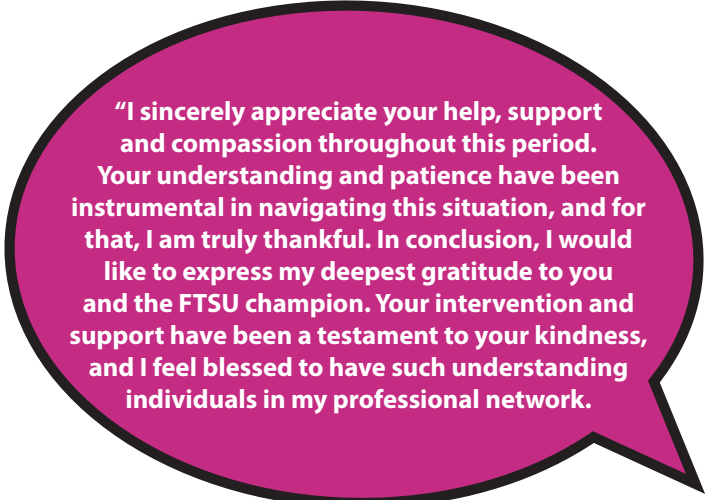
"I just wanted to feedback how supportive and professional my FTSU champion was as a workplace colleague. He was knowledgeable and made my HCA feel at ease. Latterly, he has been able to provide me with further resources that as a ward leader, I can utilise for both this staff member and my team more widely for supportive measures. Happy to discuss further if needed 😊 but I just wanted to extend my thanks to the FTSU champion and the support your team offers our staff in UHS" 😊

"I just wanted to share the news with you and thank you for your time and support on this matter. I will be facing a great deal of challenges, no doubt but I am really excited to get the opportunity to develop the service and I hope that I can make a positive impact for the patients and the team around me. Thank you again!"

"You guys are absolutely brilliant. I felt totally supported by my FTSU champions. Can I just say yourself and your team are absolutely fantastic 😊. I thank you so much for your help."



"Thank you so much for everything and making things possible. I have now started my training from my objectives, and I absolutely love it. I am buzzing. They are really pleased with my progress so far, and are over the moon and think I am getting the hang of it right away, and will get there. All this wouldn't have been possible without your help. I appreciate all you've done for me 😊"



"I sincerely appreciate your help, support and compassion throughout this period. Your understanding and patience have been instrumental in navigating this situation, and for that, I am truly thankful. In conclusion, I would like to express my deepest gratitude to you and the FTSU champion. Your intervention and support have been a testament to your kindness, and I feel blessed to have such understanding individuals in my professional network."

2.4.6 Rota gaps

The guardian of safe working is responsible for ensuring that working hours are safe for resident doctors; we know that this is important for patient and staff safety, resident recruitment, resident retention and team morale.

The guardian also helps support the implementation and maintenance of the contract for doctors in training, has independent oversight of resident doctors' working hours and works with the medical workforce team to identify any training challenges.

The guardian provides a mechanism whereby safety concerns related to working hours and rota gaps can be identified, responded to, and addressed. A regular report is submitted to Trust Board which includes updates on rota compliance, vacancies/gaps with plans for improvement and resident doctor exception reporting.

In addition, at UHS the guardian has a role as a senior figure for the resident doctors to seek out for advice, concerns, ideas and suggestions about all parts of the resident role. In this role the guardian works closely with the chief resident, the executive and the resident doctor reps.

We act each month to make sure that rota gaps are identified and filled wherever possible. We aim for proactive engagement with Health Education England (HEE) so we can accurately plan targeted campaigns for hard to recruit specialties and the judicious use of locums where necessary. We also embrace the UHS fellowship and aim to offer the same safeguards for all our resident doctors whether in deanery training posts or not.

There are 779 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 438 resident doctors employed in non-training posts; all of these doctors work on UHS local terms and conditions which mirror the 2016 contract.

The current vacancy rate is 7.85% which equates to 77 whole time equivalents (WTE) vacant posts. Recruitment continues for current vacancies and medical HR are working with departments to plan for future gaps. There are certain specialties where recruitment and retention are particularly challenging including pathology, critical care and neonates.

From 1 July 2022 the NHS Professionals (NHSP) connect contract was ceased and all locum bank duties were processed through Medic OnLine and HealthRoster (software that was already procured and funded by UHS).

The expenditure for locums continues to be monitored and relates to the coverage of both short-term vacancies and longer-term gaps in the rotas.

The changes in locum rates from September 2022 for resident doctors and subsequent communication have improved clarity for everyone involved and identified departments which have significant challenges in recruitment and retention.

Exception reporting continues to be both low risk and low cost to the Trust. There is ongoing monitoring of exception reporting and appropriate support given to the clinical rota leads and the medical workforce team. There have been 741 exception reports, 90% of which were for working overtime. There have been a small number of exception reports which have raised an immediate safety concern; these related to the breaching of a 13 hour shift. This was appropriately dealt with, the fine levied and the shift changed in subsequent rotas.

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

Rota annualisation can help alleviate the problem of annual leave and the introduction of the new locum system has led to more efficient and timely coverage of short-term rota gaps. In addition, specialties with significant challenges are becoming easier to identify earlier, allowing more effective intervention.

Work is 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 Junior Doctors Working Lives. In April 2024 actions were requested from each trust to implement these recommendations.

In April 2024 UHS formed a task and finish 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 notably 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 resident doctor workforce are in place in UHS.

The executive and non-executive teams are fully cognisant of the challenges that resident doctors 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

Duty of Candour, Regulation 20 of the Health and Social Care Act 2008, is a statutory requirement for all providers registered with the Care Quality Commission (CQC). It covers any patient safety incident that appears to have caused (or has the potential to cause) significant harm. It requires us to undertake an initial disclosure of the incident, provide a written account, complete an investigation share investigation findings and offer formal apologies.

At UHS we have worked hard to ensure that our staff are aware of their obligations against this regulation. Our 'Being open policy: a duty to be candid' policy clearly outlines the requirements for the Trust to comply with Regulation 20. This includes both the statutory and professional requirements.

Our intranet provides up to date resources and advice, and we have an information leaflet to explain how we investigate and learn from incidents. This information includes how we will be open, involve our patients and their families and keep them updated. Every patient (or their family) is contacted by letter following a moderate or high harm incident and are invited to ask any questions they would like answered as part of the investigation. We offer to meet patients and families if they would find this beneficial.

Compliance for Duty of Candour is supervised by our divisional governance groups, and the corporate patient safety team ensures it is completed for any serious incidents that occur.

Part 3: Other information

3.1 Our commitment to safety

We are proud of our long-standing commitment to patient safety and continue to focus on improving the quality of safe care that we provide. We recognise the importance of a culture where staff are comfortable to report when things go wrong, and we work hard to ensure that the appropriate support for staff is available in an effective, efficient, and timely way. Individuals can share their experiences and provide feedback regarding any support they have received. We continually work to improve safety in the Trust, learn from incidents and celebrate successes.

Our planned outcomes for the next 2 years

Strategic



Adopting an 'Systems based' approach to patient safety incidents.



Delivering patient safety education and coaching to those involved in safety investigations, risk and governance to embed PSIRF methodology across the organisation and aligning with core behaviours of the UHS way of thinking.



Resulting in an just and learning culture that allows us to learn, grow, heal and excel, with patient safety at its core, to develop an engaged and ambitious workforce who consistently deliver safe and outstanding care

Operational



Patient safety investigations focus on where there is greatest learning for the organisation



A range of tools are used to learn from incidents and regular thematic reviews are carried out.



Patients involved in projects that lead to improvements in patient safety

All staff understand their role in patient safety and we support those staff involved in patient safety incidents

Quality



Build confidence, capability and capacity for patient safety learning and improvement across the Trust so staff feel empowered to deliver PSIRF in their areas



Build on our Educational offering - PSII, human factors, appreciative inquiry for staff involved in patient safety



Train ALL staff in level 1 patient safety

Support and coach staff to deliver PSII and local investigations, and ensure involvement of those affected

Effectiveness



Measure implementation effectiveness and organisational readiness over the next year



Measure impact of PSIRF implementation, including impact on patients and staff involved.

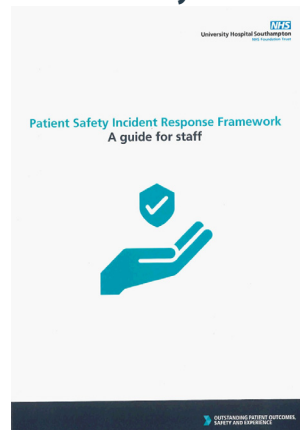
Design and embed robust measures for every PSIRF investigations

Patient Safety Incident Response Framework (PSIRF) implementation

The PSIRF was formally launched in September 2022 by NHS England, and we transitioned away from the serious incident framework onto the PSIRF in October 2023. To support the move the Trust has developed a PSIRF plan and policy and these were ratified through key groups within UHS and in collaboration with our integrated care board. The policy and plan were revised at 6 and 12 months. In July 2024 we were visited by the ICB and members of the HIOW patient safety specialists' network for a PSIRF peer review. We highlighted key achievements:



Patient safety education and human factors



Over the last year we have continued to support educating our staff on patient safety and human factors and supporting the transition to PSIRF. We have not only promoted the patient safety syllabus through NHS England e-learning but had delivered a number of face to face often bespoke sessions to raise the numbers significantly during this year. From February 2025 the patient safety syllabus became role specific to support an increase in compliance. Other courses delivered include after action reviews, thematic reviews, interview techniques and supporting those affected. Master classes have been held to support staff in feeling confident in using the systems engineering initiative for patient safety (SEIPS) and accident mapping (AcciMap).

We have delivered oversight training to the Trust Board, divisional management teams, PSIIOG and governance teams.

Incident reporting



The Trust transitioned last year to the learning from patient safety events service (LFPSE) which replaced the national reporting and learning system (NRLS) and has continued to foster a positive reporting culture and learning from incidents. Next year will see a greater focus on staff training to help improve the quality of our incident reports and their validation.

We continue to see a high number of favourable events being reported across the Trust. Favourable event reporting forms (FERF) are a way to show formal appreciation for good aspects of all practice, as well as sharing learning.

Quality and patient safety partners (QPSPs)

'I can be the critical friend and provide the constructive challenge'
- Mark Turnbull



Mark Turnbull is a Quality and Patient Safety Partner (QPSP) at University Hospital Southampton.

A retired engineer whose wife is a former nurse, Mark is a patient at the hospital. When UHS began piloting the Patient Safety Partner initiative in 2021, he jumped at the opportunity. 'I felt that my background in a safety-related environment would be useful,' he says. 'And throughout my married life, my wife had told me of the horror stories she had witnessed at work.'

Mark's role as a QPSP is extensive. He sits on governance and oversight groups and contributes to improvement projects.

He estimates the role takes up about 35 hours a month on average but this varies considerably. The QPSPs have received positive feedback from the groups of which they are a part as well as from senior leaders – the trust's director of clinical law said they had provided a 'new set of senses'.

'We are seen as positive disrupters and I feel I have changed the outcome of some patient safety investigations,' he says. 'I would recommend the role. But not everyone is suited to dealing with the details of an investigation. You need to be able to be able to look at these cases dispassionately, including where someone has died, but there is support from our allocated mentors and buddies and we also have access to the same support mechanisms as the hospital staff.'

Mark adds: 'It's a great role to get involved with. Staff see that I can say things that they are not comfortable to say – I can be the critical friend and can provide the constructive challenge.'

Our QPSPs continue to support a number of patient safety workstreams including the patient safety incident investigation oversight group, new cases group and patient safety steering group. We were successful at winning the HSJ award for involving patients in patient safety for our QPSP programme.

We continue to work with our nine QPSPs in improving how they are allocated to workstreams and how we record their impact.

Mark Turnbull, one of our QPSPs, was asked to write a blog for the patient safety commissioners annual report.



M&M Processes

This year has seen a focus on improving our M&M processes including developing six key principles shared across the Trust.

UHS - six key principles of M&M



Safety

A safe space for learning. A meeting atmosphere that is conducive to open discussion with a focus on 'Just and Learning Culture' and an emphasis on understanding the systems factors, not focusing on individuals.



Multiprofessional and Multi-disciplinary

Ensuring active participation across staff groups and different disciplines.



Meeting Framework

Systematic agenda selection process, structured meeting format and objective analysis of data, including consideration of systems factors, and human factors and ergonomics.



Learning Focus

Comprehensive discussions to generate actionable learning and system improvement. Using an appreciative inquiry approach to emphasise and learn from the every day, as well as where things can go wrong.



Governance

Hospital-wide system to record outcomes, lessons learned, and dissemination of recommendations to ensure action and learning. Supporting our integrated approach to quality across the organisation. Follow up to ensure actions are completed. Clear pathways for central reporting and escalation of concerns.



Patient Centred

Keeping the patient and the family central to the learning. Ensuring that the patient voice is heard when learning from events. Completing feedback and duty of candour to help build trust.

Medical scoping leads – renamed as medical advisors for patient safety

Our medical advisors for patient safety have continued to support our case reviews as well as taking on wider patient safety roles including implementation of guidance for morbidity and mortality meetings and developing a human factors and simulation strategy. Unfortunately two have stepped down this year and recruitment is currently underway to back fill.

LeDeR (Learning from deaths in patients with learning disabilities and autism)

Following a pause in 2021 we restarted our internal LeDeR reviews in 2022 and these have continued throughout 2024. Led by the patient safety team these reviews are multi professional with support from one of the divisional clinical directors, named nurse for adult safeguarding and the learning disability team. Our ambition is to include the views and feedback from the families over the next year.

World Patient Safety Day 2024 – 'Get it right, make it safe'

UHS hosted an event on 12 September 2024 to celebrate Patient Safety Day which included speakers on a wide range of topics. Our keynote speaker was Chris Taylor, head of safety and assurance services at the National Air Traffic Services and other speakers focused on consent, patient safety in radiology, QPSPs and 'your sphere of influence'.

3.2 Our commitment to improving the experience of the people who use our services

We have continued to build on previous work to grow engagement and support with several initiatives and workstreams in 2024/25.

Last year we reported on the success of the Gypsy, Roma and Traveller (GRT) liaison officer, with a robust education package built and available for virtual learning, and a vast number of staff groups receiving face to face education. We decided to expand this role further to a health inequalities liaison officer. This has enabled the role to replicate the successful model of the GRT workstream to other seldom heard from groups and linking into the Trust health inequalities board and focusing on the Core20plus5 agenda.

Focusing on encouraging our staff to capture patient feedback a new initiative from the experience of care team was launched. 'The 100% club' was launched to celebrate when a care group receives 100% positive feedback in their areas. They receive a certificate titled '100% Club' to positively reinforce great practice, this is then shared at divisional governance meetings. Example below:



We continued to strive for involving patients in decisions about their individual care and ensuring we co-design with our patients any fundamental service changes. A successful collaboration with the My Medical Record team has resulted in the recruitment of approximately 2,000 involved patients. This has ensured that involved patients have supported with projects such as the head and neck forum, five year strategy for the Trust (phase one survey received 475 responses), and the outpatients appointment letter workshop (made up solely of involved patients).

During the summer the youth ambassadors' group (YAG) recruited fresh members following a recruitment drive at Richard Taunton's Sixth Form College to speak to health and social care students. The YAG group led a 'noise at night' project where the young people created posters and videos encouraging patients to be more conscious of inpatient overnight noise, this was an action from the 2024 National Inpatient Survey. The posters have featured on social media and are due to be showcased on the SparkTV (bedside TV) sets.

Our Muslim prayer washing facilities were escalated as a concern due to staff, patients and relatives all experiencing a poor standard when preparing for prayer due to old estates and the volume of use in

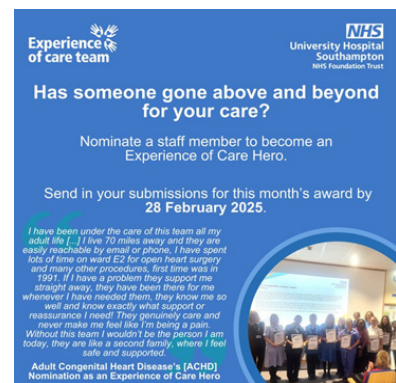
that area. The washing facilities are now under construction with specific 'WudhuMate' ablution seats being installed to support our Muslim patients, relatives and staff to prepare for prayer in a bespoke environment. The estimated completion date is February 2025.



UHS successfully passed its Veteran Aware Reaccreditation in June 2024, ensuring that patients from the armed forces community are not disadvantaged in terms of access to and outcomes of healthcare as a result of their military life in line with the principles of the Armed Forces Covenant.

The UHS spiritual care team were cited in the staff survey results with the highest score as point of access for staff support. This is a successful indicator that UHS staff feel supported and are accessing the pastoral support offered by the spiritual care team.

November 2024 saw the first 'experience of care hero' award presented at the UHS monthly Spotlight event, this is the only award nominated solely by UHS patients and family. The success of this has been palpable with staff given a certificate with the patient/family feedback detailed.



We are proud to have successfully launched our Sip 'Til Send campaign, a change practice to empower all clinical areas to allow their inpatients that are nil-by-mouth to sip water until they are 'sent' for their procedure. This campaign not only supports reducing risks of AKI (acute kidney injury) and dehydration, it also supports our Fundamentals of Care programme commitments for mouthcare and nutrition and hydration.



We continue to score an average of 95% for patient reporting via the Friends and Family Test (FFT) that they rate their overall experience of care as "very good" or "good". We have actively encouraged our clinical leaders to monitor patient feedback regularly, to support this "auto reporting" was set up. This means that trust-wide, divisional and care group leads can have a simple one click method to access the GATHER dashboard (software which collates our FFT data). On the 1st of each month the link is emailed out to leaders to review their areas FFT data. This supports our patient facing "You Said ... We Did" information boards showcasing to patients and public how the patient voice shapes the care we give at UHS.

"Kept informed of every action and reasons for any waiting."

Emergency department

"The treatment and care were very personal and caring. It was reassuring when you are nervous having an operation. They were excellent and I couldn't be happier with the care I received."

Lymington Knightwood ward

"Your team on wards are excellent. They are fun and caring and have a knack for making you relax in their care."

