



University Hospital  
Southampton  
NHS Foundation Trust



# ANNUAL REPORT AND ACCOUNTS 2020/21

Incorporating the quality report

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University Hospital Southampton  
NHS Foundation Trust

# **Annual Report and Accounts 2020/21**

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



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# Welcome from our chair and chief executive

**2020/21 was undoubtedly the most challenging year in the history of the NHS, and we have felt the impact of the COVID-19 pandemic here at University Hospital Southampton NHS Foundation Trust (UHS) in full. Responding to this has meant there isn't a single part of our organisation that hasn't changed in some way over the last year and we have all had to adapt to a rapidly changing environment.**

Our staff have been unwavering in their dedication, hard work and commitment to keeping our hospitals running, our patients cared for, and their colleagues supported. Every single member of the UHS family has played their part.

The loss of life from COVID-19 has been devastating, and at UHS we stand shoulder-to-shoulder with everyone affected by this tragedy, including the families of staff members whom we lost.

We must recognise the incredible work of Southampton Hospital Charity, which has funded boost boxes, wellness rooms, a helpline and so much more to support staff at a time when their wellbeing is more important than ever.

As the nationwide vaccination programme continues to offer hope of life more like pre-pandemic times, we are proud to have been at the forefront of these efforts - from being part of early research for the Oxford-AstraZeneca vaccine, to the opening of one of the largest vaccination hubs in the region on our site in December 2020. We will continue to play a key role in vaccination development by leading the world's first clinical trial into the effectiveness of COVID-19 booster vaccines, as well as taking part in a study involving pregnant people.

Our response to COVID-19 has prompted innovation and new ways of working across the Trust, to the benefit of patient experience. At the start of the pandemic we faced real challenges of capacity and increases in waiting times, which led to us working with Spire Southampton so cancer treatment and surgery could continue for patients at highest risk. We also increased the number of outpatient attendances which took place by telephone or video call, and our patient support hub was set up to provide a single point of support for patients who had been advised to shield. We are immensely proud of the record of the Trust during the pandemic, exemplified by the number of patients we were able to take into our care from well outside the local area.

The Trust is in a strong financial position as a result of careful spending and efficiencies, which has allowed us to invest significantly in upgrading our estate. These improvements have seen the opening of the general intensive care unit, and the new cancer ward, which was built in just six months. These formed part of overall capital expenditure of £80 million during the year.

The last year has seen us say goodbye to two members of our executive leadership team. Paula Head left the chief executive officer role in November to join the national response to COVID-19, before becoming a senior fellow at The King's Fund. Derek Sandeman moved on from being our chief medical officer to take the same position at the Hampshire and Isle of Wight Integrated Care System. We are grateful to both for their efforts on the Trust leadership team during the most challenging of years. One of our non-executive directors, Jenni Douglas-Todd, also left the Trust to take on the important role of director of equality and inclusion with NHS England and NHS Improvement.



Looking ahead to the future, UHS will play a key role in the Hampshire and Isle of Wight Integrated Care System. Our commitment is to deliver services with partners through clinical networks, collaboration and integration across geographical and organisational boundaries for seamless patient care. We as a Trust board are looking forward to implementing our own five year strategy, which sets out ambitions for what we want the hospital to be in 2025, for both patients and staff. Our focus will always be on enabling world class people to deliver world class care.



**Peter Hollins**  
**Chair**



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

# OVERVIEW AND PERFORMANCE

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# Performance report

## Introduction from our chief executive

**Over the last year, the way in which the Trust has worked and performance it has achieved, has been transformed by the COVID-19 pandemic.**

- UHS saw a number of large surges in demand for inpatient care, and for intensive respiratory support in particular, due to COVID-19 infection rates. Our capacity to deliver intensive care had to be increased, and many of our staff moved from other services such as our elective theatres in order to meet this need for care.
- We have introduced and continue to maintain a number of changes to reduce the risk of COVID-19 being transmitted, or adversely affecting patient outcomes, within the Trust. Changes have included the wearing of additional personal protective equipment by our staff (especially when caring for patients who might have COVID-19 or undertaking higher risk procedures), reducing the number of patients coming to our outpatient departments and increasing the number of telephone and video consultations, separating elective and emergency patients within our departments and regular testing of our staff and all patients on or prior to their admission to hospital for treatment.
- Public concerns about safety, government restrictions and the efforts of community services actually contributed to reductions in the total number of patients who sought hospital care this year.
- Treatment plans have been modified by a number of services, in partnership with patients, to reduce the risk posed by COVID-19 to those patients. This was often appropriate in those circumstances in which the normal treatment would significantly reduce the patient's own resistance to infections.

Our performance has, in many cases, been strongly influenced by these profound changes. We have responded well to the need to provide the most urgent care, and the adverse impacts on elective care have been slightly less than the average across the NHS. However, we remain very concerned by the significant increase in the numbers of patients waiting longer than they should for elective care.

It will take concerted and sustained action within both the Trust and the wider NHS in order to return elective performance to levels achieved before the pandemic whilst also continuing to meet urgent care needs as the restrictions that have been implemented within our society are progressively relaxed.

## Overview About the Trust

### Our services

University Hospital Southampton NHS Foundation Trust is one of the largest acute teaching trusts in England with a turnover of more than £1 billion in 2020/21. It is based on the coast in south east England and provides services to over 1.9 million people living in Southampton and south Hampshire and specialist services, including neurosciences, respiratory medicine, cancer care, cardiovascular, obstetrics and specialist children's services, to more than 3.7 million people in central southern England and the Channel Islands. The Trust is also a designated major trauma centre, one of only two places in the south of England to offer adults and children full major trauma care provision.

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

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

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

see over  
**650,000**  
people at outpatient  
appointments

deal with around  
**150,000**  
cases in our emergency  
department

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

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

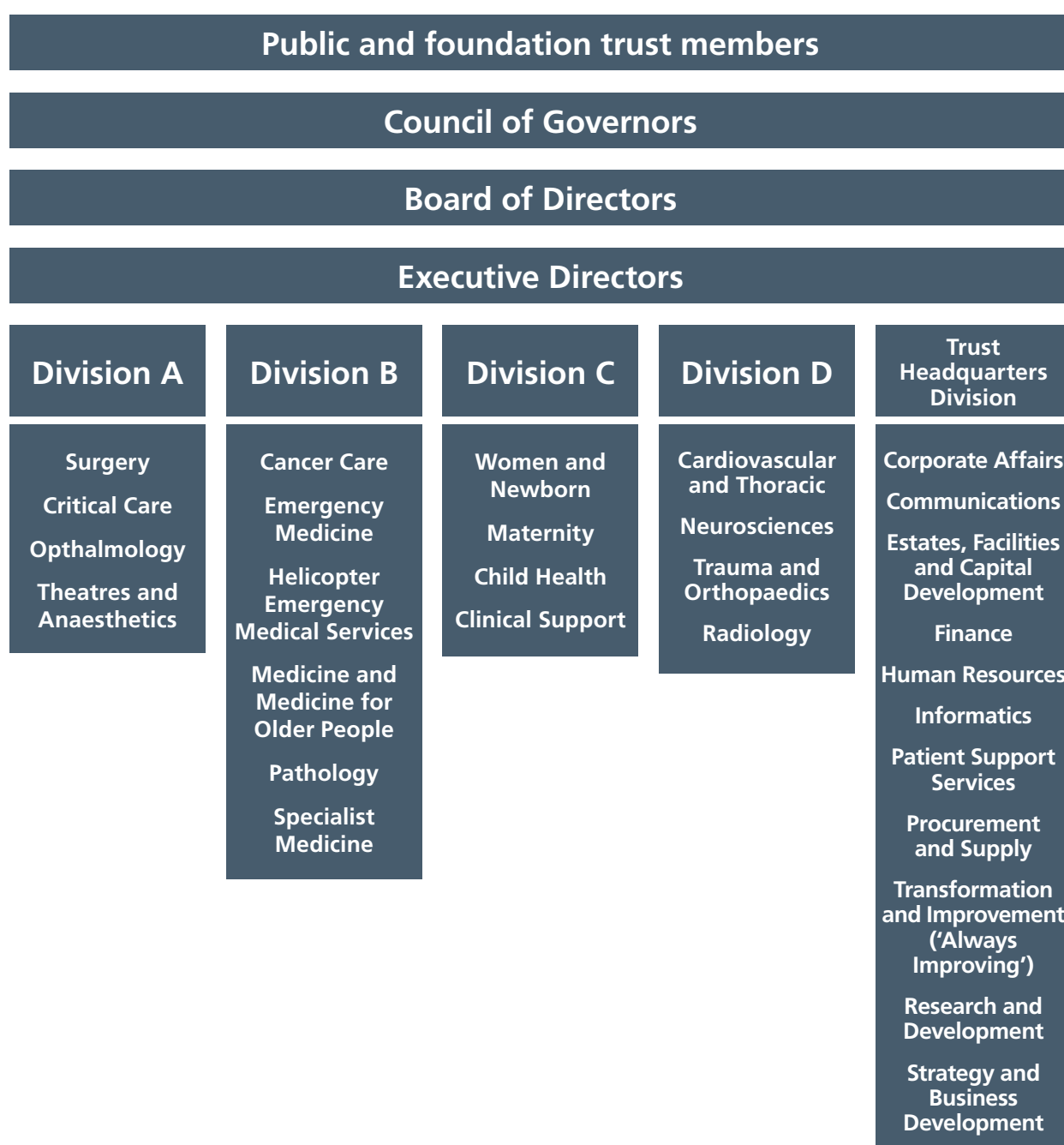
- **Southampton General Hospital** – the Trust's largest location, where a great number of specialist services are based alongside emergency and critical care and which includes Southampton Children's Hospital.
- **Princess Anne Hospital** – located across the road from Southampton General Hospital and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

The services provided by the Trust are commissioned and paid for by local clinical commissioning groups (CCGs) and, in the case of more specialised services (such as treatments for rare conditions), by NHS England. Over 50% of UHS services are paid for by CCGs and approximately 48% by NHS England. We provide these under a standard NHS contract, which incorporates ongoing monitoring of the Trust and the quality of the services provided.

## Our structure

UHS gained foundation trust status on 1 October 2011. A foundation trust is a public benefit corporation providing NHS services in line with the core NHS principles: that care should be universal, comprehensive and free at the point of need. The Trust is licensed as a foundation trust to provide these services by Monitor (the independent regulator, now part of NHS England and NHS Improvement) and the healthcare services we provide are regulated by the Care Quality Commission. Being a foundation trust has enabled greater local accountability and greater financial freedom and has supported the delivery of the Trust's mission and strategy over a number of years.

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



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

### Our values

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

**Our values are:**



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



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



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

## Our strategy 2021-25

The Trust's strategy was updated during 2020/2021 to take account of everything our staff had experienced during the COVID-19 pandemic and what we had learnt from this. The vision for UHS is to continue on its journey to become an organisation of **world class people delivering world class care**.

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

Theme	Ambitions
<b>Outstanding patient outcomes, experience and safety</b> 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.	<ul style="list-style-type: none"> <li>• We will monitor clinical outcomes, safety and experience of our patients regularly to ensure they are amongst the best in the UK and the world.</li> <li>• We will reduce harm, learning from all incidents through our proactive patient safety culture.</li> <li>• We will ensure all patients and relatives have a positive experience of our care, as a result of the environment created by our people and our facilities.</li> </ul>
<b>Pioneering research and innovation</b> 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.	<ul style="list-style-type: none"> <li>• We will recruit and enable people to deliver pioneering research in Southampton.</li> <li>• We will optimise access to clinical research studies for our patients.</li> <li>• We will enable innovation in everything we do, and ensure that 'cutting edge' investigations and treatments are delivered in Southampton.</li> </ul>
<b>World class people</b> 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.	<ul style="list-style-type: none"> <li>• We will recruit and develop enough people with the right knowledge and skills to meet the needs of our patients.</li> <li>• We will provide satisfying and fulfilling roles, growing our talent through development and opportunity for progression.</li> <li>• We will empower our people, embracing diversity and embedding compassion, inclusion and equity of opportunity.</li> </ul>
<b>Integrated networks and collaboration</b> We will deliver our services with partners through clinical networks, collaboration and integration across geographical and organisational boundaries.	<ul style="list-style-type: none"> <li>• We will work in partnership with key stakeholders across the Hampshire and Isle of Wight integrated care system.</li> <li>• We will strengthen our acute clinical networks across the region, centralising when necessary and supporting local care when appropriate.</li> <li>• We will foster local integration with primary and community care as well as mental health and social care services for seamless delivery across boundaries.</li> <li>• We will build on our successful partnership with University of Southampton (UoS), growing our reputation as a national leading university teaching hospital.</li> </ul>

## OVERVIEW AND PERFORMANCE

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

During each year of the strategy the Trust will set out a more detailed series of objectives to achieve and progress towards the delivery of its ambitions. In 2020/21 these objectives included:

- Recovery, restoration and improvement of clinical services
- Implementing the 'Always Improving' strategy
- Restoring a full research portfolio
- Continuing our focus on staff wellbeing including the long-term effects of coronavirus (long COVID)
- Working in partnership with the newly established integrated care system
- Creating a sustainable financial infrastructure
- Making our corporate infrastructure (digital, estate) fit for the future to support a leading university teaching hospital in the 21st century, including an estates masterplan.