Ward E neuro

"I felt safe and well looked after. The staff were without exception very professional, caring, kind and consistent. They all ensured I was comfortable and had everything I needed."

Coronary care unit

"Arlene worked very hard during the night shifts and she was so very gentle and caring, I felt well looked after."

Ward E8

"Everyone is highly professional and caring. I know exactly where I stand regarding information asked for and given."

Cystic fibrosis OPD

3.3 Our commitment to improve the quality of our patients' environment

Patient-Led Assessments of the Care Environment (PLACE)

The environment in which we care 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.

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 2024, 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.

QUALITY ACCOUNT

Our 2024 results were:

Cleanliness	Combined food	Organisational food	Ward food
98.82%	86.58%	99.04%	84.56%
Privacy, dignity and wellbeing	Condition appearance and maintenance	Dementia	Disability
84.41%	95.20%	75.88%	79.75%

Data source: UHS

We now plan to use the information we gathered to improve the environment where this is feasible.

Successful projects

We've had an incredibly productive and impactful year with capital project delivery. A recap of achievements highlighting the key successes of the projects:

1. GICU light touch (intensive care unit)

- Transformation: You've taken a highly dilapidated area and converted it into a modern, welcoming space that enhances both the experience of visitors and staff.
- Impact: Visitors will now have a contemporary, comforting area to enter the ICU, which is crucial in improving the emotional experience for families during difficult times.
- Compliance and efficiency: The project incorporated practical, energy-efficient solutions, ensuring the space is both functional and sustainable.

2. Ward G2 (renovation of 1970s ward)

- Modernisation: A significant overhaul of an outdated 1970s ward with poor facilities into a new, state-of-the-art environment that meets the needs of modern healthcare delivery.
- Patient care: The new ward not only meets healthcare standards but also creates a better environment for both patients and staff, offering a more comfortable and efficient space for patient care.
- Energy efficiency: As with the other projects, this renovation follows building regulations and emphasises energy-efficient technologies to reduce running costs and improve sustainability.

3. Neonatal unit at Princess Anne

- Revitalisation of a 1980s building: The transformation of an older building into a modern facility to treat vulnerable, premature, and critically ill babies is a huge step forward for neonatal care.
- Family-centred design: The addition of a light, airy, and clean space for parents ensures that families can spend quality time with their babies in a comfortable and welcoming environment.
- Compliance and care: The unit was not only renovated to meet the highest standards of patient care and healthcare facility design but also to be in line with modern building regulations, ensuring safety, accessibility, and functionality.

These achievements not only demonstrate our excellent project management team and their delivery but also show a deep commitment to improving patient and staff experience, ensuring that UHS healthcare facilities are fit for the challenges of modern healthcare delivery.

Over the past year, the estates (engineering) team has had a focus on clinical support. The team has sought to work closer to better support the clinical efforts of the trust by responding faster to matters that were having a direct impact on patient outcomes. The feedback from our clinical colleagues has been that we are more responsive now than we have been over the recent few years, which has

meant better uptime of clinical facilities and ultimately improved patient experience. The estates team have been striving to improve our statutory compliance and have been able to achieve a five percent increase on all planned maintenance over the last six months, ultimately meaning that the buildings are more compliant and therefore safer than they have been. Finally, average summer temperatures in the UK have been increasing and this has meant more heat related problems impacting theatre availability due to problems with the equipment installed to cool the theatres in the summer months. Over the winter, significant time has been invested in improving the provision of the cooling equipment to ensure more reliable theatre cooling and we are looking forward to improved theatre availability during the summer.

The estates and facilities compliance and business team plays a crucial role in ensuring that the Trust's patient environment is safe, efficient, and compliant with regulatory standards. Some of the achievements this year have included:

- Developing new fire strategies for Trust buildings to assist with future refurbishment design and investment.
- Reviewing critical infrastructure risks to prioritise investment.
- Implementing a new computer aided facilities management system to ensure that facilities are well-maintained, safe, and conducive to patient care.
- Strengthening emergency preparedness and resilience by reviewing contingency plans for power failures, extreme weather, and facility-related emergencies.

The compliance and business team were proud to be nominated for supporting and enabling the wider estates, facilities and campus development (EFCD) team and were shortlisted for the We Are UHS Champions awards for the team recognition category in October.

3.4 Our commitment to sustainability and the environment

Delivering world class quality care is about more than just offering the most advanced treatments or delivering the best outcomes, it is also about doing all these things in a sustainable, environmentally responsible way.



We understand the negative impact of some of our activities on the environment, and we strive to make a positive contribution in reducing it and support people to do the same. Environmental sustainability and sustainable development are integral to all that we do here at UHS, and we feel it should factor into each decision we all make. As the largest employer in Southampton and with an energy consumption equivalent to all the households in Winchester combined, we recognise the influence it has on impacting the environment and population we serve.

UHS set out its response to the challenge of the NHS becoming the world's first health service to reach carbon net zero with the launch of our Green Plan in 2022. It outlines how we as an organisation are planning to help address these issues at a local level. Early this year, NHS England published updated statutory guidance to help NHS organisations develop and refreshed green plans to improve care, reduce costs, and minimise waste to continue the NHS' journey to achieving net zero. UHS will be taking steps to refresh the existing green plan and have it approved by Board and published by 31 July 2025.

QUALITY ACCOUNT

During this year, we have continued to work towards becoming a more sustainable trust. Progress on ambitions declared in our Green Plan mostly focussed on governance and leadership, estates and facilities, clinical initiatives, air quality and education, digital transformation, travel and transport, waste management, food and nutrition.

In addition to the appointed executive sustainability board lead and its sub-groups, UHS has recently approved a significant increase in investment into clinical leadership for sustainability. This will enable the appointment of divisional clinical leads for environmental sustainability, a lead sustainability pharmacist, and a sustainability matron. These appointments will position UHS at the forefront of reducing environmental harm from healthcare delivery, while also cutting costs and enhancing patient care. The Trust continues to roll out a package of energy efficiency improvements as part of the £29.4 million decarbonisation grant to ensure that our buildings can cope with the impact of the changing climate and reduce our environmental impact.

Works continue with the construction of a new heat pump facility aimed at replacing the old gas boilers. The heat pumps are expected to reduce carbon footprint by 2000 tonnes CO₂e.

Heat pumps



OUR SUSTAINABLE UHS
Together we'll create a healthier future

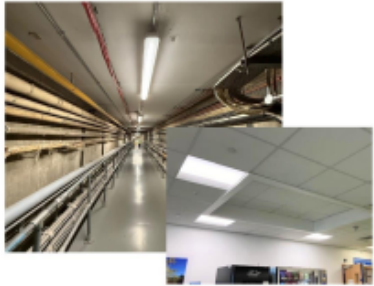
Heat pump facility by the energy centre

Those who come to work at SGH via the Coxford Road entrance will have seen the large gravel area where a building once stood.

A new heat pump facility is being built adjacent to the energy centre replacing old gas boilers. The heat pumps are expected to reduce the Trust's carbon footprint by 2000tn CO₂e (1,380tn Gas, 722tn Elec) by 2000tn CO₂e (1,380tn Gas, 722tn Elec).

This year, we also increased the site's LED coverage to 70%. The additional 1,300 efficient lights fitted will generate annual savings of £83k per year with 47 tonnes CO₂e reduction.

LED lighting



OUR SUSTAINABLE UHS
Together we'll create a healthier future

LED lighting replacement

As part of this project, c.1300 lights replaced across SGH site, including 350 emergency lights.

This scheme is expected to save 225k kWh of electricity, c. 47tn CO₂e per year.

A solar car port has been designed to go on top of the multi storey car park 4. The 247kW solar panel system will significantly increase our renewable onsite generation. Once completed this year it will generate about £83k financial savings and reduce carbon emissions by 47 tonnes.

The Trust also completed the replacement of 20 Split air conditioning units across lab and path, neuro, South Academic Block and Centre Block as well as six air handling units (AHUs). The new units are more energy efficient and expected to save £95,194 on utilities bills and saving 113 tonnes CO₂e.

In January 2025, the Trust received £100k from the NHS Energy Efficiency programme 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.

We are gradually phasing out fossil fuels by replacing diesel oil used to power localised standby generators with hydrogenated vegetable oil (HVO) an environmentally friendly alternative. This does not only contribute to the local air pollution reduction, but to a drop of 212 tonnes of CO₂e with financial savings of £13,804 on Environment Agency fines.

Inhalers account for 3% of the NHS carbon footprint. In the paediatric ED, we have stopped discarding inhalers after a single use. The propellant gas in pressurized metered-dose inhalers (pMDIs) is a very potent greenhouse gas. In collaboration with our infection prevention team, we have instigated a policy that allows staff to reuse these inhalers multiple times, saving money and benefiting the planet.

We have received a grant to completely remove piped nitrous oxide from the Trust and replace it with safer, cheaper, and less wasteful cylinders. The rationale for this change is detailed in last year's report. The transition will be completed by the end of March.

In theatres, single-use plastic caps are being replaced with reusable cotton caps. Each staff member will receive three personalized caps, leading to significant financial savings, reduced plastic waste, and improved safety in theatres through better communication.

In our ophthalmology department, we are transitioning from single-use eye drops to multidrop devices in both outpatient and inpatient areas. This change will help reduce costs and decrease the use of single-use plastic.

On 23 April 2024, a range of clinical staff attended an air quality session facilitated by Dr Malcom White on behalf of Global Action Plan. The session covered the sources, health impact and how clinical staff can discuss the matter with patients, both adults and children. A new air quality group has been formed which will meet quarterly to ensure the learnings are taken forward.

This year, some of the efforts made by the digital transformation team to embed sustainability within their workstream included:

- The redeployment of rarely used Trust computer devices: a recent review by the digital team identified a substantial number of devices that have not been logged into for six weeks or more. The digital department aims to reclaim these unused devices and redeploy them to areas where they are most needed. This initiative is expected to reduce waste and improve efficiency within the Trust.



- Transition to sending appointment letters by text message: in February 2025, 50,000 links were sent, and 31,000 were opened, resulting in a saving of 100,000 sheets of paper. Each paper letter not sent saves approximately £2. If a link is not opened within three days, a paper copy is sent as a backup. This method ensures quicker communication, provides confirmation of receipt and opening, and is environmentally friendly.

- Improved recycling and reuse of old equipment: previously, old equipment was taken away with minimal reuse or recycling after being wiped. The Trust has now engaged a new service provider, ensuring that zero equipment will end up in landfill. Instead, 70% of the equipment will be reused or recycled, generating approximately £100,000 in income.

In the travel and transport area, some progress has been made with the development of a new travel plan to support active and sustainable travel for staff, patients and visitors. The plan is currently going through the final stage of approval. Additionally, the Trust has taken a step to electrify its fleet vehicles. During the lease renewal this year, two internal combustion cars were dropped, and four electric vehicles (EV) introduced. This switch to EVs will contribute to the reduction in air pollution from the Trust's transport fleet. Since September 2024, the Trust has been hosting monthly cycle skills workshops. These sessions aim to promote and support staff towards more active travel alternatives. The December workshop was attended by 13 staff members.

Our waste management team has made significant strides in streamlining our waste collection processes, reducing frequency from daily pickups to just three times a week. This transformation not only enhances our operational efficiency but also minimises the environmental impacts of waste disposal.



Compliance in theatres has increased from 20% to over 90%, saving over £80,000 annually and reducing hundreds of tonnes of CO2. The comprehensive approach to waste management in theatres has led to waste ambassador training being offered to staff to allow the roll out of the theatres waste project to all other areas.



The new sustainable spring/summer menu was launched in May 2024. For the first time these have been re-ordered based on the expected carbon intensity of the protein content. In addition to re-ordering the menu, the team also introduced new smaller portion options to reduce waste and a couple of tweaks to recipes to reduce the carbon intensity. This is a great example of sustainability being baked into decision making and a partnership effort from everyone involved across UHS and Serco.

3.5 Our commitment to staff

In 2022 the UHS people strategy we made a commitment to create a workplace where our staff can thrive, excel and belong. During 2024/25 we have continued to achieve against the commitments set out in the strategy, and within our inclusion and belonging strategy.

We have continued to invest in our leaders and managers, and against our objective of ensuring our workforce is reflective of the communities we serve. We have fully implemented our leadership pathway offering development opportunities for new and emerging leaders, through the organisation to our senior leaders. Over 500 leaders participated in developmental offers in 2024/25, with alumnis positively contributing to improvements across the organisation. We continued with our successful Positive Action programmes to ensure our senior leaders at UHS are representative of our communities, with over 65 leaders participating since the programme began in 2023, and 17% of participants achieving promotion or taken progressive roles since the programmes began. In 2024/25 we also piloted targeted development centres as part of our positive action programmes, providing simulated recruitment practice and feedback, career coaching, and strengths profiling.



We have continued to encourage collaboration and connection across the organisation. In 2024/25, we successfully launched Proud2bAdmin and Proud2bOps networks at UHS, supporting the recognition and development of administration and operational colleagues. As a local member of the national Proud2b movement UHS colleagues are able to access training, mentorship, networking and resources to support local improvement at UHS.



With the support of our Armed Forces Network, we were delighted to achieve the Silver Award within the Armed Forces Covenant, this enables us to strengthen the support we give to veterans and reservists.

QUALITY ACCOUNT

As we continue to improve safe and supportive working environments, we have reached the milestone of over 10,000 staff attending our actionable allyship training to support a healthy speaking up culture and enable people to take action in the event of discrimination or harassment. In addition, we have increased our Freedom to Speak up infrastructure within local teams, and continued with action to tackle violence, aggression and promote sexual safety. As a result, we have seen an improvement in people feeling more confident to report bullying, harassment, violence and aggression in the 2024 Staff Survey.

In partnership with Southampton Hospitals Charity we have continued with our ongoing programme to refurbish staff rest rooms and support staff wellbeing, we have also made improvements to facilities within our chapel benefitting both staff and patients.

We were pleased to have been awarded the highly commended in the Best Public Sector Benefits category in the Employee Benefits Awards 2024 in recognition of our support for staff financial, emotional and physical wellbeing.

Our reward programmes has continued to thrive in 2024, with over 6,800 staff members nominated through our recognition programme. These nominations highlight the extraordinary contributions made by our dedicated team, whether it's through their clinical excellence or invaluable support in non-clinical roles. As part of We Are UHS week 2024, we proudly celebrated the UHS Champions Awards at a special ceremony at the Hilton Ageas Bowl. This year saw the largest uptake to date, with over 600 nominations across various categories that reflect our core values, further demonstrating our commitment to recognising outstanding contributions from both clinical and non-clinical staff.

In addition to our annual awards, we continue to celebrate our Monthly Stars, receiving 147 nominations throughout the year. These are presented at a monthly spotlight event hosted by David French, our CEO. This event is a fantastic opportunity to celebrate the achievements of our staff, as well as recognise external awards and long service milestones. Following each event, our recognition is shared widely through a monthly publication that has received over 5000 hits, ensuring that the hard work of our staff is acknowledged throughout the organisation.

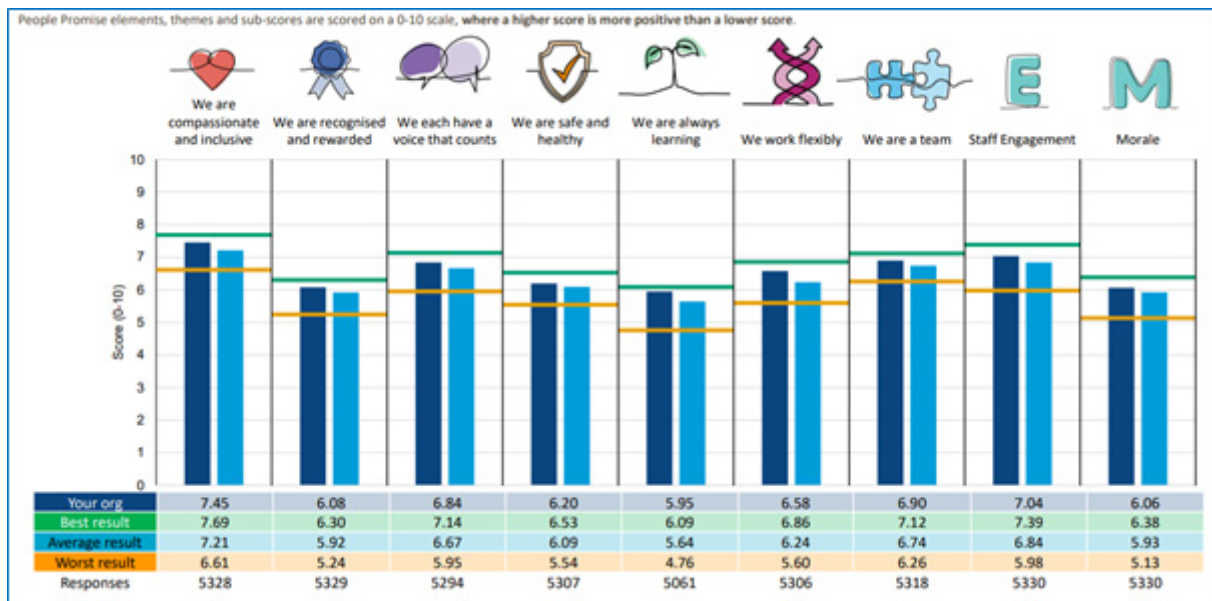
Our HIGH5 initiative is another unique and impactful way we recognise our staff. Launched in May 2023, this peer-to-peer recognition programme allows staff to celebrate each other's contributions in simple yet meaningful ways. From day-to-day actions that make a colleague's work easier to moments of exceptional teamwork, these recognitions are paired with a certificate that highlights the recipient's positive impact. Since its launch, we've sent 6,016 HIGH5s - a really encouraging metric demonstrating the importance of celebrating and recognising each other. We believe this to be the first system of its kind in the NHS.



QUALITY ACCOUNT

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.

Overall, despite the significant challenges, UHS trust-wide results remain above average across all the NHS people promise themes. UHS is ranked 18th nationally for recommendation as a place to work. We have continued to see improvements in terms of flexible working options, satisfaction with immediate managers, and confidence in reporting violence, aggression, bullying and harassment.