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

### Principal risks to our strategy and objectives

The board of directors has identified and manages the principal risks to the delivery of its strategy and objectives through its board assurance framework. The principal risks to the delivery of its strategy and objectives identified by the Trust during 2020/21 were that:

- it would be unable to form effective partnerships that achieve networked care for patients;
- it could not develop the estate in line with the ambitions set out in the strategy;
- it would fail to restore and increase capacity following the COVID-19 pandemic to meet waiting times for elective care and cancer care needs;
- it would fail to introduce and implement new technology for the transformation of care;
- it would be unable to retain, recruit, develop and train a diverse and inclusive workforce necessary to meet the strategic goals;
- it could not develop a sustainable model within the new financial regime that preserves quality care;
- it would fail to provide vulnerable service users with timely and high quality and appropriate care;
- it would not reach the ambition of outstanding compliance and quality standards;
- it could not sufficiently engage with key stakeholders and system partners to support effective interventions and maintain the health of the local population;
- it would be unable to respond to the needs of the NHS in order to deliver our strategy;
- it would fail to capitalise on its relationship with the universities in Southampton and other health education providers in line with our strategy;
- it would not develop innovative education and training approaches.

While the COVID-19 pandemic presented the Trust with new risks as it introduced more stringent infection control processes, stopped certain types of activity and responded quickly to care for large numbers of seriously ill patients who had tested positive for COVID-19, it also prompted innovation across a wide range of areas. However the ongoing impact of the pandemic on both our staff, patients who have had COVID-19 and patients who have waited longer than expected for treatment as a result, added to the risks facing the Trust.

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

**Capacity** – The initial and subsequent waves of the COVID-19 pandemic have led to increases in the waiting times for patients and the number of patients waiting more than 52 and 78 weeks has increased significantly. While the Trust was able to recover capacity quickly between waves of the pandemic, its ability to reduce the overall waiting list and the length of time patients are waiting for treatment remains one of the key risks for the Trust. This may be compounded by the reduction in the number of referrals from GPs during the pandemic, leading to a potential future increase in the number of patients being referred as people visit their GPs for the first time with more advanced disease.

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

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

In addition to opening additional capacity during 2020/21 (described in the Estates section below), the Trust also committed expenditure and commenced construction works in 2020/21 in order to be in a position to open an additional endoscopy room and four further operating theatres during 2021/22 and prepared plans for a significant expansion in ophthalmology outpatient capacity. These initiatives will contribute to improvements in elective waiting times that needed following the pandemic.

**Quality and compliance** – The Trust continued to monitor the quality of care delivered throughout 2020/21. During the COVID-19 pandemic the primary focus became infection prevention and control, with the launch of a successful COVID ZERO campaign that saw the Trust reduce the transmission of the virus in hospital (nosocomial transmission). The Trust also achieved its annual target for reduction in Clostridium Difficile infections, however, there was one MRSA Bacteraemia during March 2021, the only such event in 2020/21.

The Trust continued to develop its proactive patient safety culture during 2020/21 with changes to the way in which patient safety incidents are investigated and the approval of its Always Improving strategy, which will be launched in 2021. Reporting and investigation of incidents continued during 2020/21.

**Partnerships** – During 2020/21, the Trust and its partners worked together very effectively to discharge patients safely and provide ongoing support to patients who had tested positive for COVID-19, to ensure patients requiring urgent cancer treatment and surgery were able to continue their treatment in the independent sector and to develop a COVID-19 saliva testing pilot with the University of Southampton and local authorities.

Work to respond to the COVID-19 pandemic, however, meant that as a system we were unable to progress the Hampshire and Isle of Wight strategic plan delivery at the pace we would have wanted or had set out to achieve, particularly the development of networks. Nonetheless the application for Hampshire and Isle of Wight to become an integrated care system was approved with effect from 1 April 2021.

Existing networks continued to develop and improve. The Trust also became the Wessex Cancer Surgical Hub during 2020 as a result of a national initiative with the aim of maximising the number of patients receiving curative surgery. Both the Wessex Cancer Alliance and the Trust ended the year as the second highest performing among their respective peers for cancer treatment.

**Workforce** – While additional staff were recruited to specifically assist the Trust during the pandemic, the Trust continued to recruit nurses from overseas during 2020/21 meaning that the number of vacancies has reduced compared to the position prior to the pandemic. Changes to recruitment processes were approved in 2020/21 to improve the fairness, transparency and quality of these. The Trust also continued to work with its staff networks and specific focus groups to increase diversity in leadership roles.

While workforce capacity continues to be one of the biggest challenges faced by the Trust, during 2020/21 our main focus has been on supporting our staff to respond to the COVID-19 pandemic and providing both the tools and time to help staff recovery. We are incredibly proud of the way that staff responded to the pandemic and continue to recognise this in whatever ways we can, however, we also want to ensure that staff continue to be able to contribute to patient care at their best and want to stay and develop with the Trust.

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

**Estate** – The Trust continued to invest in and develop its estate during 2020/21 including the opening a new general intensive care unit (GICU), a new operating theatre and a new cancer care ward, built in just six months. These were part of £80 million of capital expenditure in 2020/21. The Trust has also established a programme to reduce backlog maintenance in addition to continuing to add to and improve the environment in which services are provided to patients and the working environment for staff.

**Innovation and technology** – There have been exceptional levels of achievement in relation to COVID-19 related research activity, including in partnership with the universities. You can read more about these from page 167 of the quality report.

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

**Sustainable financial model** – The Trust achieved its forecast breakeven position in 2020/21. Income was more predictable in 2020/21 as block contract arrangements were put in place in response to the COVID-19 pandemic and ensured that costs were covered. The Trust continues to maintain a strong cash position and to implement improvements and efficiency savings, allowing it to continue to invest in its services.

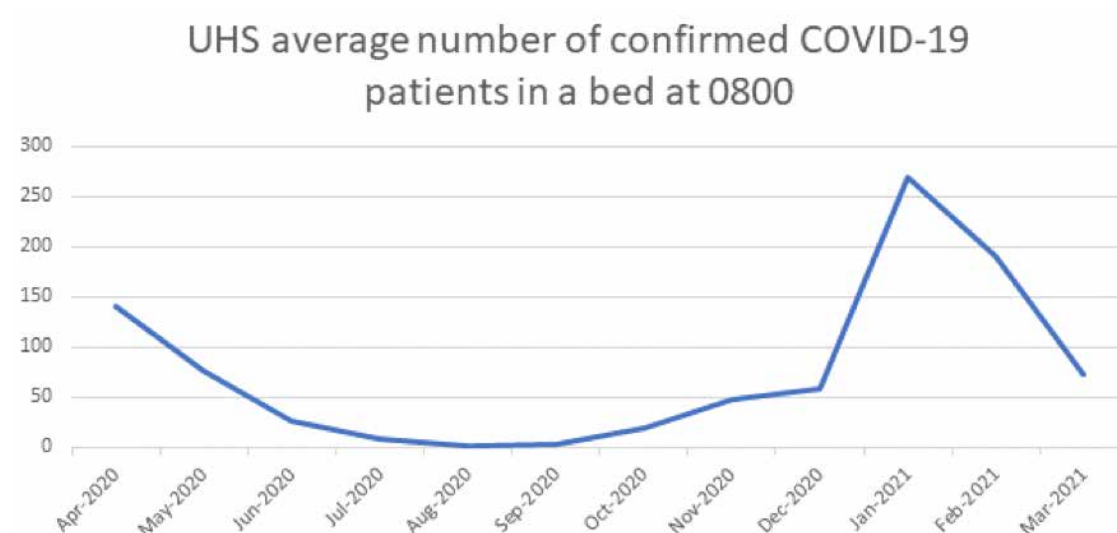


# Summary of performance

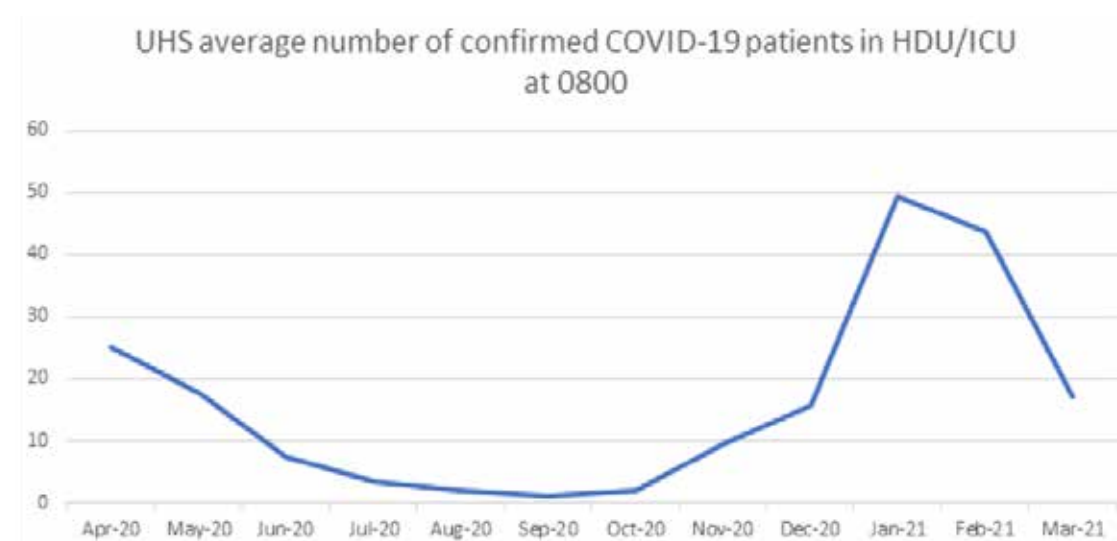
## COVID-19 bed occupancy

UHS has experienced two distinct peaks in inpatient care for patients with COVID-19 infection, with smaller numbers of patients continuing to receive care outside these peak times. Bed occupancy reached a maximum of 173 in the first peak in April 2020, and 322 in the second peak in January 2021.

### All bed types



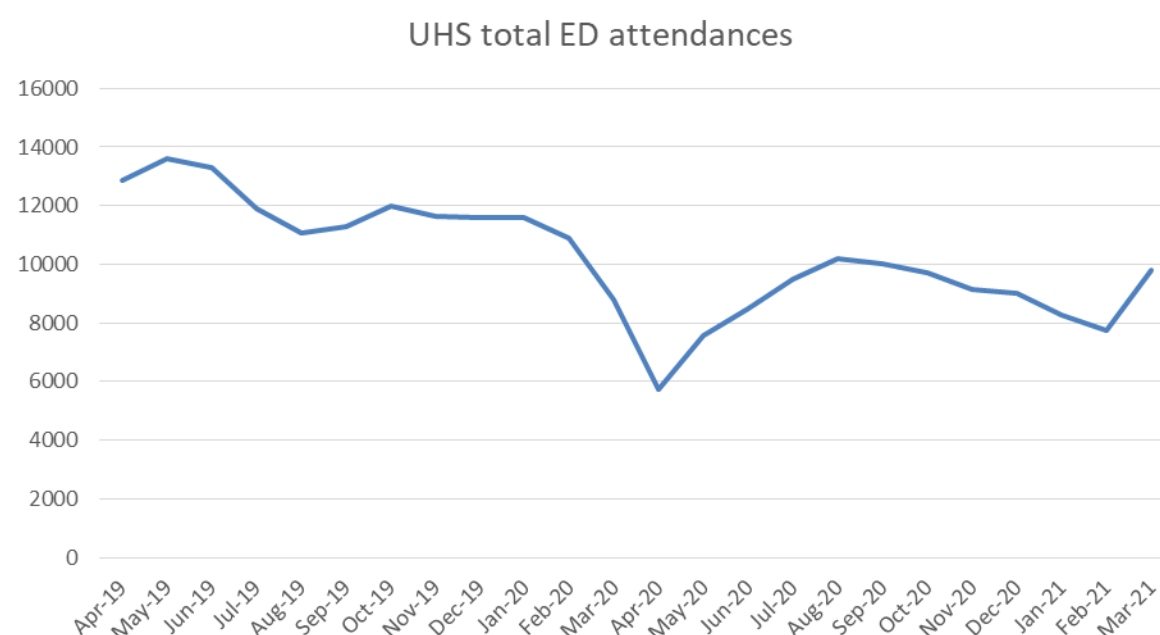
### Intensive care/higher care beds



## Emergency access through our emergency and eye casualty departments

Public concerns about safety, government restrictions on the activities people were able to do, and the efforts of community services contributed to significant reductions in the total number of patients who presented to our departments.