Data source: NHS Staff Survey

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. We 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. This year we have made good progress in several areas in this endeavour.

The NHS England Safe Learning Environment Charter (SLEC) was launched in February 2024. This charter focuses on the ten components of clinical learning including induction, communication, flexibility and positive identity. This national charter is being rolled out within UHS for non-medical learners in the first instance with the first workstreams around:

- Updating pre-placement information that learners can access as they begin to familiarise themselves with the clinical learning environment and opportunities. This information will support learners to understand the clinical area that they will be attending with both generic and specific information dependant on placement.
- Using the SLEC framework when undertaking student forums – this has proved very positive within midwifery where the outputs from learners has led to a very comprehensive action plan and development of new SLEC based information.
- Local universities have agreed to support the implementation of at SLEC based learner evaluation – this has begun to roll out and will link with action planning.
- Enabling placements and organisations to consider their position in terms of supporting learning with a maturity matrix. With some key components of the SLEC model being supported across UHS, the 2025/26 workstream will be to implement the use of the matrix in terms of an initial assessment, create action plans and then reassess. This will support in line with the CQC approach

of moving from a “reassure to assure” position and enabling students to learn in a positive, supportive and caring environment.

During 2024/25, UHS has supported over 60 international nurse candidates through a nursing and midwifery objective structured clinical examination (OSCE) preparation programme, which is a decrease in numbers from the previous year. This programme has relocated back to the UHS site which enables the delivery of a more flexible programme. International recruitment of candidates has now been paused in line with the national approach, and the Trust is now focusing on providing support for registration and opportunities for OSCE preparation to internal candidates who are employed at band 2, 3 and 4 to enable them to reach their goal of UK registration.

Within the allied health professional (AHPs) several workstreams have been supported with an educational focus. These include:

- A quality improvement (QI) methodology being used to support a pilot educational programme within our clinical support services. This QI project relates to physiotherapists, occupational therapists, dietitians and speech and language staff who are registered or qualified support workers, and the focus is to increase confidence and competence in conducting clinical audits to enhance clinical practice. Outcomes have significantly increased these staff satisfaction metrics, and we aim to deliver more training, practical workshops and coaching to support further practice developments linked to improved clinical effectiveness.
- UHS has implemented Schwartz Rounds within preceptorship programmes for AHPs, nurses and midwives. Staff evaluation has shown a significant correlation between positive staff experience, wellbeing, team working and compassionate care. The Trust is now purchasing its first license and training more facilitators to be able to launch these rounds as a reflective space for healthcare workers (clinical and non-clinical) to reflect on the emotional impact of their work. This will support our people plan, inclusion and belonging strategy and wellbeing strategy to give staff space and time for reflection, connections and empower their voice within the organisation. This should support ongoing wellbeing, retention and organisation culture gains. The Wessex Schwartz Consortium and University of Southampton collaborated on research evaluating the impact of Schwartz Rounds. The research paper is due to be published summer 2025 to showcase our work in partnership with other local trusts and higher educational institutions (HEIs).
- The AHP education lead has introduced a cultural competence for line managers training package (©Seventeen Seconds) to AHPs, nurses and midwives to enhance the knowledge, skills and behaviours of supporting and managing all staff. Funding for this initiative was won through the “stay and thrive” NHS England funding and will support all staff with developing cultural competence within their professional practice through e-learning and facilitated workshops.

Preceptorship (support for newly qualified staff in their first year of registration) is embedded within UHS for all newly registered nurses, nursing associates, midwives, AHPs and return to practice staff. There are national frameworks for each group, but UHS extended this further by successfully piloting this with health care scientists (HCS) last year. This has led to more HCS colleagues joining the programme. Whilst there is not a national framework for this group of professional, UHS felt it important to be fully inclusive in our multi-professional preceptorship.

Overall, in 2024/25 UHS has supported 335 preceptees.

Preceptee and preceptor meetings require protected time to ensure effective planning for the preceptee development. These have historically been challenging to monitor, so the team developed an online system to enable the seamless achievement of documentation and a more accurate measure of compliance. This approach has been effective and has encouraged engagement in these essential meetings across all professions.

UHS has designated preceptor champions within education and clinical areas to promote preceptorship. This year has seen the first 17 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 year.

In line with valuing our preceptors, UHS has launched its first designated preceptor development days to deliver a structured and comprehensive career progression approach.

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 70% felt they had gained confidence at the end of preceptorship. 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.

In September 2024, the intake of staff to the scientist training programme (STP) was 14, two in-service and 12 direct entry. This takes our current number of trainees to 45 across many specialties. We have received accreditation by the National School of Healthcare Science (NSHCS) for all our current programmes, most recently clinical scientific computing and respiratory and sleep science and prospectively pharmaceutical science for the 2025 intake.

Our STP training officers have designed a learning contract which we have shared with the NSHCS as part of good practice at their request.

Our pharmacy education team continue to work with our partner universities on developing the placements for the new MPharm course including supporting students to reach the prescriber-ready status which will be required on graduation in June 2025. They also continue to grow the number of pharmacist prescribers in the Trust, currently sitting at 74 trained and registered with 12 in training, some about to register.

The pharmacy team support both L2 and L3 apprenticeships for support workers and trainee pharmacy technicians.

This year our skills for practice team continue to deliver and support several established education programmes to both internal staff and external partners as well as implementing new courses such as Making Every Contact Count/Health Conversation Skills training. A key achievement has been the delivery of objective structured clinical examinations (OSCEs) to second, third and final year medical students in April, May, and July 2024. The skills for practice team are working closely with the University of Southampton Faculty of Medicine to develop and implement a revalidated curriculum which will see an increase in the delivery of clinical skills and simulation training across the curriculum.

Our biggest staffing challenge in 2024/25 continues to be the recruitment and retention of health care support workers (HCSW). Trust-wide focus continues to reduce turnover for HCSWs, including support for health and wellbeing, career opportunities, peer support, and education, training, and development. Centralised recruitment and onboarding have improved retention of newly appointed HCSW's. Completion of the Care Certificate for all non-registered clinical support workers continues to be a requirement and compliance remains high at over 91% trust-wide. Skills for practice continues to operate the health care support worker hub which became a substantive service in the summer of 2024, this team deliver the support worker development programme to all new HCSWs and provide

ongoing pastoral support to all support workers. Further training opportunities are being offered to both clinical and non-clinical support workers including the roll out of the higher development award (HDA).

A successful programme of housekeeper study days has started this year with high attendance.

UHS continues to provide high quality, real-world placements to further education (FE) college students (age 16 to 18), on a variety of T level programmes including health, digital and estates. UHS is working in partnership with Richard Taunton, Eastleigh and Fareham colleges and have this year (2024/25) provided a total of 75 clinical placements across multiple specialities including adult and child health nursing, midwifery and AHPs, as well as non-clinical placements with our digital and estates teams.

UHS has successfully recruited students on completion of their studies into nursing and midwifery support worker roles and many aspire to complete an apprenticeship with the Trust.

The importance of partnership working with colleges to prepare their students for placement, by providing specialist teaching and induction, is key to their success. Looking forward, UHS have started working with UTC Portsmouth to develop T level placements in healthcare sciences to support local students and future NHS staffing requirements.

UHS has started 1,147 apprentices since our apprenticeship journey began in 2017. There are 469 apprentices currently studying, of these 314 are clinical degree apprenticeships which includes nursing, occupational therapy, midwifery, operating department practitioner, healthcare sciences and youth worker. The remaining non-clinical apprentices include early years educator, learning and skills teacher, academic professional, senior leader, trades and estates.

There have been 81 apprentices who have undertaken more than one apprenticeship, and some of these are on their third. Attrition on programmes has improved year on year with overall attrition under 5%.

Advanced practice (AP) services have evolved organically over the last 20 years in the Trust. The organisation has been at the forefront of establishing this workforce and introducing AP roles within services.

Following external benchmarking and evaluation, a trust-wide career pathway for APs was established and the levels of academic requirements, along with scope of practice and level of decision making was standardised. In specialties where credentialing is not available, a trust-wide process and standard that is equitable to credentialing was implemented to demonstrate scope of practice and capabilities in practice.

Currently we have 240 staff in advanced practice roles. Trainees gain their MSc in advanced clinical practice either via an apprenticeship pathway or a commissioned pathway. Since evaluation and standardisation, we have seen larger numbers of experienced practitioners applying for roles and an improvement in our retention.

Overall, the picture for medical education at UHS has remained positive for 2024/25. GMC survey feedback demonstrated some areas of good practice (clinical genetics, infectious diseases, palliative medicine, rheumatology and urology). Concerns remain in general surgery and the department remains in enhanced monitoring with the GMC; although significant improvement was noted at a NHS England/GMC visit in autumn 2024 and the risk held with NHS England was downgraded.

We continue to work on improving induction and survey trainees on their local induction. Trainers highlighted concerns regarding time to train whilst delivering service in the busy clinical environment.

We have many locally employed doctors (LEDs) and continue to collect feedback on their experience. A cultural review was undertaken in trauma and orthopaedics with strengthened support for LEDs. Feedback to date has been positive. Our LED charter has been updated and relaunched, setting out what should be offered in terms of education and support. We have evolved our in-house educational supervisor course to include a session on LEDs. All doctors new to the NHS are given an extended shadowing period before they start. We have appointed a portfolio pathway (formerly certificate of eligibility for specialist registration) lead who provides additional support and advice and will be hosting a portfolio pathway study day in May.

The divisional medical education (DME) team is focused on the need to educate and support our trainers, since this is ultimately the best way to improve the experience of trainees. We have built up to a position where we can offer our supervisors a range of in-house educational supervisor update courses. There have been changes regarding the updates and providing feedback to the GMC, but as a trust we will still expect supervisors to complete the required CPD. Consultants can choose from courses according to their needs and their areas of work. In the past year we ran five educational supervisor updates with an attendance of 10-20 people. We have updated the course to include more on supervision of locally employed doctors. In addition we continue to run our inclusive leadership training course. We evaluate all the supervisor update courses, and the feedback is excellent. Furthermore, we collected feedback from our inclusive leadership training and shared this with NHS England South East who chose to showcase it at the education funding agreement self assessment webinars.

We continue to run a new consultant development programme and this year the chief registrar launched a development programme for registrars. Where needs overlap, these sessions have been amalgamated, allowing shared experience and better preparation of senior trainees for starting consultant posts. We have run additional supportive courses including managing conflict for surgical registrars and empowering women in medicine, which have received outstanding feedback. We have a regular education grand round allowing networking and learning for anyone interested in undergraduate and postgraduate teaching. In addition we have launched workshops for resident doctors to learn about opportunities for delivering education within the Trust, to encourage their participation. In 2024 we introduced the ALERT course to deliver simulation training on acutely deteriorating patients for multi-disciplinary teams. We are building on this and undertaking a project to write new programmes that can be tailored to the needs of individual groups.

UHS continues to fulfil its responsibility as the principal placement provider for the University of Southampton medical school, with clinical attachments for students throughout the curriculum, from the birth experience and emergency department experience in year one to the final year placements and assistantships, in over 60,000 education sessions. Following considerable work over the last few years, the visibility of placement funding in care group budgets is now complete and allows individual departments to see the income and support the delivery of excellence accordingly. This has led to the appointment of new placement leads and deputy placement leads in year three and year five medicine and surgery, as well as consolidation of the current positions in other areas. This has allowed the year three medicine and surgery placement leadership teams to ensure we were able to support the increasing number of students on placement from January 2025, by redesigning induction materials, expanding the placements available and use of novel non patient facing clinical teaching. We have maintained the support for administration staff in the computer aided facility management (CAFM) team, including a new appointment following a retirement.

Following a thorough consultation and review of clinical teaching fellow provision, the Trust was proud to support the appointment of two new medical student clinical teaching fellows (CTFs), to take the team to three WTEs. This has brought UHS more in line with other placement providers of a similar size. There is also increasing support for 'part-time' CTFs within placements, most notably surgery, paediatrics, and emergency medicine. Furthermore, we have appointed 0.8 WTE CTF for postgraduate medical education, one WTE for medical education research and have one WTE specialist foundation post in medical education. Together, this team is delivering a range of education related projects alongside bedside teaching on demand, simulation training for third year medical students new to the wards, and multiple small group sessions including to foundation doctors. Our medical education research program, a joint enterprise with the University of Southampton, is expanding and thriving. We have been awarded two grants, one to research medical student placement capacity and the second to look at educators' experience of giving feedback to postgraduate learners. Both will report in 2025. One publication has been accepted and another is under review.

We have formalised the arrangements for the provision of electives to UK and international medical students and are pleased that in partnership with the University of Southampton we are now able to offer selected numbers of these placements.

All University of Southampton medical students in all years of the BM4, BM5, and BM6 programmes now have UHS identity cards. These cards allow access to appropriate clinical areas and give access to other staff benefits such as the wellbeing hub and gym and staff discounts on food.

Looking forward, the team is already planning how to continue to improve both the education delivered as well as facing the challenges of ensuring we are able to support increasing numbers of students as part of the long term workforce plan.

Doctors development unit (DDU) – now part of UHS coaching

The DDU has been running for four years. Over 25% of consultant staff have now accessed the coaching service since it started. The service was set up in recognition of the need to provide support for our consultant staff who are under extreme pressure and on whom a functioning clinical team can depend on to provide safe patient care. Our evaluation in 2023 shows that the investment is worth it. Consultants appreciate the space and coaching provided, whatever the reason they approached the service. The service keeps people at work, gets them back more quickly when they are off and keeps them working for UHS. In recognition of the proven benefits and working with organisational development, UHS coaching was set up in April 2024 led by The medical DDU lead and the head of nursing for education. The faculty now has 32 qualified coaches, including 17 consultants as well as coaches from a broad variety of backgrounds, both clinical and non-clinical. Another 15 people are currently working on completing their qualification. The multiprofessional faculty are supported by weekly drop-in catch-up meetings for peer supervision and monthly coaching clinics with an external expert coach. 2025 will see the training and qualification of our first internal coach supervisor and some workshops for coaches on working with those recommended for coaching because of professional concerns which has been an increasing part of DDU workload in 2024. In addition to this work, 2025 will bring the opportunity for clinical and care group leads and managers to undertake a coaching conversations course (also available on VLE) with our experienced external coach facilitator. This course was highly rated by two cohorts of matrons who did the course in 2024.

Workforce

UHS has embedded systematic evidence-based and triangulated methodological approaches to regularly review staffing levels linked to budget-setting and service requirements. This is a

collaborative process involving divisions, workforce and finance.

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 and NHS Improvement 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 and 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, key performance indicators (KPIs), and performance. Our focus is also on future forecasting and initiatives to reduce our reliance on bank and agency staff. 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 supporting 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 include the following:

- Monthly people report.
- Vacancy report.
- Weekly and monthly workforce trends (substantive, bank and agency).
- Unavailability (headroom).
- Regular healthcare assistant tracker.
- Monthly appraisals.
- Allied health professional 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).
- Monthly provider workforce return (PWR).
- NHSi monthly temporary staffing data submission via our temporary resourcing team.

From April 2024 to February 2025, there have been successful targeted recruitment in areas of need:

- Medical and dental - 91 WTE.
- AHPs - 17 WTE.
- Healthcare scientists - 19 WTE.
- Estates - 3 WTE.

- The Trust conducted enhanced recruitment of HCAs during January 2025 to combat high vacancy levels, yielding growth of 19 WTE in this staff group.

UHS completed and returned a self-assessment for NHS England and NHS Improvement on 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 (AfC) 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 and UHS is making good progress in meeting the standards.

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.

3.7 Our commitment to clinical research

Research is how we drive better health and healthcare, and 2024/25 saw yet more progress. We changed lives, driving greater inclusion and improved access to cutting edge treatments.

Changing lives

In 2022 former royalty protection officer Allan Peters was diagnosed with terminal cancer. He put his affairs in order and began arranging his own funeral. The newly crowned King Charles sent him a letter of condolence.



Two years later, in July 2024, Allan was cancer free.

That was thanks to revolutionary CART cell therapy at UHS. This sees a patient's own immune cells collected and modified to kill their cancer. In 2023, UHS became the first hospital in the South East to offer CART - with Allan only the fifth person to receive it.

"I am so grateful to the medical teams that made this happen – it really is like a miracle cure."

Our years-long role in CART's research was crucial to this early access. And our Southampton Emerging Therapies and Technologies (SETT) Centre continues to drive work in advanced therapies. That includes studies leading to approval of gene therapy for haemophilia B.

Haemophilia B is a rare genetic disorder that prevents blood clotting. For the 2000 UK people affected even small cuts can be life threatening. They must inject clotting factor IX protein weekly to protect themselves.

The Hope-B trial of Hemegenix, led by UHS consultant haematologist Rashid Kazmi, has changed that. Hemegenix is a one-time infusion, inserting the factor IX genetic code into body cells. This allows the cells to make their own factor IX, raising levels without the need for injections.

John Curley was one of around 50 participants in the study: "It's amazing to think that something I was told was incurable can now be effectively managed with a single-dose treatment. It's revolutionised my life physically and psychologically. I hope that haemophilia will be nothing but a distant memory in 30 years time."

Treatments resulting from UHS research in other areas also entered NHS use this year. Other National Institute for Health and Care Excellence (NICE) approvals included:

- Blood cancer: a new combination treatment for chronic lymphocytic leukaemia (CLL). Trials involving UHS patients showed 58% of people were clear of cancer within three years.
- Cystic fibrosis: the drugs kaftrio, symkevi and orkambi treat the root cause of the disease, bypassing its genetic cause. Over a decade of trials involved UHS researchers and patients, working with maker Vertex.
- Stroke: clot-busting drug tenecteplase, recommended as a treatment option. Based on results from a national trial involving dozens of UHS patients.

Acute hospital, acute healthcare research

Every second counts in stroke, to restore blood supply to the brain and limit lasting damage. UHS hyperacute stroke research centre experts showed that video calls cut treatment times. An average of 20 minutes were saved by paramedics video calling the team to assess patients. Dr Richard Marigold, part of our research leaders programme, led the work:

"For every half an hour you delay treatments in this setting, patients have a 10% less likely chance of returning to independent living. We envision this becoming part of routine clinical practice and hope it will be rolled out across Wessex in the future."