### All patients presenting to the emergency department



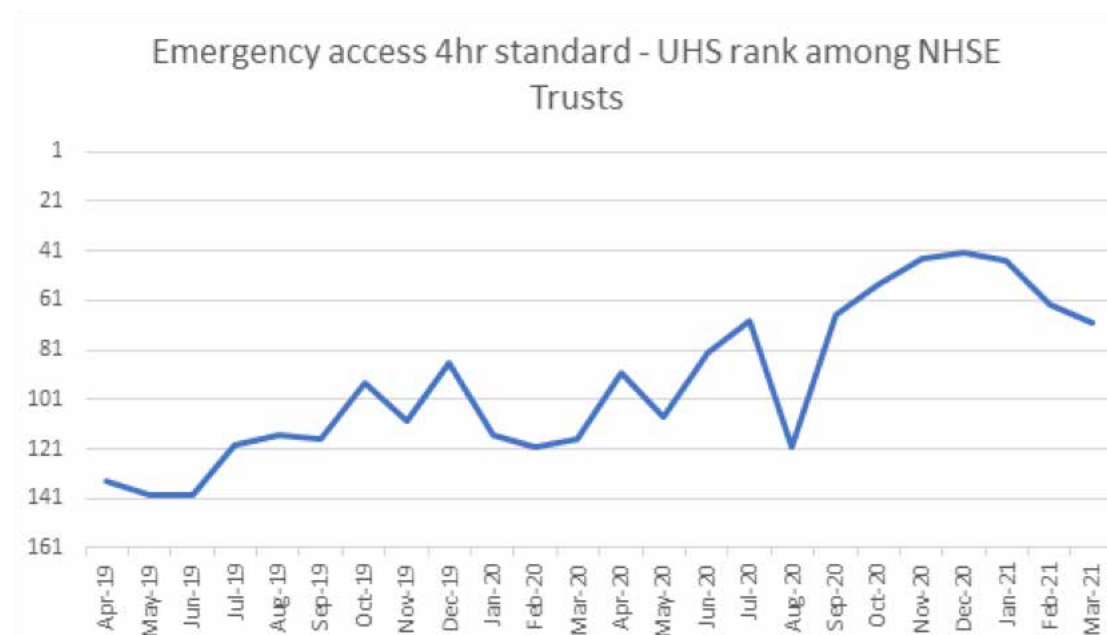
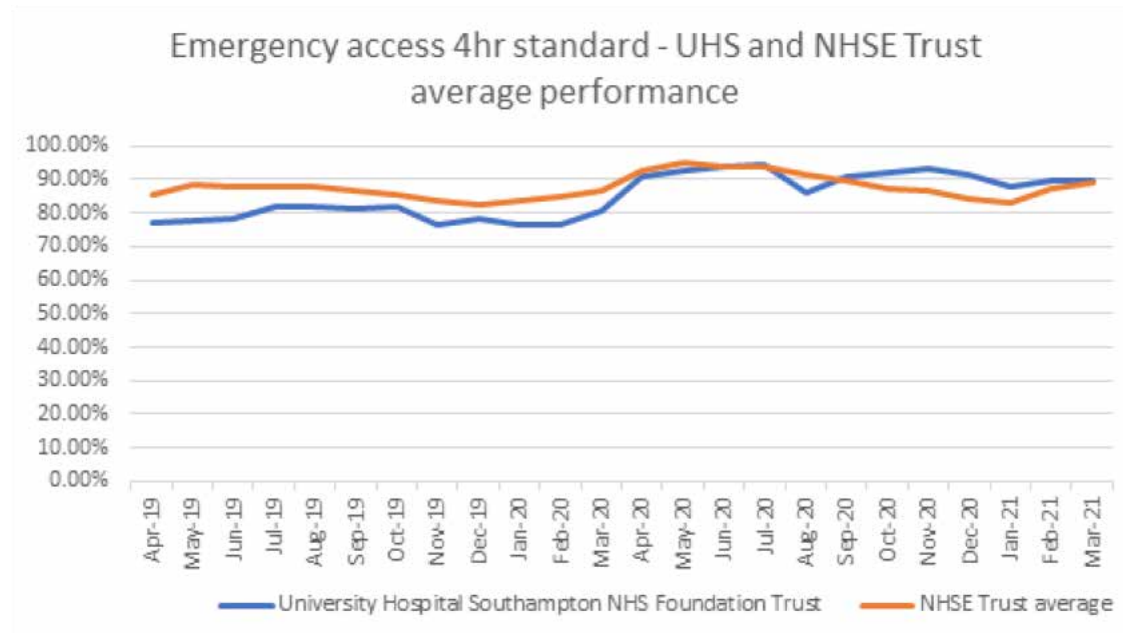
Many changes were introduced within our departments in the course of the year to ensure that emergency assessment and treatment could be provided safely, including wearing of protective equipment by staff and patients, providing care in separate areas for patients suspected or known to have COVID-19, and using rapid laboratory tests to identify infection and confirm/exclude COVID-19 as a cause.

Emergency access performance (measured as the percentage of patients discharged from emergency department care or admitted to a hospital bed within four hours of arrival to the department) improved significantly in 2020/21 compared to previous years.

The national target of 95% was not achieved, however, the performance of our departments compared favourably with the average for acute trusts in England.

## OVERVIEW AND PERFORMANCE

### Emergency access four hour performance



## Elective Waiting times

### Demand

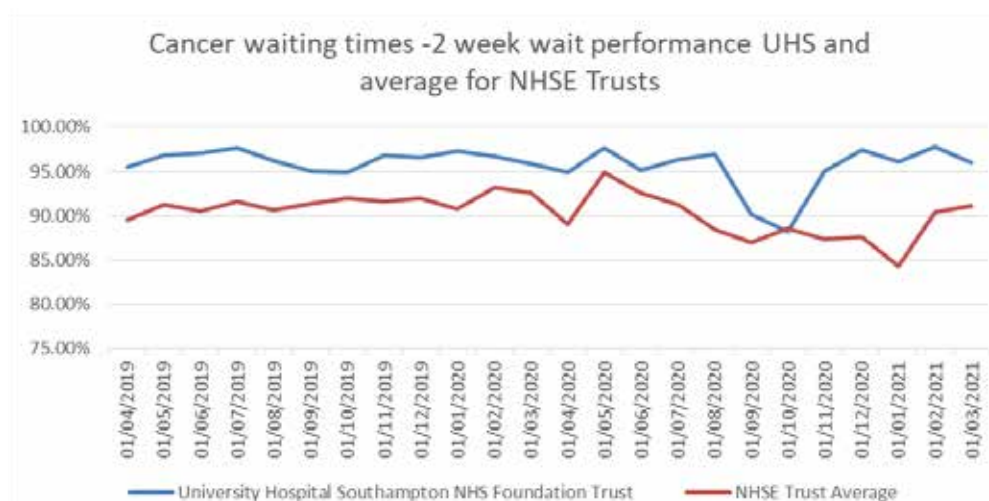
We saw a significant reduction in the number of elective referrals to hospital in the early part 2020/21, though they had returned close to pre-pandemic levels by the end of the year. It is likely that this pattern relates to a range of factors including reluctance from members of the public to attend healthcare facilities at that time, changes to the ways in which primary care was accessed, and efforts made within primary and community to avoid hospital referrals needing to be made.

### Accepted referrals

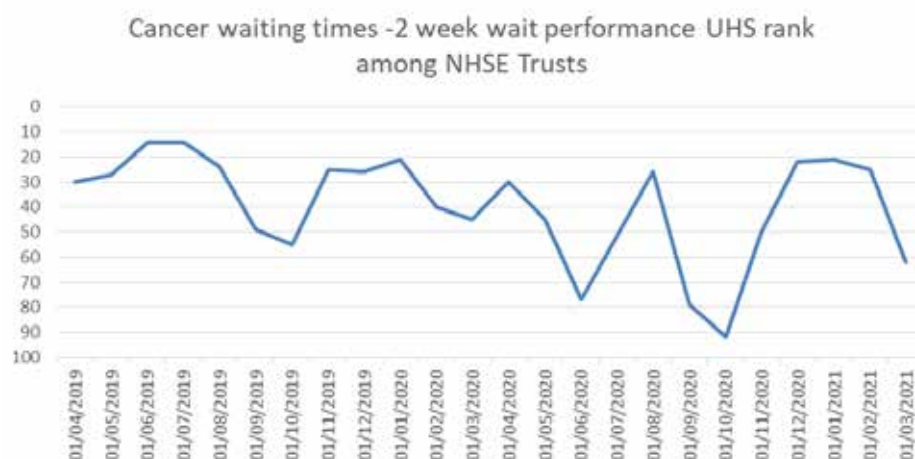


The number of patients referred to hospital with suspected cancer also reduced during 2020/21; 7% fewer patients were seen across the year as a whole, though referrals returned to pre-pandemic levels or higher from July 2020 onwards.

### Patients seen following 'Two week wait' urgent referral for suspected cancer



# OVERVIEW AND PERFORMANCE



## Activity

UHS hospital appointments, diagnostic tests and elective admissions were all significantly reduced during 2020/21 due to the impact of COVID-19.

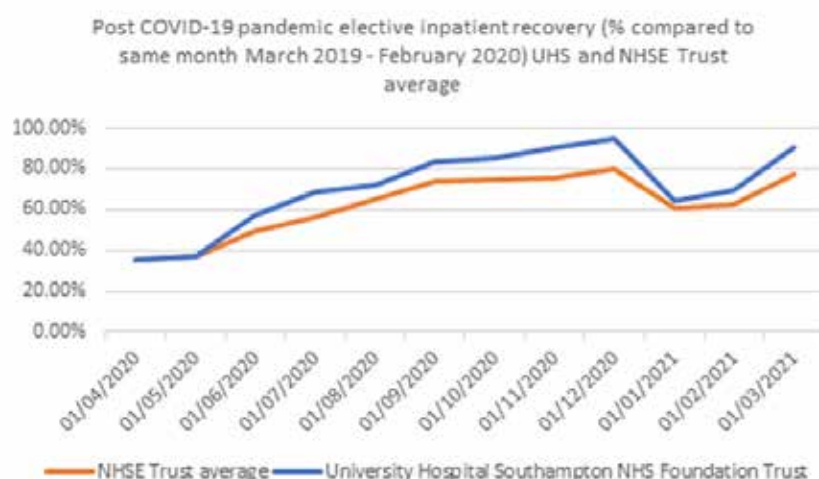
- During periods of higher bed occupancy with COVID-19 it was necessary to significantly reduce the number of elective admissions undertaken in order that additional staff could work in intensive care. Less clinically urgent and therefore longer waiting patients were primarily those affected.
- Throughout the year, additional infection prevention measures have reduced the number of patients that can be seen in each session, particularly when higher risk 'aerosol generating' procedures are planned, but also as a result of additional PPE being worn or to enable greater distancing of patients attending outpatient departments.

UHS was offered additional capacity at local independent sector hospitals and used this effectively to minimise these adverse impacts.

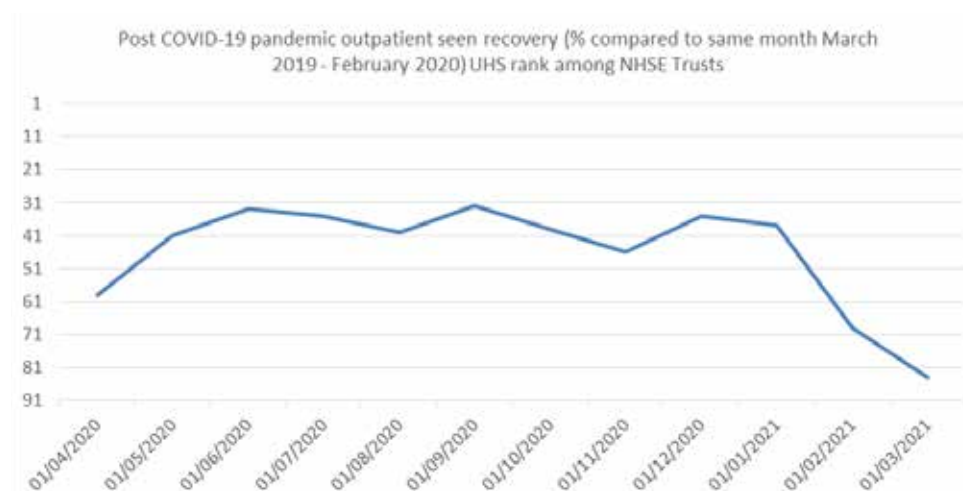
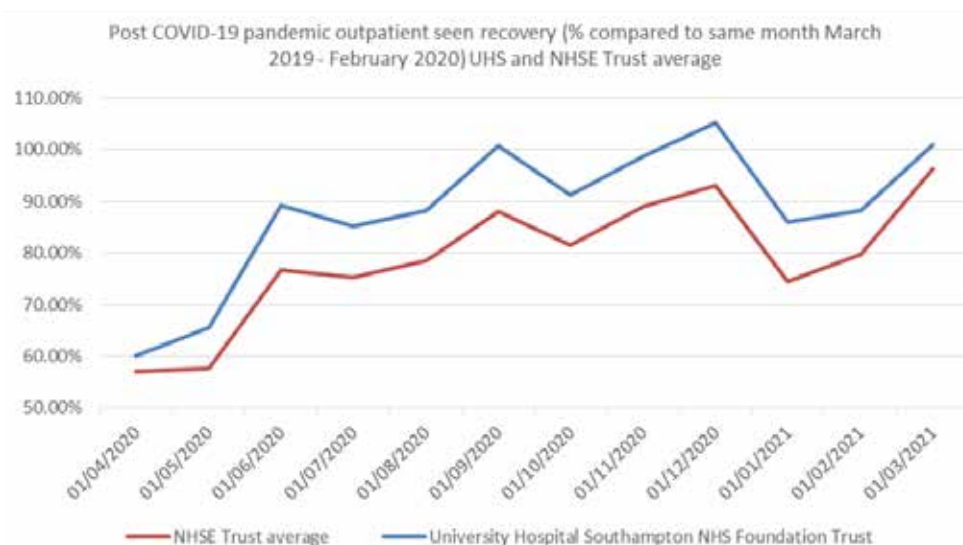
Approximately 30% of outpatient appointments are now undertaken by telephone or video, helping to maintain the capacity for patient care whilst reducing the infection risk for those patients and helping to maintain distancing measures for those patients still attending our outpatient departments.