Surgery is core to our care as an acute hospital, and our research continues to improve outcomes:

- The ORANGE II Plus trial showed faster recovery with less invasive keyhole surgery for liver cancer. This saw patients start other treatments, like chemotherapy, faster.
- Surgeons at Southampton Children's Hospital (SCH) became the first in the NHS to use a surgical robot in children's kidney surgery. Results from the landmark trial will guide use of the robot - which enables complex procedures on the much smaller tissues of children.
- Key studies defined better body fluid support during surgery and showed the value of 'surgery

schools' for patients. The findings show that pre-surgery group classes are associated with better recovery and fewer complications.

Other research highlights across our services included:

- Promising results for a new weight loss drug.
- A stick-on breathing sensor giving early warning of patients becoming unwell.
- Identifying benefits of aspirin in preventing cancer in people with diabetes.
- The first positive treatment data in a decade for a rare lung disease.
- Use of microbubbles to heal bone fractures.
- Tackling severe allergies by eating small amounts of the allergen.

Access to trials

Key to these successes is our belief that every patient and staff member should have the chance to be part of research. We combine that with leading roles in regional and national networks. In 2024/25 new collaborations included:

- Hosting a new centre, delivering trials at research hubs across our region.
- Southampton Clinical Trials Unit becoming the national personalised cancer vaccine centre, matching thousands of participants nationwide to trials.
- Joining a £50m national dementia trial network, finding new tests and treatments faster.

All this saw us open a wide range of new studies and trials, not only supporting our services, but also detecting and preventing disease before the need for acute care.

Early diagnoses - vital and fairer

Early, simple diagnosis is key to better quality of life and survival across diseases. It's also key to tackling health inequalities, bringing tests closer to those with poor healthcare access.

In 2024 two studies aiming to do this in dementia launched. The first is trialling blood tests for alzheimer's and other forms of dementia. Over 5,000 people nationwide will help test these less invasive alternatives to current scans and lumbar punctures. In the second, Southampton researchers will develop a portable testing device. This uses a new, 93% accurate, laser-based technology developed at the University of Southampton.

In cancer, DETECTION-2 is trialling a simple blood test for melanoma. This aggressive skin cancer can return after treatment, needing careful monitoring. Frequent use of the blood test could give early warning outside of in-hospital scans. Two further studies are trialling multi-cancer blood tests. They will look at new one-stop tests covering multiple cancers.

Prevention and healthy living, across the lifecourse

Helping people be healthy, avoid hospital and relieve NHS pressures is a priority for us all. Our researchers continue to lead on this, across the lifecourse.

Professor Keith Godfrey leads the new £50m NIHR Challenge Maternity Disparities Consortium. This national collaboration will develop better care and support before and between pregnancies. This builds on work including research begun in 2009, key to NHS advice on vitamin D in pregnancy. It showed that infants born to mothers taking extra vitamin D had higher bone mass. Now new data published in November 2024 showed that this persists to age seven, reinforcing the value of this approach.

In July 2024 we opened a trial to pregnant mothers, tackling respiratory syncytial virus (RSV). RSV hospitalises many babies and young children, killing 20 to 30 infants each year. RSVoyage will test whether vaccination during pregnancy protects babies from birth.

Air quality is a key factor in respiratory disease and allergy. This year we joined a regional collaboration - Clean Air South - to coordinate research. It aims to deliver evidence for better air quality policies and management. It will support studies such as our February 2025 finding that car brake dust particles can be more toxic than diesel exhaust fumes.

A study into better diagnosis of urinary tract infections (UTIs) in care homes launched in June 2024. Preventing distress, antibiotic resistance, and unnecessary or long hospitalisations is a key focus. Other work showed that loneliness inhibits older patients' recovery after a hospital stay. This is informing better discharge planning and support.

Engaging for inclusion

Increasing inclusion is a key focus for our research. It's key to studies that deliver results benefiting all and tackling inequalities.

UHS is one of only two sites in the South giving access to the Improving Black Health Outcomes (IBHO) initiative. It aims to improve clinical outcomes and tackle health inequalities.

The IBHO BioResource will explore how Black communities develop and experience a range of health conditions. These include sickle cell, diabetes, cardiovascular disease and kidney disease.

People from Black ethnic communities have long been under-represented in health studies. That increases the risk of resulting knowledge and treatments not working for them.

Southampton father Ardel Richardson, 38, joined the programme In March 2025: "We need to be proactive. Research programmes like this are key to improving our knowledge and understanding of how these conditions impact Black communities."



Our research community engagement and public and patient involvement teams' outreach activities included:

- Developing research nursing 'link' roles, involving staff in inclusive engagement.
- Mental health engagement with the regionwide Raising Voices in Research (RViR) partnership, in support of NIHR Applied Research Collaboration (ARC) Wessex research.

- Piloting a new governance model, inspired by the viking tradition of 'Things' - twice yearly meetings. Our version brought staff and a diverse cross-section of the public together to shape how research is done.

LifeLab, the health and science engagement programme based at UHS, continued to inspire school students. It received a Royal Society for Public Health award. This recognised their efforts to improve young peoples' health literacy. This year that included a two-day summer school, attended by pupils from 25 schools across Hampshire and Dorset.

Award-winning research

Pioneering staff across our hospital received national and international awards in 2024/25: Professor Chris Edwards received the AESKU Lifetime Contribution to Autoimmunity Award. A leading expert in inflammatory rheumatic diseases, he has been a consultant rheumatologist at UHS for 23 years.

- Dr Cathy McKenzie and Dr Jessica Bate secured NIHR senior clinical and practitioner research awards. This follows their time on the UHS research leader's programme. This new award supports the next stage of their careers as research leaders.
- Dr Sophie Fletcher received a national award for clinical impact. It recognised her work turning research into better care for fibrotic lung disease.
- Three Southampton researchers became NIHR senior investigators. Professors Miriam Santer, Nicholas Harvey and Tracey Sach are part of our NIHR Biomedical Research Centre (BRC).
- Professor Philip Calder, also part of our BRC, received a lifetime achievement award by the International Society for the study of fatty acids and lipids.
- Professor Tim Underwood was appointed to a national network promoting responsible artificial intelligence (AI) in health and social care. Professor Underwood leads a research team at UHS.
- We also picked up team prizes for COVID-19 and irritable bowel syndrome research, and for more environmentally sustainable research methods.

3.8 Our commitment to technology

The Trust has continued to commit to use of technology to deliver safe, high-quality, patient care in 2024/25.

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.

Some specific highlights which have benefitted patients and improved their experience includes the roll out of new systems, such as 'eClinic Manager', a video conferencing system that allows patients to attend video-consultations remotely without having to physically come to the hospital.

Medical oncologist Dr Ioannis Karydis frequently uses eClinic Manager for managing consultations with his patients. Minimising contact with other patients helps reduce the risk of infection explained Dr Karydis. He also pointed out that reducing travel is a benefit for patients.

Dr Karydis said: "Being able to do the whole consultation at home offers a large number of benefits for patients. Our patients very often tend to be on the older end of the scale and travelling to the hospital can be an issue."

Another recent highlight has been the ongoing transition to using digital messaging instead of paper letters to manage outpatient appointments. Since the launch of the 'digital letters' system in September 2024, the Trust has sent tens of thousands of text messages and emails instead of posting paper letters.

This has led to a more secure appointment notification service that allows patients to cancel or request to reschedule their appointments more easily. It has obvious financial and sustainability benefits, as well as reducing non-attendance of appointments.

UHS lead digital project manager Jayne Green, who has managed the roll out of the service, said: "Sending outpatient appointment letters digitally has made managing appointments much more convenient and more secure for our patients, and we are beginning to see improved appointment attendance as a result, which is great news for patients and staff alike."

As a commitment to supporting our staff with the increasing use of digital, we now have two clinical digital educators whose purpose is to focus on providing training and support to the ward staff so that we can improve compliance with nursing documentation and other clinical digital systems. This will lead to improvements in how we capture patient information which can be utilised to help facilitate an increase in the quality of care delivered to our patients.

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 2025/26, 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 2024/25

National audit title	Actions	Action update
1. The Renal Registry report published July 2024	- To review the blood results with IT to ensure the data is being sent to the registry. - To review the BP data as to why it is low.	Ongoing
2. National Vascular Registry report published July 2024	- To be raised within div D governance and discussed further in CAMEO in September an under resourced service which includes theatre capacity, beds, and staffing. - Business case to be developed to allow data entry for interventional radiology.	Complete Ongoing
3. RCEM Care of Older People report published July 2024	- To complete regular audits to ensure compliance. - To hold teaching sessions for new clinicians in the department.	Ongoing audit for 2025
4. Femail Genital Mutilation (FGM) Audit report published July 2024	To rewrite the policy to include ED adults and adult safeguarding teams.	Complete
5. National Heart Failure (HF) Audit report published June 2024	- A plan to be put in place to audit the 20% who are not being seen by HF team. - A plan to be put in place to audit the 26% not being seen by HF nurse.	Plans in place audit to be conducted
6. National Cancer Audit Collaborating Centre - National Non-Hodgkin Lymphoma Audit report published September 2024	- To improve staging information at MDT. - To re-audit with more contemporaneous data.	Complete Reaudit to be conducted

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National audit title	Actions	Action update
7. National Audit of Inpatient Falls (NAIF) report published October 2024	- Additional training to be provided to falls champions about deconditioning in older people. - Patient safety team and Trust falls lead to monitor after action reviews to establish if analgesia is given within 30 minutes of a fall resulting in an injury. - To ensure the changes to data collection are forwarded to patient safety team and actioned for the start of January 2025.	Complete Ongoing Ongoing
8. SSNAP stroke audit report published November 2024	- To develop further business cases to increase staffing numbers and bed capacity in line with national recommendations. - To work with community providers and the ISDN to increase number of patients discharged with early support discharge team and increase six month follow up plans. - A business case for stroke same day emergency care unit to manage mimics. - Radiology: further discussions about how to improve speed and access to imaging at the front door – CT/CTA and MRI. - Thrombolysis: the arrival of tenecteplase as a new thrombolysis drug that can be given more quickly and easily should improve thrombolysis performance, but delays in stroke recognition and assessment at the front door need to be addressed through further education with the emergency department teams, SCAS and through greater use of prehospital video triage.	All actions currently ongoing
9. National Early Arthritis Audit report published October 2024	- To appointment consultants for the early arthritis clinic management. - To provide waiting list initiative clinics at the weekend to catch up on waiting lists.	Complete
10. Case Mix Programme data for 2023/24 report	- To focus on delayed admissions to critical care. - Thames Valley and Wessex Critical Care Network working group to focus on improving capture of time to admit outside critical care. - To add the critical care follow up service onto the risk register.	Ongoing Ongoing Complete
11. National Audit of Primary Breast Cancer report published September 2024	- To circulate quarterly data collection reports to wider team. - To complete an audit on barriers to immediate reconstruction.	Ongoing

National audit title	Actions	Action update
12. National Audit of Metastatic Breast Cancer report published September 2024	To perform an audit of biopsies for metastatic lesions.	Ongoing
13. Fracture Liaison service database report published January 2025	- To complete a service development project to maintain KPI 3 and KPI 4 post ADOPT study cessation. - To keep communication open with community partners to increase follow up compliance as currently red.	Ongoing
14. National Hip Fracture database report published September 2024	- To keep improvements going on pre and post op 4AT. - To discuss with OG and T&O on streamlining the administrative process for the two databases.	Ongoing
15. NCAP Acute Coronary Syndrome or Acute Myocardial Infarction report published June 2024	To review with acute coronary syndrome advanced clinical practitioners team monitoring of reasons for delay in treatment.	Ongoing

Appendix B - Local Clinical Audit: actions to improve quality identified during 2024/25

Audit title	Actions	Action update
1. Trust-wide audit of cleanliness and decontamination of clinical equipment April 2024 (5581)	- Matrons and care group leads to ensure 37 areas that did not submit an audit complete as part of the infection prevention audit programme. - Nine areas scored below 85% to develop an action plan and re-audit within one month. - Five areas scored between 85% and 94% to re-audit within 3 months.	Complete
2. UHS personal protective equipment audit April 2024 (5588)	- Matrons and care group leads to ensure 40 areas that did not submit an audit complete as part of the infection prevention audit programme. - Eight areas scored below 85% to develop an action plan and re-audit within one month. - Four areas scored between 85% and 94% to re-audit within three months.	Complete

Audit title	Actions	Action update
3. Documentation of cardiac MDT (7357)	Formulation of a cardiac MDT proforma.	Complete
4. Auditing electronic prescribing of oxygen supplementation for all admissions to cardiology department (7767)	- To put up a reminder at doctor's station in coronary care unit (CCU) to prescribe target saturations for all patients. - To arrange with CCU nursing team to include an oxygen prescribing tick-box to incoming admissions on the whiteboard.	Complete
5. DVLA advice in patients post MI: A retrospective study (7792)	- Implement face to face discussions with resident doctors and advanced nurse practitioners (ANPs) on changes to discharge summaries. - To send an internal memo to resident doctors and ANPs on the guidelines and intended outcomes. - To re-audit with data following implementation of recommended changes.	Actions complete Waiting for re-audit
6. Optimising management of acute traumatic central cord syndrome: Aligning evidence with practice in Wessex Spinal Service (7812)	To present the data in local and national meetings to increase awareness and call for change in practice.	Complete
7. Capnography use in adult advanced resuscitation training (7828)	- Promoting additional clear and simple understanding for ALS course candidates surrounding the benefit of capnography, such as using the PQRS aide-memoire. This would fit in well during the associated resuscitation skills teaching station as well as be a useful easy reminder during later practice scenarios. - Consistent and helpful reminders and/or prompts by faculty during ALS course practice scenarios for candidates acting as the team leader and for supporting members of the group to think about using capnography when they have made an intervention to the airway.	Complete

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Audit title	Actions	Action update
8. Storage of enoxaparin syringes and loose strips of medication at UHS (7829)	- To present results to medication safety team. - To present results and share report to PSSG. - To cascade report to relevant groups trust-wide including ward leaders and governance leads. - To present results and share report to nursing and midwifery training, development and practice group. - To continue to monitor/review Enoxaparin storage e.g. reviewing Enoxaparin incidents, carrying out spot checks, consider storage in a plain white box (ongoing as part of medication safety work). - To share guidance on Enoxaparin storage on medication safety Workplace page and pharmacy team brief to highlight awareness. - To feedback incidents to manufacturer to highlight issue with syringe packaging.	Complete
9. Audit of delayed cord clamping (DCC) rates in Princess Anne Hospital (7876)	- To add to theme of the week - neonatal and maternity. Aim to provide periprem education regarding DCC jointly with separate audit on thermoregulation. - Teaching session for neonatal team to disseminate audit results.	Complete
10. Naso gastric tube check chart audit (6316)	- To present results at ants study day. - To present results to nutrition and hydration governance group. - To feedback individual departmental results to critical care education leads.	Complete
11. The use of the SNAP protocol for paracetamol overdose in AMU (7719)	A plan to re-audit in July/August 2024 to review compliance to SNAP.	Waiting for re-audit
12. Audit of the perinatal pathway screening (PPS) tool usage (7871)	- To add to theme of the week to highlight completing the tool and when. - To re-audit in six months' time to monitor an improvement. - To email all community midwives explaining how to complete the tool. - Plan to attend universal and NEST team meetings to discuss the importance of using the PPS tool in pregnancy and where to document.	Complete

Audit title	Actions	Action update
13. Improving patient experience, staff knowledge and skills in the management of children and young people with eating disorders in A&E (7399)	- To develop pro-forma to meet MEED guidelines and aid ED staff to ensure they are carrying out full and appropriate assessments in children's ED department. - To re-audit service with new pro-forma.	Complete
14. Incidence of chylothorax following vascular ring surgery (7713)	- To continue to monitor the incidence of chylothorax following surgery for vascular ring repair. - To collect more data to allow statistical comparison.	Ongoing actions
15. Microbiology sampling in failed gamma nails - A closed loop audit (7457)	To increase awareness of evidence-based guidelines and present to T&O surgeons during departmental M&M meeting.	Complete
16. Antenatal engagement and pregnancy outcomes in birthing people with an IMD score <5 from a global majority background (7821)	To make changes to booking pathway with aim of improving timing of booking.	Complete
17. Microbiological diagnostic yield for CT guided disc biopsies in suspected discitis/osteomyelitis patients (7830)	A M&M meeting to be held for decision against CT guided biopsies with spine surgeons, MSK radiologist and microbiologists.	Complete
18. Audit of the adrenal venous sampling performed between August 2017 to February 2024 in patients with primary hyperaldosteronism in the University Hospital Southampton NHS Foundation Trust and service review (7845)	To present in endocrine departmental meeting to agree findings.	Complete

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Audit title	Actions	Action update
19. Mental capacity assessment - who can assess capacity? (7106)	- An email with the results will be sent to all resident doctors currently working in AMU and other medical wards, including reference to the Trust mental capacity policy and where to find the relevant information regarding the types of decisions and the relevant HCPs. - To plan to present this at resident doctors teaching to promote learning.	Complete Ongoing
20. MRI safety questionnaires compliance (7877)	- A re-audit to be performed within two months. - To collect feedback to improve the form. - To consider recommendations and feedback after the re-audit.	Complete
21. Intrapartum prophylactic antibiotic in preterm labour (7938)	- The topic will be made theme of the week and awareness posters will be put up on the labour ward. - Plan to develop a preterm prescription bundle on JAC. - Compliance will be re-audited three months after implementation of the recommendations.	Complete Waiting for re-audit
22. QIP lying/standing blood pressure measurement (7947)	- To extend audit in future to other wards and areas. - To put posters of step-by-step Royal College of Physicians method of measuring on all wards. - To add trust-wide standard guidance on symptom documentation (medical notes, digital etc). - To explore a formal training point with nursing management, feedback (e.g. integrate this into a staff training if not already done).	Ongoing
23. UHS isolation audit July 2024 (5592v6)	13 areas of non-submission must complete the audit within one month. - Five areas scoring between 85% and 94% will be required to re-audit within three months. - One area scored below 85% will be required to submit an action plan and reaudit within one month.	Complete
24. UHS sharps safety audit July 2024 (5579v7)	23 areas of non-submission must complete the audit within one month. 21 areas scoring between 85% and 94% will be required to re-audit within three months. - Two areas scoring below 85% will be required to submit an action plan and reaudit within one month.	Complete

Audit title	Actions	Action update
25. Evidence-based medicine audit in emergency ophthalmology in a tertiary eye unit: Southampton experience (7847)	- To incorporate the topics showing poor compliance in departmental teaching to improving compliance. - To establish departmental guidelines for clinical conditions where poor evidence was available.	Complete
26. Preventing unrecognised oesophageal Intubation (7375)	To provide education on intervention of tube placement.	Complete
27. Assessment of the emergency care of open fractures with respect to antibiotic treatment and neurovascular assessment (7495)	New approach to be put in place to address risk.	Complete
28. Real world audit of novel treatment outcomes in thyroid cancer treatments (7583)	To increase clinician and allied health professional awareness to manage Lenvatinib toxicities in acute oncology and outpatient setting to ensure patient safety.	Complete
29. HER2 ISH reporting turnaround times audit (7907)	- To consider contacting alternative HER2 ISH service provider. - To consider reflex cutting of FISH sections at the time of requesting HER2 IHC, which may improve overall efficiency of the process depending on HER2 2+ rates. - Breast pathology team to continue to explore all diagnostic options for HER2 testing to decide about testing location and method.	Complete Complete Ongoing
30. Are therapists providing evidence-based best practice assessments and guidance for patients that fall during admission on the medicine for older (7926)	To provide teaching and/or service improvement methods implemented into practice.	Ongoing
31. Documentation of cardiac MDT (7357)	Formulation of a cardiac MDT proforma.	Complete

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Audit title	Actions	Action update
32. Povidone iodine application (7941)	To ensure peri-operative team know to apply Povidone iodine for more than three minutes before cataract surgery according to the infection control protocol.	Complete
33. HbA1C monitoring in home parenteral nutrition (HPN) patients (8026)	To add HbA1C to micronutrient screen bundle on requesting.	Complete
34. UHS personal protection equipment (PPE) October 2024 audit (5588v8)	35 areas of non-submission must complete the audit within one month. - Ten areas scoring between 85% and 94% will be required to re-audit within three months. - Five areas scoring below 85% will be required to submit an action plan and reaudit within one month.	Complete
35. Saving lives HII 8 cleaning and decontamination October 2024 audit (5581v6)	27 areas of non-submission must complete the audit within one month. - Nine areas scoring between 85% and 94% will be required to re-audit within 3 months. 23 areas scoring below 85% will be required to submit an action plan and re-audit within one month.	Complete
36. Saving lives HII 5 ventilated patients August 2024 audit (5574v9)	- One area of non-submission must complete the audit within one month. - One area scoring below 85% will be required to submit an action plan and re-audit within one month.	Complete
37. Saving lives HII4 surgical site infection August 2024 audit (5580v8)	17 areas of non-submission must complete the audit within one month. - Three areas scoring between 85% and 94% will be required to re-audit within three months. - Three areas scored below 85% will be required to submit an action plan and re-audit within one month	Complete
38. Saving lives HII2 peripheral intravenous cannula care June 2024 audit (5582v8)	11 areas of non-submission must complete the audit within one month. - Three areas scoring between 85% and 94% will be required to re-audit within three months. - Eight areas scoring below 85% will be required to submit an action plan and re-audit within one month.	Complete
39. Saving lives HII1 central venous catheter care June 2024 audit (5584v8)	- Six areas of non-submission must complete the audit within one month - Ten areas scoring below 85% will be required to submit an action plan and re-audit within one month.	Complete

Audit title	Actions	Action update
40. Audit of inpatient prescribing of psychiatric medication (7682)	Strategies to be developed within team to improve psychotropic medication prescription.	Complete
41. Auditing electronic prescribing of oxygen supplementation for all admissions to cardiology department (7767v2)	- To send an email to new (and existing) cardiology SHOs with the findings and recommendations - To emailing education leads to explore the possibility of presenting the audit during one of their teaching sessions.	Complete
42. An audit of the requesting of CTPAs from AMU and the factors affecting the percentage of positive results (7972)	Actions plans to include increasing overall CTPA slots for AMU and SDEC which are currently in discussion and development.	Ongoing
43. Auditing compliance of ward discharge for patients with dysphagia against the oropharyngeal dysphagia policy (6396v4)	- To circulate report to ward leads/matrons/division leads. - To support SLT adding thickener to JAC. - To feedback results to SLT team.	Complete
44. Documentation of drug allergic reactions (7997)	To raise awareness among doctors in the AMU, about the importance of documenting the allergic status of all patients admitted.	Complete
45. Pulse oximetry screening compliance (8025)	- To discuss where pulse oximetry should be recorded for babies on BadgerNet. - To review pulse oximetry compliance within the neonatal unit. - To review where and how oxygen saturations are recorded for babies. - To discuss whether oxygen saturations should be recorded on S4N and formulate in the guidance if a change is required. - A gap analysis to be undertaken on the BAPM framework for pulse oximetry once available.	Complete

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Audit title	Actions	Action update
46. SBAR handover communication tool audit (7560v2)	- To discuss with F level wards leads and put action plan in place to ensure staff sign the SBAR when giving/receiving a telephone handover. - Labour ward staff to ensure any changes to clinical picture after initial SBAR handover is given are telephoned through to a RM. - To continue to audit compliance quarterly and complete adverse events where documentation of handover is missing when there has been a clinical incident.	Complete Complete Continuous auditing
47. Are NHS doctors requesting CT scans appropriately? Audit focusing on resident doctors' compliance with Royal College Guidelines (8044)	To conduct an audit to ensure CT scan requests by resident doctors align with Royal College of Radiology guidelines.	Complete
48. Local Adherence of Advanced care planning according to NICE guideline (7558)	To liaise with IT team to develop a digital DNACPR form.	Ongoing
49. Sternoclavicular joints (SCJ) - image quality evaluation (7993)	- To re-audit in a year time to assess for progress. - To provide more training to our staff on how to perform this examination if required, or assess the possibility of bringing back the anatomy of the month and include SCJ.	Waiting for re-audit Complete
50. Saving babies' lives perinatal mortality review tool (PMRT) (7690)	As per PMRT review group action to be communicated around referral process of USS pathway when concerns with static/ tailing growth.	Complete
51. Documentation of drug allergic reactions (7997)	To raise awareness among doctors in the AMU, about the importance of documenting the allergic status of all patients admitted.	Complete
52. IPC standard precautions November 2024 audits (5583v8)	- The 40 areas that did not submit an audit must audit within the next month. 16 areas scored between 85% and 94% and two areas scored below 85%. All areas to develop and implement an action plan based upon their results. - Care group managers/care group clinical leads to provide support to areas not meeting the standards.	Complete

Audit title	Actions	Action update
53. IPC Inpatient hand hygiene May 2024 audit (5575v9)	- The 39 areas that did not submit an audit must audit within the next month. - Re-audit is required by areas of sub optimal performance as per infection prevention audit programme 2024/25. - Care group managers/care group clinical leads to provide support to areas scoring between 94% and 85% - 19 areas. - Areas scoring below 85% will be required to produce an improvement plan and re-audit - 14 areas.	Complete
54. IPC - Hand hygiene practice (covert) November 2024 audit (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.	Complete
55. IPC - Peripheral intravenous cannula care December 2024 audit (5582v8)	Insertion: The 28 areas that did not submit an audit must audit within the next month. - Two areas scored between 85% and 94% are required to re-audit within three months. - Two areas scored below 85% are required to produce action plan to address non-compliance and provide evidence of implementation. - To re-audit within one month ensuring compliance addressed through action plan. Ongoing care: The 24 areas that did not submit an audit must audit within the next month. - Two areas scoring between 85% and 94% are required to re-audit within 3 months. - Six areas scoring below 85% will be required to produce an action plan to address non-compliance and provide evidence of implementation. - To re-audit within one month ensuring compliance addressed through action plan.	Ongoing

Audit title	Actions	Action update
56. IPC – Central venous catheter care November 2024 audit (5584v8)	• Insertion: The three areas that did not submit an audit to audit within the next month. • One area scored below 85% and will be required to produce an action plan to address non-compliance and provide evidence of implementation. • To re-audit within one month ensuring compliance addressed through action plan. • Ongoing care: The 19 areas that did not submit an audit to audit within the next month. • One area scored below between 85-94% to re-audit within three months ensuring compliance addressed through action plan.	Complete
57. IPC – Isolation audit report January 2025 (5592v6)	• 13 areas to complete the audit within one month. • 14 areas scoring between 85% and 94% will be required to re-audit within three months. • Two areas scored below 85% will be required to submit an action plan and re-audit within one month.	Ongoing
58. IPC – Sharps safety audit report January 2025 (5579v7)	• 19 areas to complete the audit within one month. • 28 areas scoring between 85% and 94% will be required to re-audit within three months. • One area scored below 85% will be required to submit an action plan and re-audit within one month.	Ongoing
59. Impact of oral cryotherapy on mucositis in high dose Melphalan (HDM) in ASCT (7465)	• To implement/look at the suggested recommendations and review how to implement to improve patient care.	Ongoing
60. Intraoperative IUD insertion during C-Section for contraception (7953)	• To ensure postnatal counselling for women who had intrauterine contraceptive device post ELSCS, to advise temporary contraception until coil position checked. • To use email to send referral form to sexual health. • To disseminate staff education and awareness on PPIUC pathway and follow up - e.g. via theme of the week correspondence. • To liaise with IT and sexual health to streamline referral pathway.	Ongoing Complete Ongoing Ongoing

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Audit title	Actions	Action update
61. An audit looking at assisted vaginal delivery in PAH between Jan 2023 and May 2024- failed vs successful assisted vaginal deliveries and neonatal & maternal morbidity/mortality (7986)	• Theme of the week for assisted birth to follow updating of the guideline. • To include need for SR/consultant presence in OT for any trials of birth and documentation of risks discussed if verbal consent given. • Discussion with maternity digital team about possibility of adding drop down check list to BadgerNet for verbal consent for assisted birth.	Ongoing
62. Prescription of prophylactic proton pump inhibitors in patients admitted under the care of thoracic surgery (8000)	• To discuss with pharmacy and include PPIs in the thoracic surgery protocol medications.	Ongoing
63. Saving babies lives element 1 reducing smoking in pregnancy 2024/2025 (8066)	• To raise concerns with community matron regarding change in triage and booking process affecting smoking pathway. • To gain reassurance that changes made are needed and temporary to bring booking date in line with mandated target. • To gain reassurance that CO monitoring at booking will be done within one stop clinics.	Complete
64. Handover from T&O night shift team to dayshift (8079)	• A handover sheet will be implemented into the current practice to measure the compliance rate of efficient and accurate handover of jobs to the day team.	Complete
65. Element 2: Fetal growth: Risk assessment, surveillance, and management (7681v3)	• To present variance to the ICB for sign off. Previously variance had been approved for SBL version 2.	Complete
66. Audit on prescribing in decomp liver disease (8046)	• To present the results during hepatology departmental meeting to raise awareness among prescribers. • To present results during palliative care team educational meeting.	Complete
67. An audit on the provision of antibiotics in patients with dento-alveolar infections both inpatients and outpatients (8153)	• To develop local anti-microbial guidelines for dento-alveolar infections. • To do teaching session for the emergency department.	Ongoing

Audit title	Actions	Action update
68. Saving lives HII 4 surgical site infection February 2025 audit (5580v8)	14 areas did not submit an audit to submit their audit within one month. - Care group managers/care group clinical leads to provide support to three areas scoring between 94% and 85%. - Five areas scoring below 85% will be required to produce an improvement plan and re-audit.	Ongoing
69. Saving lives HII 5 ventilated patients February 2025 audit (5574v9)	- Areas involved in the care of ventilated patients are to ensure work is ongoing to sustain 100% compliance. - One area did not submit an audit and must audit within the next month. - Care group managers/care group clinical leads to support the two areas that scored between 94% and 85%. - One area scored below 85% to produce an action plan and re-audit.	Ongoing

Data source: UHS

Annex 1:

Statements from commissioners, local Healthwatch organisations and overview and scrutiny committee

Response to the Quality Account from NHS Hampshire and Isle of Wight Integrated Care Board

NHS Hampshire and Isle of Wight Integrated Care Board would like to thank University Hospital Southampton NHS Foundation Trust for the opportunity to comment on their Quality Account for 2024/25. We are satisfied with the overall content of the Quality Account and believe it meets the mandated elements.

We have worked alongside your Trust to seek assurances that the service delivered has met the expected standards for safe, effective and person-centred care, acting for improvement where necessary.

We supported University Hospital Southampton Foundation NHS Trust 2024/25 quality improvement priorities and recognise that having achieved all their key priorities, with one on hold to ensure it aligns with the new Trust Strategy, the Trust has made considerable improvements, including in the:

- provision of a Patient and Family Support Hub
- recognition, assessment, and escalation of deteriorating patients to improve clinical outcomes for the acutely ill
- development of the Trust's approach to reduce the impact of health inequalities, through five specific areas of focus and setting up the new Health Inequalities Board.

It is recommended that these improvements are embedded and that their impact on patient outcomes continues to be monitored during 2025/26. It was positive to see methods for this having already been considered within the Quality Account.

In response to the number of Never Events reported during 2024/25, and in line with the local quality indicators in the contract, that the Trust are continuing to focus on embedding the National Safety Standards for Invasive Procedures 2 (NatSSIPs2) and in ensuring patient safety oversight of continuous improvement. We look forward to seeing the impact of this work through a reduction of surgical safety incidents during 2025/26.

Although there has been a continued increase in demand over the last twelve months, the Trust has consistently demonstrated its commitment to service and quality improvement. In June 2024, the Trust proudly achieved reaccreditation as Veteran Aware, reaffirming its dedication to providing outstanding care for the armed forces community. Several renovations have been made to the patient environment, including the Neonatal Unit at Princess Anne and the Intensive Care Unit within Southampton General Hospital, all enhancing comfort and experience for those accessing care.

We would like to thank University Hospital Southampton NHS Foundation Trust for continuing to invite us to participate in internal quality meetings to support our quality assurance for improvement processes. Also, for supporting local and system quality improvement by being an active, respected and valued member of the Hampshire and Isle of Wight System Quality Group, Transformation Groups, Patient Safety Specialist Network and the Learning and Sharing Network.

We welcome the 2025/26 quality priorities outlined in the Quality Account and look forward to the Trust sharing improvements and examples of best practice and innovation at future System Quality Group meetings.

NHS Hampshire and Isle of Wight are pleased to endorse the Quality Account for 2024/25 and look forward to continuing to work closely with University Hospital Southampton NHS Foundation Trust during 2025/26 in further improving the quality of care delivered to our population.

Yours sincerely



Nicky Lucey
Chief Nursing Officer

Response to the Quality Account from our lead governor on behalf of the Council of Governors

Within the Trust's governance process, the Council of Governors meet regularly to receive information on key Trust matters and discuss relevant points. We participate in regular 'Governor Focus Sessions' and annual strategy workshops which share knowledge and provide us with continuous updates on key issues. As part of this process, the Draft Quality Account was shared with Governors prior to its finalisation.

The Council of Governors was given the opportunity to fully understand the report, including the priorities for improvement and the rationale for their selection, prior to its completion. We were able to question the report and challenge the decisions from an external viewpoint, particularly that of our constituents.

This was a hugely valuable exercise for us and we considered it a privilege to be involved in the process at that stage. It also helped us to clarify our focus in terms of our governance responsibilities.

It was encouraging to note that most of the previous objectives had been met, despite the significant challenges faced in a very difficult year.

Our discussions around the priorities, and the responses received to our questions, confirmed our confidence in the competence, care taken and efforts made by all in the Trust, and its ability to achieve the latest objectives, despite the increasing level of challenge some of them presented.

We were encouraged that while the priorities identified for 25/26 are clearly based around the quality of care and safety for all patients, they also continue to include specific consideration for patients' families and carers. The development of the Patient and Family Support Hub will make a significant difference for many, as will the end of life care improvements. We will be interested in monitoring the progress metrics for both of these priorities, as well as the Fundamentals of Care standards.

The wide-ranging long-term problem of reducing health inequalities has been a topic of particular interest in our focus groups, so continuing efforts to improve this in our community are particularly relevant, and clearly aligned with the Trust values.

Having access to board committee meetings, we see the continuous focus from the top on achieving the priorities, and the challenge from non-executives and other staff in ensuring that this focus is not lost and solutions to problems are developed collectively. This collaborative culture has clearly underpinned the quality framework, supporting the successful achievement of previous objectives through hard work and dedication of staff, despite the ever-increasing resource restrictions.

It seems clear that the development of these six priorities for 25/26 has been done in consultation with the relevant stakeholders, and therefore reflects the requirements for the Trust accurately and realistically.

Governors recognise the effort and expertise required to produce this paper and appreciate its value in ensuring continuous improvement and transparency. We will follow the progress of these objectives and aim to support their success in any way that we can. Specifically, we will endeavour to ensure that our constituents are aware of the immense amount of work being undertaken towards the strategic quality improvement aims of the Trust.

We will also continue to observe the performance of the Non-Executive Directors to ensure that they are supporting the Board to achieve these objectives and challenging its effectiveness constructively.

The Council of Governors would like to take this opportunity to thank the quality assurance team and all of the staff who work tirelessly to provide a quality service and to ensure that the patient's voice is heard at University Hospital Southampton NHS Foundation Trust.

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 2024/25.

The Panel is cognisant of the pressures experienced by UHS during the previous financial year. It is noted that Emergency Department attendances increased by 3.2% compared to the previous year; the volume of patients attending UHS with enhanced care needs grew significantly; the Trust experienced a challenging Influenza season; and, on a regular basis, up to 25% of patients were not meeting the criteria to reside.

Given these challenges it is understandable, albeit concerning, that only 62.8% of patients spent less than four hours in the main Emergency Department, and for this measure the Trust was placed in the third quartile when compared to peer teaching hospitals for the final quarter of the year. In addition, despite treating more patients than the previous year, the waiting list has continued to climb, peaking at 61,686 at the end of the financial year.