The graphs below show 2020/21 activity levels as a percentage of those achieved in the previous year.

## Elective admissions (including daycase)



## Outpatient attendances



## Performance

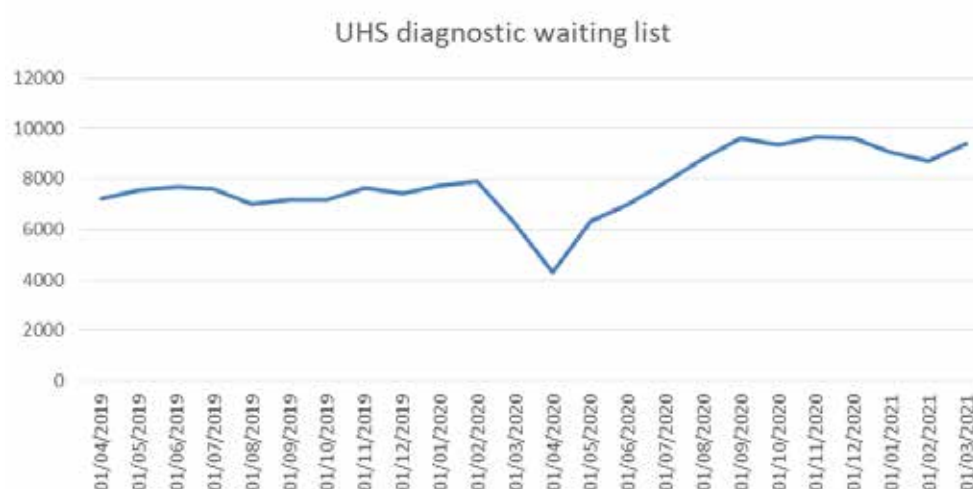
The average waiting time for first outpatient appointments has remained close to nine weeks for the majority of the year. UHS has however experienced very significant deteriorations in the waiting times our patients experience for diagnostic tests to be undertaken and elective treatment to be provided.

The reduced number of new patients referred to hospital early in 2020/21 has moderated the extent of the growth in the total numbers of patients waiting, and the greatest rate of growth has unfortunately been amongst those groups of patients already waiting longest.

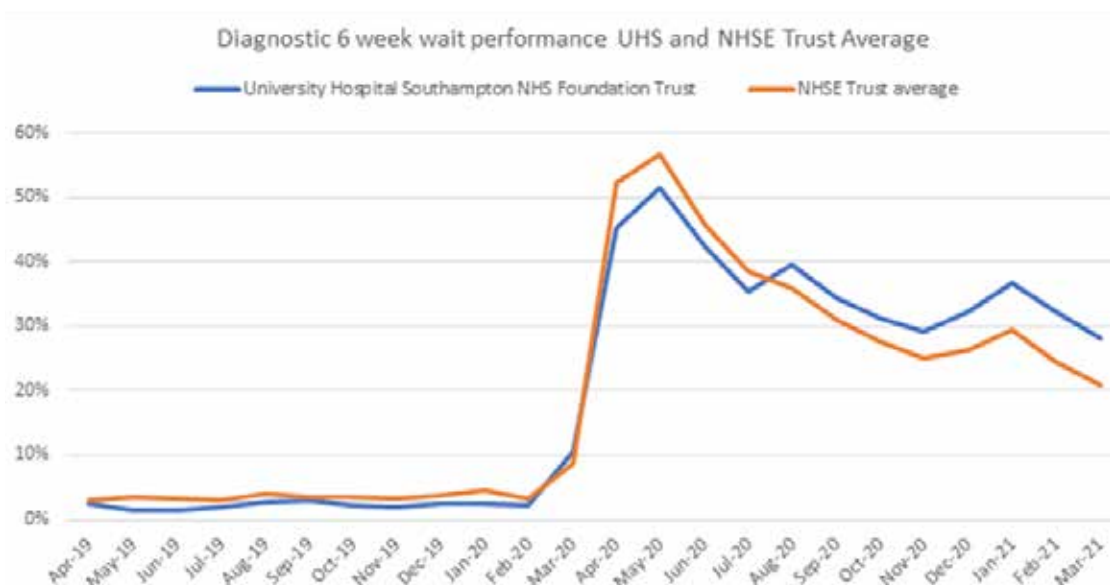
## Diagnostics

Our performance measures for diagnostics report on a total of 15 different frequently used tests. The waiting list is approximately 50% bigger than it was before the pandemic and stable through the second half of the year. At the end of the year 28% of patients were waiting more than six weeks to receive their investigation compared to the national target of 1%. The tests with the largest numbers of longer waiting patients include non-obstetric ultrasound, MRI and endoscopies, and further recovery will be driven through a combination of recruitment, independent sector capacity and an additional endoscopy room which opened at the start of April 2021.

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



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



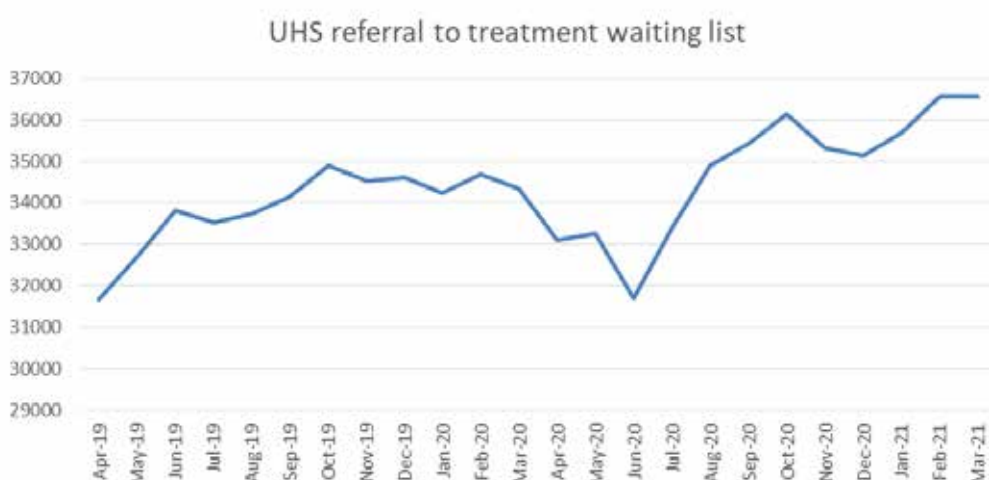


## Referral to Treatment

Our waiting list from referral to treatment increased in size by 6% (2,220 patients) during 2020/21, rising when the recovery in referral numbers exceeded the recovery in clinical activity, the total increase in waiting list size would have been significantly higher had it not been for the significant reduction in the referrals received by the hospital especially during the early months of the pandemic.