Reflecting these pressures, the Panel welcomes the focus on improving decision making speed within the Emergency Department and improving timely flow from the department when patients need admission. The system-wide multi-agency transformation programme to improve hospital discharge, that has been considered at meetings of the Southampton HOSP, is also supported and it is essential that this delivers the objectives set within the agreed timeframes.

We are encouraged by the Trust achieving progress on seven out of eight quality priorities set for 2024/25, especially given the pressures outlined above. This reflects the hard work of staff in ensuring safety, driving innovation, and adapting to change. Given the system-wide uncertainty about future plans and targets, the continuity in priorities set for 2025/26 is sensible and understandable. Successful delivery of the quality improvement priorities will make a difference to patients accessing UHS services as well as being responsive to the emerging challenges across the healthcare system.

The Panel looks forward to working closely and positively with UHS in 2025/26. In particular, with the health outcomes of Southampton residents at the forefront of our considerations, Southampton HOSP is keen to consider the planned refresh of the Trust's Strategic Plan, the impact of the abolition of NHS England, and the new NHS 10-year plan, as well as exploring the Trust's response to the requirement to make significant savings in the financial year.

We greatly appreciate and value the work of UHS and your dedicated staff in our city. With that in mind, the Panel would like to place on record our thanks to Joe Teape for his valued contributions at meetings of the HOSP over recent years and wish him success in his new role in the NHS.

Yours sincerely



Cllr Warwick Payne
Chair of the Health Overview and Scrutiny Panel
Southampton City Council

ANNUAL ACCOUNTS



Statement from the Chief Financial Officer

The Trust continued to face a tough financial environment during 2024/25. This was predominantly driven by demand for our services being higher than the level that is affordable within the overall financial envelope available to the Hampshire & Isle of Wight Integrated Care System (HIOW ICS).

However, despite these challenges, HIOW ICS delivered a break-even financial position in 2024/25. Within that position, UHS delivered a deficit of £7m. This was however supported by over £11m of deficit support funding, as well as a number of other one-off improvements and elements of additional funding.

The main drivers of our underlying financial deficit position continue to be:

- In order to meet the demand for our services, treat patients in a timely fashion and respond to urgent care needs, the Trust is effectively overtrading – in that we are delivering activity levels significantly beyond the level we are funded to provide.
- The levels of patients who remain in the hospital but no longer need to be here (e.g., waiting for support at home or a community bed) has grown from 100 (pre-COVID-19) to more than 250. That means up to 25% of our bed capacity is being utilised managing patients who would be better and more cost-effectively cared for in another setting.
- The levels of patients attending the hospital primarily for support with a mental health condition has continued to grow. These patients would undoubtedly be better cared for in a more appropriate care setting. The Trust is incurring significant levels of additional bank and agency cost for nurses, support staff and security staff to safely manage these patients.
- These challenges mean that we have additional (surge) bed capacity open to varying extents throughout the year, rather than previously during winter peak periods. This means the Trust is incurring additional costs.

Despite these challenges, the Trust delivered a record cost improvement programme of £85.3m (6%). This included savings programmes focused on three internal transformation programmes of patient flow, theatres and outpatients. However, one of our challenges is that only 45% of this was delivered recurrently, giving us a significant challenge to improve our underlying financial position in 2025/26.

The Trust continues to demonstrate that it utilises public funding efficiently. The national “model hospital” benchmarking tool shows UHS have top-quartile performance (15th best) in terms of lowest cost per unit of activity. The “National Cost Collection” exercise shows the Trust is 9% more efficient than average. The Trust has also retained strong controls, with temporary staffing at 6.3% including agency usage of just 0.6% - significantly lower than peers. We have also been able to deliver top quartile positions across a range of performance metrics.

Despite our relative productivity, the challenges outlined above mean the Trust has an underlying financial deficit of between £6m - £7m per month. This has driven a significant reduction in our cash balance, and we are now regularly managing at less than five operating days of cash remaining in the bank at the end of each month. This is a significant risk for the Trust.

We therefore face a significant financial headwind as we head into 2025/26, and we will need to deliver a savings programme of £110m (>7%) to live within our means. As the majority of income is now fixed at levels below our current activity, we will need to focus on reducing our costs. This will include some difficult decisions, including a target to reduce staffing numbers and prioritisation of services and capital.

As the Trust is continuing to face pressures of additional demand and is required to improve on national performance targets, including reducing waiting lists, the target to keep performance, money, quality and safety all improving is going to be a real challenge – one that can only be addressed by partnership working across the healthcare system.

On a final note, I would like to say thank you to our staff who have supported the financial improvements in 2024/25 and continue to deliver outstanding performance and care in the most challenging of circumstances.

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 2025, which comprise the consolidated statement of comprehensive income, the consolidated statement of financial position, the consolidated statement of changes in equity, the consolidated statement of cash flows and notes to the accounts. 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 2024-25.

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 2025 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 2024-25; 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 2024-25 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 2024/25 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 2024/25; 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 of the chief executive officer's responsibilities as the accounting officer of University Hospital Southampton NHS Foundation Trust, the Chief Executive Officer, 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 2024/25, 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 2024-25).

- 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's and the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, revenue recognition and expenditure recognition and 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 variable income streams; and
 - accounting estimates in particular those relating to income and expenditure accruals.
- 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 journals;
 - challenging assumptions and judgements made by management in its significant accounting estimates;
 - testing payments made and invoices received in March, April, May and early June 2025 to ensure that they had been accounted for in the correct financial year;
 - testing income received and invoices raised in March, April and May 2025 to ensure they had been accounted for in the correct financial year; and
 - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
-
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the 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
 - 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
 - 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 – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We have nothing to report in respect of the above matter except on 9 July 2025 we identified:

- a significant weakness in arrangements to deliver financial sustainability. This was in relation to the significant financial challenge faced, in particular:
 - The Trust's financial performance in 2024/25 was worse than planned, with a deficit of £7.0m against a planned deficit of £3.3m. This was after receiving £11.2m non-recurrent deficit funding. The Trust's financial plan for 2025/26 is a breakeven position, however this is reliant on £13.9m deficit funding and delivery of a challenging savings plan.
 - Recurrent savings delivery remains a key challenge. In 2024/25 The Trust delivered its CIP Plan, but 55% of this was non-recurrent. The 2025/26 breakeven plan requires delivery of savings

totalling £110m. This is a 29% increase compared to the actual total delivered in 2024/25 and equivalent to 7.3% of operating expenditure.

We recommend that the Trust:

- continue to work closely with system partners, to progress transformational initiatives that align with both its own and the wider system's objectives and financial plans.
 - establish a MTFP providing financial sustainability which removes reliance on deficit funding to reach breakeven.
 - ensure enhanced governance including robust grip and control is embedded to aid successful implementation of the CIP and removes reliance on deficit funding to reach breakeven.
- a significant weakness in the Trust's governance arrangements. This was in relation to:
 - review its processes for producing the annual financial statements to ensure that the national deadline is met.
 - ensure that robust and well-structured working papers are prepared to support the financial statements, with clear and traceable reconciliations to the underlying financial ledger. Where off-ledger adjustments are necessary to align financial information with the required reporting format, a transparent audit trail must be maintained. This should include sufficient and appropriate evidence to fully support the nature, rationale, and calculation of each adjustment.
 - ensure that audit enquiries are addressed in a timely and a comprehensive manner, recognising the priority of concluding the audit in line with mandatory deadline.

Responsibilities of the Accounting Officer

The Chief Executive Officer, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – 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 2025 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 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Barrie Morris

Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Bristol

22 July 2025

Foreword to the accounts

These accounts, for the year ended 31 March 2025, 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
17 July 2025

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STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2025

	Note	Group	
		2024/25	2023/24
		£000	£000
Operating income from patient care activities	2	1,256,309	1,159,770
Other operating income	3	197,669	193,730
Operating expenses	5,7	(1,457,045)	(1,346,129)
Operating surplus / (deficit) from continuing operations		(3,067)	7,371
Finance income	9	4,306	4,626
Finance expenses	10	(5,270)	(5,024)
PDC dividends payable		(11,576)	(11,528)
Net finance costs		(12,540)	(11,926)
Other losses	6	(7,349)	(105)
Share of profit of joint arrangements	19	72	89
Corporation tax expense		(310)	(5)
Deficit for the year from continuing operations		(23,194)	(4,576)
Deficit for the year		(23,194)	(4,576)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(6,295)	(36,944)
Revaluations	18	590	12,175
Other recognised gains and losses		-	(7)
Other reserve movements		0	(4)
Total comprehensive expense for the period		(28,899)	(29,356)

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	
	2024/25	2023/24
	£000	£000
Deficit for the year	(23,194)	(4,576)
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	(18,585)	(12,617)
Add back I&E impairments	27,311	6,804
Add: charity deficit	7,479	6,062
Deficit for the year according to NHS England regulations	(6,989)	(4,487)

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CONSOLIDATED STATEMENT OF FINANCIAL POSITION AT 31 MARCH 2025

	Note	Group		Trust	
		31 March 2025	31 March 2024 Restated *	31 March 2025	31 March 2024
		£000	£000	£000	£000
Non-current assets					
Intangible assets	13	26,807	27,952	26,806	27,951
Property, plant and equipment	15	525,052	485,981	503,378	463,782
Right of use assets	17	95,108	113,304	115,499	133,089
Investment property	18	-	311	-	-
Investments in associates and joint ventures	19	493	421	493	421
Other investments / financial assets	20	-	3,342	36,840	36,840
Receivables	23	5,413	5,127	90,587	85,975
Total non-current assets		652,873	636,438	773,604	748,058
Current assets					
Inventories	22	22,045	20,110	10,035	11,276
Receivables	23	106,014	74,772	125,145	75,552
Cash and cash equivalents	25	16,881	83,119	16,192	79,025
Total current assets		144,940	178,001	151,372	165,853
Current liabilities					
Trade and other payables	26	(174,359)	(176,153)	(192,161)	(199,111)
Borrowings	28	(17,375)	(12,774)	(16,405)	(14,954)
Provisions	29	(320)	(2,478)	(320)	(2,478)
Other liabilities	27	(33,063)	(36,547)	(31,705)	(36,547)
Total current liabilities		(225,117)	(227,952)	(240,591)	(253,090)
Total assets less current liabilities		572,697	586,487	684,385	660,822
Non-current liabilities					
Trade and other payables	26	(880)	(13,178)	(94,371)	(83,528)
Borrowings	28	(109,614)	(104,065)	(129,231)	(115,551)
Provisions	29	(5,793)	(4,909)	(5,793)	(4,909)
Other liabilities	27	-	(8,051)	-	(8,051)
Total non-current liabilities		(116,287)	(130,203)	(229,395)	(212,039)
Total assets employed		456,410	456,284	454,989	448,783
Financed by					
Public dividend capital		333,317	304,293	333,317	304,293
Revaluation reserve		35,248	40,953	35,245	40,950
Income and expenditure reserve		87,845	103,559	86,427	103,540
Charitable fund reserves	21	-	7,479	-	-
Total taxpayers' equity		456,410	456,284	454,989	448,783

* Restated to move £23m of assets which are right of use assets in the Trust which consolidate as property, plant and equipment within the group.

The notes on pages 257 to 301 form part of these accounts.



David French
Chief Executive Officer
 17 July 2025

ANNUAL ACCOUNTS

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)
Net impairments	-	(6,295)	-	-	(6,295)
Revaluations	-	590	-	-	590
Public dividend capital received	29,025	-	-	-	29,025
Other reserve movements	(0)	-	0	-	0
Taxpayers' and others' equity at 31 March 2025	333,317	35,248	87,845	-	456,410

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2024

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 2023 - brought forward	286,213	65,729	102,077	13,541	467,560
Surplus/(deficit) for the year	-	-	1,486	(6,062)	(4,576)
Net impairments	-	(36,944)	-	-	(36,944)
Revaluations	-	12,175	-	-	12,175
Other recognised gains and losses	-	(7)	-	-	(7)
Public dividend capital received	18,080	-	-	-	18,080
Other reserve movements	-	-	(4)	-	(4)
Taxpayers' and others' equity at 31 March 2024	304,293	40,953	103,559	7,479	456,284

Information on reserves

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. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

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Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. As at 1 April 2024 the University Hospital Southampton NHS Foundation Trust Charity became independent of the Trust.

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
Public dividend capital received	29,025			29,025
Other reserve movements			(552)	(552)
Taxpayers' and others' equity at 31 March 2025	333,318	35,245	86,427	454,990

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2024

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	286,213	65,726	104,210	456,149
Surplus/(deficit) for the year			(670)	(670)
Net impairments		(36,944)		(36,944)
Revaluations		12,175		12,175
Other recognised gains and losses		(7)		(7)
Public dividend capital received	18,080			18,080
Taxpayers' and others' equity at 31 March 2024	304,293	40,950	103,540	448,783

ANNUAL ACCOUNTS

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2025

	Note	Group		Trust	
		2024/25	2023/24	2024/25	2023/24
		£000	£000	£000	Restated £000
Cash flows from operating activities					
Operating surplus / (deficit)		(3,067)	7,371	(7,549)	9,695
Non-cash income and expense:					
Depreciation and amortisation	5	44,014	36,507	43,787	36,231
Net impairments	6	27,311	6,804	27,311	6,804
Income recognised in respect of capital donations	3	(21,102)	(15,242)	(21,079)	(15,242)
(Increase) / decrease in receivables and other assets		(30,866)	18,248	(53,377)	(7,945)
(Increase) / decrease in inventories		(1,935)	(4,357)	1,241	(3,351)
Increase / (decrease) in payables and other liabilities		(23,723)	(19,133)	(28,158)	34,362
Increase / (decrease) in provisions		(1,616)	(1,036)	(1,616)	(1,036)
Movements in charitable fund working capital		-	38	-	-
Tax (paid) / received		(135)	(85)	-	-
Other movements in operating cash flows		2	238	860	83
Net cash flows from / (used in) operating activities		(11,117)	29,353	(38,580)	59,601
Cash flows from investing activities					
Interest received		4,306	4,347	7,928	6,476
Purchase of intangible assets		(6,267)	(10,676)	(6,267)	(10,586)
Purchase of PPE and investment property		(69,271)	(55,466)	(44,273)	(36,398)
Sales of PPE and investment property		-	29	-	(25)
Receipt of cash donations to purchase assets		21,102	15,048	21,079	15,048
Net cash flows from charitable fund investing activities		(4,075)	-	-	-
Net cash flows from / (used in) investing activities		(54,204)	(46,718)	(21,533)	(25,485)
Cash flows from financing activities					
Public dividend capital received		29,025	18,080	29,025	18,080
Movement on loans from DHSC		(1,533)	(1,533)	(1,533)	(1,533)
Capital element of lease liability repayments		(11,363)	(14,032)	(9,923)	(13,744)
Capital element of service concession obligations		-	-	(2,811)	(2,636)
Interest on DHSC loans		(100)	(132)	(100)	(132)
Interest paid on lease liability repayments		(4,541)	(4,656)	(4,437)	(4,427)
Interest element of service concession contract obligations		-	-	(537)	(277)
Loans issued within Group		-	-	-	(41,000)
PDC dividend (paid) / refunded		(12,404)	(12,586)	(12,404)	(12,586)
Net cash flows from / (used in) financing activities		(916)	(14,859)	(2,721)	(58,255)
Increase / (decrease) in cash and cash equivalents		(66,238)	(32,224)	(62,833)	(24,139)
Cash and cash equivalents at 1 April 2024		83,119	115,343	79,025	103,164
Cash and cash equivalents at 31 March 2025	25.1	16,881	83,119	16,192	79,025

*Following a review of classifications within the cashflow net impairments were incorrectly stated by £36m. This has no overall impact on the cash position and was a classification error within net impairments and movement in payables.

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 2024/25 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 Basis of consolidation

NHS Charitable Funds

At the 31 March 2024 the trust was the corporate trustee to University Hospital Southampton NHS Foundation Trust charitable fund. The charitable fund's statutory accounts for previous financial periods were prepared in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

As of the 1 April 2024 the University Hospital Southampton NHS Foundation Trust Charity became independent to the Trust. These financial statements recognise this change which is shown in the Statement of Comprehensive Income.

Other subsidiaries

The Trust wholly owns UHS Pharmacy Limited and UHS Estates Limited, which form part of the consolidated accounts. UHS Pharmacy Limited provides outpatient pharmacy services. Its turnover for the period ended 31 March 2025 was £27.0 million (£23.7m 2023-24), with a surplus for the period of £0.7 million (£0.5m 2023-24). Its gross assets at 31 March 2025 totalled £5.8 million (£4.7m 2023-

24) and its liabilities totalled £2.9 million (£2.3m 2023-24). UHS Estates Limited provides building management services to the Trust for buildings that the company develops. During the year UEL took over the running of the Trust's Level A Radiotherapy, Neuro ICU and F Level Theatres. Projects to develop Vertical Extension Level C and Skybridge were approaching completion at the year end. Its turnover for the period ended 31 March 2025 was £100.4 million (£77.0m 2023-24), with a deficit for the period of £0.3 million (£0.04m 2023-24). Its gross assets at 31 March 2025 totalled £156.7 million (£150.3m 2023-24) and its liabilities totalled £122.0 million (£115.2m 2023-24).

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 Southampton Hospitals Charity, UHS Pharmacy Limited and UHS Estates Limited. Intra-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 2024; Wessex NHS Procurement Limited made a profit of £113,000 for the year ended 31 March 2025 (2023/24: deficit of £186,000).

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

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.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and 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

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

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written down and charged to operating expenses.

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets 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 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.

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 31 March 2025 by the Trust's external valuer, **Newmark**, a regulated firm of chartered surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2020 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the NHS Treasury Financial Reporting Manual (FReM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

Valuation guidance issued by the Royal Institute of Chartered Surveyors (RICS) states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's estate on the basis the construction would be completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees 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 15.1.

Revaluation gains and losses

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

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'.

PFI assets, liabilities and finance costs

When a service concession asset is being constructed or developed, where the Trust considers it probable that the future economic benefits associated with the asset will be received and the cost can be measured reliably, a work-in-progress service concession asset and associated liability are recognised. If not and any contributions are made to the operator in advance of use, the Trust would account for these as prepayments.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities in 2023/24

IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

Asset replacement

Components of the asset replaced by the operator during the contract are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Other assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, where these are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. When the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

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	25	50
Dwellings	25	50
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.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

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.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

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.

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity where there is a positive intention and ability to hold to maturity. After initial

recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Financial assets 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.

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other financial asset classifications. They are measured at fair value with changes in value, other than impairment losses, taken to Other comprehensive income. Accumulated gains or losses are recycled to the Statement of Comprehensive Income on derecognition.

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. Any adjustment is recognised in profit or loss as an impairment gain or loss.

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.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

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 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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. 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.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

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 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

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 2025, although it should be noted that at present the Trust has no specific provisions that apply these rates:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

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 29.2 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 Contingencies

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 30 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 30, unless the probability of a transfer of economic benefits is remote.

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-foundationtrusts>.

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 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.21 Foreign exchange

The functional and presentational currency of the trust is sterling, and figures are presented in thousands of pounds unless expressly stated otherwise.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.23 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 1.24 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 1.25 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 1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

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 non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- 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.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed.

Note 1.28 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:

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 15 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.

Note 1.29 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 2025 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 2025 of the Trust's Property Plant & Equipment valued by professional valuers and reflected in these financial statements is £429.1 million (2023/24: £378.5 million).

A reduction in the estimated values would result in reductions to the Revaluation Reserve and/or a greater loss recorded as appropriate in the Statement of Comprehensive Income. If the value of land and buildings were to reduce by 10% this would result in an increased charge to the Statement of Comprehensive Income and reduction in the Revaluation Reserve of approximately £42.9 million in total. Depreciation of the assets in 2025/26 would be £1.4 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 £42.9 million in total. Depreciation of the assets in 2025/26 would be £1.4 million higher.

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Note 2 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 2.1 Income from patient care activities (by nature)

	2024/25 £000	2023/24 £000
Income from commissioners under API contracts - variable element*	289,797	348,029
Income from commissioners under API contracts - fixed element*	668,628	612,773
High cost drugs income from commissioners	201,646	159,599
Other NHS clinical income	13,634	431
Private patient income	5,448	4,404
National pay award central funding***	3,454	651
Additional pension contribution central funding**	48,209	29,337
Other clinical income	25,493	4,546
Total income from activities	1,256,309	1,159,770

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation. <https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**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 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional non-recurrent funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the 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 2.2 Income from patient care activities (by source)

	2024/25 £000	2023/24 £000
Income from patient care activities received from:		
NHS England	671,829	621,362
Integrated care boards	550,057	514,899
Other NHS providers	3,384	166
Local authorities	6	-
Non-NHS: private patients	5,448	4,404
Non-NHS: overseas patients (chargeable to patient)	1,971	1,781
Injury cost recovery scheme	3,892	3,991
Non NHS: other	19,721	13,167
Total income from activities	1,256,309	1,159,770
Of which:		
Related to continuing operations	1,256,309	1,159,770

ANNUAL ACCOUNTS

Note 2.3 Overseas visitors (relating to patients charged directly by the provider)

	2024/25	2023/24
	£000	£000
Income recognised this year	1,971	1,781
Cash payments received in-year	1,041	1,814
Amounts added to provision for impairment of receivables	1,235	494
Amounts written off in-year	536	593

Note 3 Other operating income (Group)

	2024/25			2023/24		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	Restated ** £000	£000	£000
Research and development	43,456	-	43,456	45,890	-	45,890
Education and training	53,394	-	53,394	49,577	-	49,577
Non-patient care services to other bodies	47,899	-	47,899	49,036	-	49,036
Receipt of capital grants and donations and peppercorn leases	-	21,102	21,102	-	15,242	15,242
Charitable and other contributions to expenditure	-	9	9	-	1,274	1,274
Charitable fund incoming resources	-	-	-	-	2,518	2,518
Other income *	31,809	-	31,809	30,193	-	30,193
Total other operating income	176,558	21,111	197,669	174,696	19,034	193,730
Of which:						
Related to continuing operations			197,669			193,730

* Other incomes includes income relating to car parking, creche services and clinical excellence awards.

** Prior year classification restated following review of income type where £27.9m of income has been moved from other income to non patient care services to other bodies.

Note 4.1 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:

	2024/25	2023/24
	£000	£000
Income from services designated as commissioner requested services	1,256,309	1,106,900
Income from services not designated as commissioner requested services	197,669	246,600
Total	1,453,978	1,353,500

Note 4.2 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.

	2024/25	2023/24
	£000	£000
Income	5,099	4,369
Full cost	(2,895)	(2,816)
Surplus / (deficit)	2,204	1,553

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Note 5 Operating expenses (Group)

	2024/25 £000	2023/24 £000
Purchase of healthcare from NHS and DHSC bodies	18,101	14,857
Purchase of healthcare from non-NHS and non-DHSC bodies	19,095	21,597
Staff and executive directors costs *	808,833	744,924
Remuneration of non-executive directors	211	189
Supplies and services - clinical (excluding drugs costs)	105,834	130,598
Supplies and services - general	34,675	29,353
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	236,916	195,367
Consultancy costs	-	27
Establishment	6,291	8,069
Premises	60,805	57,587
Transport (including patient travel)	3,790	2,984
Depreciation on property, plant and equipment	36,602	32,072
Amortisation on intangible assets	7,412	4,435
Net impairments	27,311	6,804
Movement in credit loss allowance: contract receivables / contract assets	141	(3,401)
Increase/(decrease) in other provisions	1,070	1,603
Change in provisions discount rate(s)	3	(480)
Fees payable to the external auditor		
audit services- statutory audit	516	222
other auditor remuneration (external auditor only)	16	7
Internal audit costs	159	171
Clinical negligence insurance	32,224	28,981
Legal fees	362	182
Insurance	726	1,003
Research and development	37,921	39,052
Education and training	16,501	14,944
Redundancy	21	40
Car parking & security	1,433	1,520
Losses, ex gratia & special payments	-	10
Other services, e.g. external payroll	-	598
Other NHS charitable fund resources expended	-	9,071
Other	76	3,743
Total	1,457,045	1,346,129
Of which:		
Related to continuing operations	1,457,045	1,346,129

* note 5 details staff and executive directors costs

Note 5.1 Other auditor remuneration (Group)

	2024/25 £000	2023/24 £000
Other auditor remuneration paid to the external auditor:		
2. Audit-related assurance services	16	7
Total	16	7

Note 5.2 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1,000k (2023/24: £1,000k).

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Note 6 Impairment of assets (Group)

	2024/25 £000	2023/24 £000
Net impairments charged to operating surplus / deficit resulting from:		
Other	27,311	6,804
Total net impairments charged to operating surplus / deficit	27,311	6,804
Impairments charged to the revaluation reserve	6,295	36,944
Total net impairments	33,606	43,748

Note 7 Employee benefits (Group)

	2024/25 Total £000	2023/24 Total £000
Salaries and wages	616,832	574,610
Social security costs	68,885	64,199
Apprenticeship levy	3,141	2,955
Employer's contributions to NHS pensions	122,304	96,692
Temporary staff (including agency)	52,901	58,823
Total gross staff costs	864,063	797,279
Recoveries in respect of seconded staff	(16,557)	(16,517)
Total staff costs	847,506	780,762
Of which		
Costs capitalised as part of assets	5,726	5,353
Analysed into Operating Expenditure:		
Employee Expenses - Staff	808,833	744,924
Research & development	19,791	18,436
Education and training	13,135	12,049
Redundancy	21	-
Total Employee benefits excluding capitalised costs	841,780	775,409

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 2025 (in their capacity as directors) totalled £1,148,000 (2024/23: £1,124,000). 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 2025 totalled £124,000 (2023/24: £114,000). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was 6 (2023/24: 6).

Note 7.1 Retirements due to ill-health (Group)

During 2024/25 there were 10 early retirements from the trust agreed on the grounds of ill-health (7 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £833k (£593k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State

for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

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 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of Statement by the scheme 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 (taking into account considering recent demographic experience), and to recommend the contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 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.

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Note 9 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	4,306	4,347
NHS charitable fund investment income	-	279
Total finance income	4,306	4,626

Note 10.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	93	125
Interest on lease obligations	4,541	4,656
Finance costs on PFI, LIFT and other service concession arrangements:		
Total interest expense	4,634	4,781
Unwinding of discount on provisions	342	134
Other finance costs	294	109
Total finance costs	5,270	5,024

Note 10.2 The late payment of commercial debts (interest) Act 1998

	2024/25	2023/24
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	3	-

Note 11 Other gains / (losses) (Group)

Note 11 Other gains / (losses) (Group)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	130	-
Losses on disposal of assets	-	(331)
Gains / losses on disposal of charitable fund assets	(7,479)	-
Total gains / (losses) on disposal of assets	(7,349)	(331)
Fair value gains / (losses) on charitable fund investments & investment properties	-	226
Total other gains / (losses)	(7,349)	(105)

As of the 1 April 2024 the University Hospital Southampton NHS Foundation Trust Charity became independent to the Trust. These financial statements recognise this change which is shown in the Statement of Comprehensive Income as a loss on disposal.

Note 12 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 (£16.6) million (2023/24: (£0.67) million). The trust's total comprehensive income/ (expense) for the period was (£10.85) million (2023/24: £25.45 million).

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Note 13.1 Intangible assets - 2024/25

Group	Software licences £000	Total £000
Valuation / gross cost at 1 April 2024 - brought forward	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 - brought forward	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

Note 13.2 Intangible assets - 2023/24

Group	Software licences £000	Total £000
Valuation / gross cost at 1 April 2023 - as previously stated	48,942	48,942
Reclassification of opening balances	(5,625)	(5,625)
Valuation / gross cost at 1 April 2023 - restated	43,317	43,317
Additions	10,676	10,676
Impairments	(1,544)	(1,544)
Reclassifications	(143)	(143)
Valuation / gross cost at 31 March 2024	52,306	52,306
Amortisation at 1 April 2023 - as previously stated	26,786	26,786
Reclassification of opening balances	(6,867)	(6,867)
Amortisation at 1 April 2023 - restated	19,919	19,919
Provided during the year	4,435	4,435
Amortisation at 31 March 2024	24,354	24,354
Net book value at 31 March 2024	27,952	27,952
Net book value at 1 April 2023	23,398	23,398

Note 14.1 Intangible assets - 2024/25

Trust	Software licences £000	Total £000
Valuation / gross cost at 1 April 2024 - brought forward	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 - brought forward	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

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Note 14.2 Intangible assets - 2023/24

Trust	Software licences £000	Total £000
Valuation / gross cost at 1 April 2023 - as previously stated	48,942	48,942
Reclassification of opening balances	(5,769)	(5,769)
Valuation / gross cost at 1 April 2023 - restated	43,173	43,173
Transfers by absorption	-	-
Additions	10,586	10,586
Grants and donations	90	90
Reclassifications	(1,544)	(1,544)
Valuation / gross cost at 31 March 2024	52,305	52,305
Amortisation at 1 April 2023 - as previously stated	26,786	26,786
Reclassification of opening balances	(6,867)	(6,867)
Amortisation at 1 April 2023 - restated	19,919	19,919
Provided during the year	4,435	4,435
Amortisation at 31 March 2024	24,354	24,354
Net book value at 31 March 2024	27,951	27,951
Net book value at 1 April 2023	23,254	23,254

Note 15.1 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 - brought forward	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	(2,800)	(3,478)	(430)	-	-	-	-	-	(6,708)
Reversals of impairments	-	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	901	58,584	110,680	365	25,865	273	595,206
Accumulated depreciation at 1 April 2024 - brought forward	-	-	-	-	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

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Note 15.2 Property, plant and equipment - 2023/24

Group - restated *	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 2023	35,390	335,903	1,397	31,700	108,972	447	24,063	88	537,960
Additions	-	18,768	-	29,210	11,492	-	976	53	60,499
Impairments	(7)	(42,255)	(39)	99	-	-	-	-	(42,202)
Reversals of impairments	-	182	-	-	-	-	-	-	182
Reclassifications	(30)	28,478	-	(22,863)	(2,524)	-	(54)	(35)	2,972
Disposals / derecognition	-	-	-	-	(3,777)	-	-	-	(3,777)
Valuation/gross cost at 31 March 2024	35,353	341,076	1,358	38,146	114,163	447	24,985	106	555,634
Accumulated depreciation at 1 April 2023	-	-	-	-	56,037	419	8,140	22	64,618
Provided during the year	-	12,147	28	-	4,825	19	2,700	1	19,720
Revaluations	-	(12,147)	(28)	-	-	-	-	-	(12,175)
Disposals / derecognition	-	-	-	-	(3,417)	-	-	-	(3,417)
Accumulated depreciation at 31 March 2024	-	-	-	-	58,166	438	11,009	40	69,653
Net book value at 31 March 2024	35,353	341,076	1,358	38,146	55,997	9	13,976	66	485,981
Net book value at 1 April 2023	35,390	335,903	1,397	31,700	52,935	28	15,923	66	473,342
Net book value at 31 March 2024	35,353	341,075	1,358	38,146	55,997	9	13,976	66	485,980
Net book value at 1 April 2023	35,390	335,903	1,397	31,700	52,935	28	15,923	62	473,338

*Restated to correct reclassification errors within the note of £44m.

Note 15.3 Property, plant and equipment financing - 31 March 2025

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
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 15.4 Property, plant and equipment financing - 31 March 2024

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
Owned - purchased	35,353	304,598	1,358	26,826	50,823	2	12,917	65	431,942
Owned - donated/granted	-	36,478	-	11,320	5,174	7	1,059	1	54,039
NBV total at 31 March 2024	35,353	341,076	1,358	38,146	55,997	9	13,976	66	485,981

Note 16.1 Property, plant and equipment - 2024/25

Trust	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 - brought forward	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 - grants/donations	-	226	-	18,926	1,664	-	-	-	20,816
Impairments	(2,800)	(3,478)	(430)	-	-	-	-	-	(6,708)
Reversals of impairments	-	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 - brought forward	-	-	-	-	46,821	438	10,588	21	57,867
Provided during the year	-	13,167	28	-	6,146	9	3,405	6	22,761
Impairments	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-
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

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Note 16.2 Property, plant and equipment - 2023/24

Trust	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 2023	35,390	339,011	1,397	31,799	81,058	447	22,944	36	512,081
Additions	-	15,072	-	17,951	4,514	-	962	-	38,499
Additions - grants/donations	-	3,699	-	11,259	194	-	-	-	15,152
Impairments charged to operating expenses	-	(3,342)	-	-	-	-	(2)	-	(3,344)
Impairments charged to the revaluation reserve	(7)	(37,255)	(39)	-	-	-	-	-	(37,301)
Reversals of impairments	-	182	-	-	-	-	-	-	182
Reclassifications	-	22,893	-	(22,893)	-	-	-	-	-
Derecognition - COVID equipment returned to DHSC	(30)	-	-	-	133	-	-	-	103
Disposals / derecognition	-	-	-	-	(3,724)	-	-	-	(3,724)
Valuation/gross cost at 31 March 2024	35,353	340,260	1,358	38,116	82,175	447	23,904	36	521,649
Accumulated depreciation at 1 April 2023	-	-	-	-	45,653	419	7,889	19	53,980
Transfers by absorption	-	-	-	-	-	-	-	-	-
Provided during the year	-	12,147	28	-	4,585	19	2,700	1	19,480
Reversals of impairments	-	(12,147)	(28)	-	-	-	-	-	(12,175)
Disposals / derecognition	-	-	-	-	(3,417)	-	-	-	(3,417)
Accumulated depreciation at 31 March 2024	-	-	-	-	46,821	438	10,588	21	57,867
Net book value at 31 March 2024	35,353	340,260	1,358	38,116	35,355	9	13,316	15	463,782
Net book value at 1 April 2023	35,390	339,011	1,397	31,799	35,405	28	15,055	17	458,101

Note 16.3 Property, plant and equipment financing - 31 March 2025

Trust	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
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 16.4 Property, plant and equipment financing - 31 March 2024

Trust	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
Owned - purchased	35,353	303,782	1,358	26,796	30,181	2	12,257	14	409,743
Owned - donated / granted	-	36,478	(0)	11,320	5,174	7	1,059	1	54,039
Total net book value at 31 March 2024	35,353	340,260	1,358	38,116	35,355	9	13,316	15	463,782

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Note 17 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 17.1 Right of use assets - 2024/25

Group	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000	Of which: leased from DHSC group bodies £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 17.2 Right of use assets - 2023/24

Group - restated *	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023	84,622	90,392	55	-	175,069	51,199
Additions	1,989	-	-	-	1,989	-
Remeasurements of the lease liability	1,950	449	-	-	2,399	-
Impairments	(184)	-	-	-	(184)	-
Reclassifications	(7,426)	3,766	-	-	(3,660)	-
Disposals / derecognition	-	(1,002)	-	-	(1,002)	-
Valuation/gross cost at 31 March 2024	80,951	93,605	55	-	174,611	51,199
Accumulated depreciation at 1 April 2023	2,709	48,981	18	-	51,708	2,165
Provided during the year	2,978	9,158	9	207	12,352	2,166
Reclassifications	(282)	(1,262)	-	(207)	(1,751)	-
Disposals / derecognition	-	(1,002)	-	-	(1,002)	-
Accumulated depreciation at 31 March 2024	5,405	55,875	27	-	61,307	4,331
Net book value at 31 March 2024	75,546	37,730	28	-	113,304	46,868
Net book value at 1 April 2023	81,913	41,411	37	-	123,361	49,034
Net book value of right of use assets leased from other NHS providers						291
Net book value of right of use assets leased from other DHSC group bodies						46,577

* Restated to correct reclassification errors within the note of £36m.

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Note 17.3 Right of use assets - 2024/25

Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £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)
Reversal of impairments						-
Revaluations	-					-
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
Impairments						-
Reversal of impairments						-
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

Net book value of right of use assets leased from other NHS providers

Net book value of right of use assets leased from other DHSC group bodies

Note 17.4 Right of use assets - 2023/24

Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2023	80,073	123,805	17	1,082	-	204,977
At start of period for new FTs						
Additions	-	1,989	-	-	-	1,989
Revaluations	(465)	-	-	-	-	(465)
Disposals / derecognition	-	(1,056)	-	-	-	(1,056)
Valuation/gross cost at 31 March 2024	79,608	124,739	17	1,082	-	205,445
Accumulated depreciation at 1 April 2023	2,589	58,601	14	214	-	61,417
At start of period for new FTs						
Provided during the year	2,854	9,158	2	207	-	12,221
Revaluations	(281)	-	-	-	-	(281)
Disposals / derecognition	-	(1,002)	-	-	-	(1,002)
Accumulated depreciation at 31 March 2024	5,162	66,757	16	421	-	72,356
Net book value at 31 March 2024	74,446	57,982	1	661	-	133,089
Net book value at 1 April 2023	77,484	65,204	3	868	-	143,559

Net book value of right of use assets leased from other NHS providers

Net book value of right of use assets leased from other DHSC group bodies

Note 17.5 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 28.1.

	Group		Trust	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
Carrying value at 1 April	111,511	121,155	109,718	117,768
Carrying value at 1 April - restated	111,511	121,155	109,718	117,768
Lease additions	21,249	1,989	23,774	5,695
Lease liability remeasurements	12,088	2,399	12,088	-
Interest charge arising in year	4,541	4,656	4,437	4,426
Early terminations	(10,283)	-	(10,283)	-
Lease payments (cash outflows)	(15,904)	(18,688)	(15,324)	(18,171)
Other changes	-	-	(2,185)	-
Carrying value at 31 March	123,201	111,511	122,225	109,718

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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 5. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 17.6 Maturity analysis of future lease payments at 31 March 2025

	Group	Trust
	31 March 2025 £000	31 March 2025 £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 lease liabilities at 31 March 2025	123,201	122,225

Note 17.7 Maturity analysis of future lease payments at 31 March 2024

	Group	Trust
	31 March 2024 £000	31 March 2024 £000
Undiscounted future lease payments payable in:		
- not later than one year;	12,701	12,084
- later than one year and not later than five years;	36,371	34,301
- later than five years.	84,256	83,813
Total gross future lease payments	133,328	130,198
Finance charges allocated to future periods	(21,817)	(21,459)
Net finance lease liabilities at 31 March 2024	111,511	108,739

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Note 18 Investment Property

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	311	313	-	-
Carrying value at 1 April - restated	311	313	-	-
Movement in fair value	-	(2)	-	-
Disposals *	(311)	-	-	-
Carrying value at 31 March	-	311	-	-

* Disposal of University Hospital NHS Foundation Trust Charity

Note 19 Investments in associates and joint ventures

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	421	332	421	332
Share of profit / (loss)	72	89	72	89
Carrying value at 31 March	493	421	493	421

Note 20 Other investments / financial assets (non-current)

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	3,342	3,114	36,840	36,840
Movement in fair value through income and expenditure	-	228	-	-
Disposals *	(3,342)	-	-	-
Carrying value at 31 March	-	3,342	36,840	36,840

* Disposal of University Hospital NHS Foundation Trust Charity

Note 21 Analysis of charitable fund reserves

Note 21 Analysis of charitable fund reserves

	2025	2024
	£000	£000
Unrestricted funds:		
Unrestricted income funds	-	7,393
Other restricted income funds	-	86
	-	7,479

As at 1 April 2024 the University Hospital Southampton NHS Foundation Trust Charity became independent of the Trust.

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may

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also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 22 Inventories

	Group		Trust	
	2025	2024	2025	2024
	£000	£000	£000	£000
Drugs	8,548	10,180	7,277	8,835
Consumables	13,498	9,930	2,758	2,441
Total inventories	22,045	20,110	10,035	11,276
of which:				
Held at fair value less costs to sell	-	-	-	-

Inventories recognised in expenses for the year were £370,851k (2023/24: £325,353k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

Note 23.1 Receivables

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Contract receivables	90,174	67,645	111,896	70,212
Allowance for impaired contract receivables / assets	(4,443)	(5,098)	(4,443)	(5,098)
Deposits and advances	843	-	11	-
Prepayments (non-PFI)	10,307	6,846	8,284	5,809
Finance lease receivables	-	-	831	-
PDC dividend receivable	1,600	772	1,600	772
VAT receivable	7,487	4,392	5,490	2,378
Clinician pension tax provision reimbursement funding from NHSE	46	49	46	49
Loans receivable	-	-	1,430	1,430
NHS charitable funds receivables	-	166	-	-
Total current receivables	106,014	74,772	125,145	75,552
Non-current				
Contract receivables	4,953	4,548	4,953	4,548
Allowance for impaired contract receivables / assets	(1,211)	(1,049)	(1,211)	(1,049)
Finance lease receivables	-	-	5,849	-
Other receivables	1,671	1,628	1,671	1,628
Loans receivable	-	-	79,325	80,848
Total non-current receivables	5,413	5,127	90,587	85,975
Total Receivables	111,427	79,899	215,732	161,527

Note 23.2 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 - brought forward	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

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Note 23.3 Allowances for credit losses - 2023/24

	Group Contract receivables and contract assets £000	Trust Contract receivables and contract assets £000
Allowances as at 1 Apr 2023 - as previously stated	9,548	9,548
New allowances arising	1,094	1,094
Reversals of allowances	(4,495)	(4,495)
Allowances as at 31 Mar 2024	6,147	6,147

Note 23.4 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 2024 are in receivables from customers, as disclosed in the trade and other receivables note 23.1.

Note 24 Non-current assets held for sale and assets in disposal groups

The Group or Trust hold any non-current assets for sale.

Note 25.1 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	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
At 1 April	83,119	115,343	79,025	103,164
Net change in year	(66,238)	(32,224)	(62,833)	(24,139)
At 31 March	16,881	83,119	16,192	79,025
Broken down into:				
Cash at commercial banks and in hand	798	6,975	117	133
Cash with the Government Banking Service	16,083	76,144	16,075	78,892
Total cash and cash equivalents as in SoFP	16,881	83,119	16,192	79,025
Total cash and cash equivalents as in SoCF	16,881	83,119	16,192	79,025

Note 25.2 Third party assets held by the trust

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 and Trust	
	31 March 2025 £000	31 March 2024 £000
Monies on deposit	-	1
Total third party assets	-	1

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Note 26 Trade and other payables

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Current				
Trade payables	41,752	51,461	71,783	56,322
Capital payables	24,873	15,499	23,774	15,459
Accruals	57,907	50,407	49,075	67,723
Social security costs	8,524	7,595	8,499	7,575
Other taxes payable	8,744	8,017	8,682	8,063
Pension contributions payable	10,562	9,598	10,526	9,569
Other payables	21,997	33,161	19,822	34,400
NHS charitable funds: trade and other payables	-	415	-	-
Total current trade and other payables	174,359	176,153	192,161	199,111
Non-current				
Trade payables	405	-	405	405
Capital payables	475	11,339	93,966	83,123
Other payables	-	1,839	-	-
Total non-current trade and other payables	880	13,178	94,371	83,528
Total Trade and other payables	175,239	189,331	286,532	282,639

Note 27 Other liabilities

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Current				
Deferred income: contract liabilities	33,063	30,736	31,705	30,736
Deferred grants	-	5,811	-	5,811
Total other current liabilities	33,063	36,547	31,705	36,547
Non-current				
Deferred income: contract liabilities	-	8,051	-	8,051
Total other non-current liabilities	-	8,051	-	8,051

Note 28.1 Borrowings

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Current				
Loans from DHSC	1,275	1,559	1,275	1,559
Lease liabilities	16,100	11,215	11,772	10,682
Obligations under concession contracts	-	-	3,358	2,713
Total current borrowings	17,375	12,774	16,405	14,954
Non-current				
Loans from DHSC	2,513	3,769	2,513	3,769
Lease liabilities	107,101	100,296	110,453	98,057
Obligations under concession contracts	-	-	16,265	13,725
Total non-current borrowings	109,614	104,065	129,231	115,551
Total borrowings	126,989	116,839	145,636	130,505

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The Foundation Trust has the following loans with the Department of Health detailed below:

Principal values	Original Loan £000	Balance outstanding at 31 March 2025 £000	Balance outstanding at 31 March 2024 £000	Interest Rate %
Original Advance Date				
September 2010	8,000	257	791	2.74%
June 2013	15,000	3,512	4,510	1.91%
Total balance outstanding		<u>3,769</u>	<u>5,301</u>	
Repaid in year		1,533		

Note 28.2 Reconciliation of liabilities arising from financing activities (Group)

Group - 2024/25	Loans from DHSC £000	Lease liabilities £000	Total £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	<u>3,788</u>	<u>123,201</u>	<u>126,989</u>

Group - 2023/24	Loans from DHSC £000	Lease liabilities £000	Total £000
Carrying value at 1 April 2023	6,868	121,155	128,023
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,533)	(14,032)	(15,565)
Financing cash flows - payments of interest	(132)	(4,656)	(4,788)
Non-cash movements:			
Additions	-	1,989	1,989
Lease liability remeasurements	-	2,399	2,399
Application of effective interest rate	125	4,656	4,781
Carrying value at 31 March 2024	<u>5,328</u>	<u>111,511</u>	<u>116,839</u>

Note 28.3 Reconciliation of liabilities arising from financing activities

Trust - 2024/25	Loans from DHSC £000	Lease liabilities £000	Service concession schemes £000	Total £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	<u>3,788</u>	<u>122,225</u>	<u>19,623</u>	<u>145,636</u>

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Trust - 2023/24	Loans from DHSC £000	Lease liabilities £000	Service concession schemes £000	Total £000
Carrying value at 1 April 2023	6,868	117,768	17,852	142,488
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,533)	(13,744)	(2,636)	(17,913)
Financing cash flows - payments of interest	(132)	(4,427)	(277)	(4,836)
Non-cash movements:				
Additions	-	5,695	1,221	6,916
Interest charge arising in year (application of effective interest rate)	125	4,426	278	4,829
Carrying value at 31 March 2024	5,328	109,718	16,438	131,484

Note 29.1 Provisions for liabilities and charges analysis (Group and Trust)

Group and Trust	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2024	370	3,146	394	3,477	7,387
Transfers by absorption	-	-	-	-	-
Change in the discount rate	1	2	-	(16)	(13)
Arising during the year	30	95	445	640	1,210
Utilised during the year	(57)	(241)	(42)	(2,417)	(2,757)
Reclassified to liabilities held in disposal groups	-	-	-	-	-
Reversed unused	(55)	(13)	(72)	-	(140)
Unwinding of discount	68	274	-	84	426
Movement in charitable fund provisions	-	-	-	-	-
At 31 March 2025	357	3,263	725	1,768	6,113
Expected timing of cash flows:					
- not later than one year;	57	217	-	46	320
- later than one year and not later than five years;	228	868	-	246	1,342
- later than five years.	72	2,178	725	1,476	4,451
Total	357	3,263	725	1,768	6,113

The movement in provisions on the cashflow differs from the movement by £243k, which relates to the unwinding of the discount, which is treated as a non-cash transaction.

Pensions - Early departure costs relates to future costs of early retirements where the Trust agreed in earlier years to fund the employee for full pension benefits; the "Other" provision relates to provisions for contractual obligation relating to specific projects.

Note 29.2 Clinical negligence liabilities

At 31 March 2025, £340,195k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of University Hospital Southampton NHS Foundation Trust (31 March 2024: £353,010k).

Note 30 Contingent assets and liabilities

Neither the Group or the Trust had any contingent assets or liabilities as at 31 March 2025.

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	8,157	5,938	8,157	5,938
Intangible assets	2,000	17,713	2,000	17,713
Total	10,157	23,651	10,157	23,651

Note 31 Contractual capital commitments

The Trust has entered into contractual commitments to enable completion of capital projects in progress.

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	8,157	5,938	8,157	5,938
Intangible assets	2,000	17,713	2,000	17,713
Total	10,157	23,651	10,157	23,651

Note 32 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 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
not later than 1 year	16,031	21,547	15,497	21,547
after 1 year and not later than 5 years	31,692	27,998	30,903	27,998
paid thereafter	34,117	38,166	34,117	38,166
Total	81,840	87,711	80,517	87,711

Note 33 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.

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Note 33.1 Service concession arrangement obligations

The following obligations in respect service concession arrangements are recognised in the statement of financial position:

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Gross service concession liabilities	-	-	22,153	18,105
Of which liabilities are due				
- not later than one year;	-	-	3,881	3,007
- later than one year and not later than five years;	-	-	14,918	10,689
- later than five years.	-	-	3,354	4,409
Finance charges allocated to future periods	-	-	(2,530)	(1,667)
Net service concession arrangement obligation	-	-	19,623	16,438
- not later than one year;	-	-	3,358	2,713
- later than one year and not later than five years;	-	-	13,155	9,690
- later than five years.	-	-	3,110	4,035

Note 33.2 Total on-SoFP service concession arrangement commitments

Total future commitments under these schemes are as follows:

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024 Restated *
	£000	£000	£000	£000
Gross service concession liabilities	-	-	3,306,887	2,690,924
Of which payments are due:				
- not later than one year;	-	-	110,230	86,804
- later than one year and not later than five years;	-	-	440,918	347,216
- later than five years.	-	-	2,755,739	2,256,904
	-	-	3,306,887	2,690,924

* Prior year restated to reflect 31 years commitment as per the agreement.

Note 33.3 Analysis of amounts paid to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Unitary payment paid to service concession operator	-	-	105,488	83,597
Consisting of:				
- Interest charge	-	-	1,921	146
- Repayment of finance lease liability	-	-	2,811	2,636
- Service element: chargeable to Statement of Comprehensive Income (SOCl)	-	-	97,743	77,637
- Service element: repayment re capital	-	-	3,013	3,178
Total amount paid to service concession operator	-	-	105,488	83,597

Note 34 Financial instruments

Note 34.1 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 2024 are in receivables from customers, as disclosed in the trade and other receivables note 15.

Liquidity risk

The Trust's operating costs are incurred under contracts with commissioners, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated funds together with funds obtained from external government borrowing when necessary, along with commercial sources through its finance lease and PFI arrangements.

Note 34.2 Carrying value and fair value of financial assets (Group)

As at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£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

As at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Trade and other receivables excluding non financial assets	67,723	-	67,723
Other investments / financial assets	421	-	421
Cash and cash equivalents	79,044	-	79,044
Consolidated NHS Charitable fund financial assets	4,241	3,342	7,583
Total at 31 March 2024	151,429	3,342	154,771

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Note 34.3 Carrying value and fair value of financial assets (Trust)

As at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£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

As at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Total book value
	Restated £000	Restated* £000	Restated* £000
Trade and other receivables excluding non financial assets	152,568	-	152,568
Other investments / financial assets	421	-	421
Cash and cash equivalents	79,025	-	79,025
Total at 31 March 2024	232,014	-	232,014

All financial assets are held at amortised cost.

* Investments in the Trusts subsidiaries of £36.4m are accounted for at cost and the accounting treatment under IFRS 7, Financial Instruments: Disclosures, excludes them from its scope. 31 March 2024 has been restated the 'Other investments / financial assets' line to recognise this change.

Note 34.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	3,788
Obligations under leases	123,201
Trade and other payables excluding non financial liabilities	140,687
Total at 31 March 2025	267,676

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	5,328
Obligations under leases	111,511
Trade and other payables excluding non financial liabilities	163,175
Consolidated NHS charitable fund financial liabilities	415
Total at 31 March 2024	280,429

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Note 34.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost £000
Loans from the Department of Health and Social Care	3,788
Obligations under leases	122,225
Obligations under service concessions	19,623
Trade and other payables excluding non financial liabilities	269,351
Total at 31 March 2025	414,987

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost £000
Loans from the Department of Health and Social Care	5,328
Obligations under leases	108,739
Obligations under service concessions	16,438
Trade and other payables excluding non financial liabilities	256,901
Total at 31 March 2024	387,406

Note 34.6 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 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
In one year or less	157,545	177,924	209,324	191,146
In more than one year but not more than five years	49,804	40,278	128,758	49,881
In more than five years	108,499	84,256	108,916	135,000
Total	315,848	302,458	446,998	376,027

Note 35 Losses and special payments

	2024/25		2023/24	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Group and trust				
Losses				
Cash losses	260	655	55	35
Bad debts and claims abandoned	258	635	275	653
Total losses	518	1,290	330	688
Special payments				
Ex-gratia payments	45	26	36	20
Total special payments	45	26	36	20
Total losses and special payments	563	1,316	366	708

Note 36.1 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. It has share capital of £0.8 million (2023/24: £0.8 million), receivables of £0.1 million (2023/24: £0.0 million) and payables of £2.2 million (2023/24: £0.2 million) with UHS Pharmacy Ltd. It has share capital of £36.0 million (2023/24: £36.0 million) and receivables of £6.8 million (2023/24: £0.2 million), payables of £133.8 million (2023/24: £132.6 million) and loans of £80.7 million (2023/24: £82.3 million) with UHS Estates Ltd. Transactions with related parties are on a normal commercial basis and are outlined below.

	Year ended 31 March 2025		Year ended 31 March 2024	
	Income £000	Expenditure £000	Income £000	Expenditure £000
Transactions with UHS Estates Ltd	20,143	99,674	1,563	104,491
Transactions with UHS Pharmacy Ltd	994	26,160	201	23,564
Transactions with Southampton Hospitals Charity	-	-	6,971	-

Note 36.2 Related parties - Joint ventures

As referred to in Note 1.4 of the accounts, the Trust has two joint ventures. The first, Southampton CEDP LLP, is jointly controlled by the Trust and Partnering Solutions (Southampton) Ltd. The latter is a wholly owned subsidiary of Prime Partnering Solutions Ltd. The Trust received £0.0 million (2023/24: £0.1 million) and was charged £0.06 million (2023/24: £1.4 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 £0.7 million (2022/23: £0.7 million) and was charged £2.4 million (2023/24: £3.1 million) for services rendered. UHS Estates Ltd was charged £0.5 million (2023/24: £0.4m) for services rendered.

Note 37 Events after the reporting date

There are no events after the reporting date that require reporting.