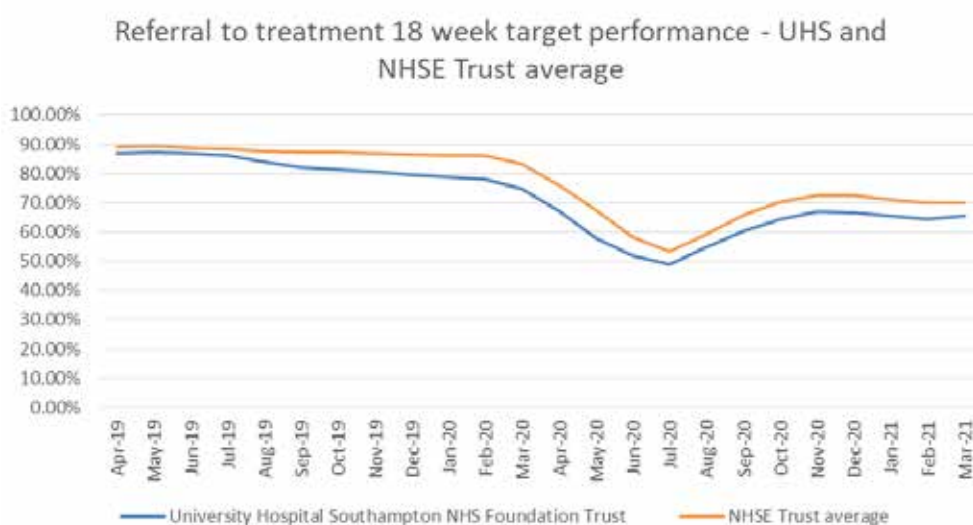
Looking forward, we anticipate referrals numbers returning to pre-pandemic levels, and being able to maintain the total size of our waiting list by delivering an equivalent number of treatments each month.

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



The national target is that at least 92% of patients should be waiting for treatment no more than 18 weeks from their referral to hospital. Our performance against this measure is now 12% worse than one year ago, at 66%. Our performance continues to be typical of the major teaching hospital trusts that we benchmark with and the trend has been similar to that experienced across trusts in England.

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





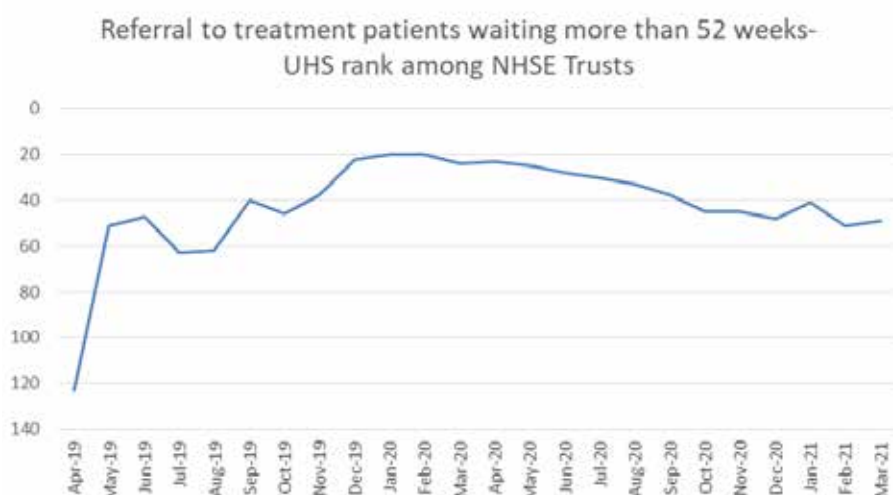
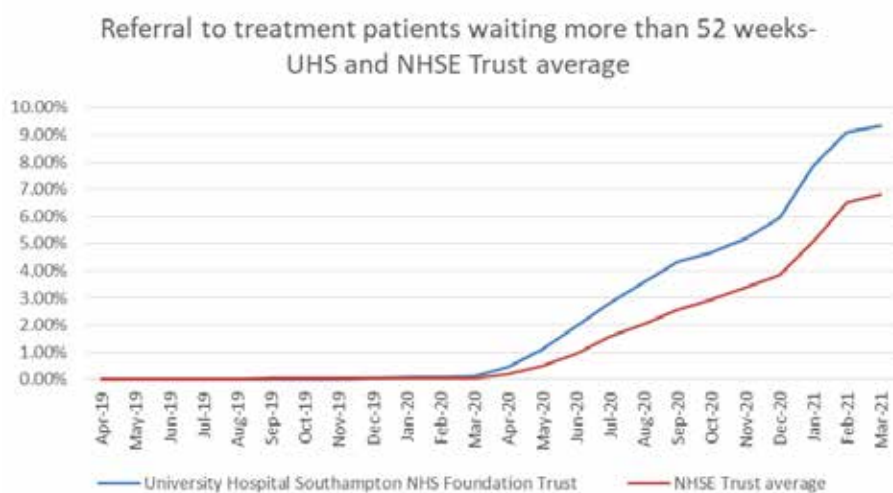
## OVERVIEW AND PERFORMANCE

Unfortunately, the number of patients waiting significantly longer than the 18 week target has increased at a faster rate than the size of the waiting list as a whole. The graph below shows how the percentage of patients who have waited more 52 weeks increased. The number of patients who have waited more 52 weeks increased from 40 in March 2020 to 3,419 by March 2021 (of these 445 patients had waited more than 78 weeks). Such patients often require surgical treatment, particularly in the orthopaedic, ear nose and throat and oral surgery specialities.

The impact on surgical care has been greater than that in outpatients during the pandemic, and it is also more challenging to increase capacity due to the need for additional operating theatres and a combination of different healthcare professionals to work within them. UHS opened an additional operating theatre in 2020/21, and has a further four theatres scheduled to open during 2021/22, which will make a significant contribution to our capacity to treat more patients.

Unfortunately, the number of patients waiting significantly longer than the 18 week target is likely to continue to grow further in the short term, due to diagnostic investigations having been progressed less quickly than usual during the pandemic, the need to prioritise our increased treatment capacity according to the clinical urgency of conditions and because our scheduled capacity increases will not be completed before the autumn of 2021.

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



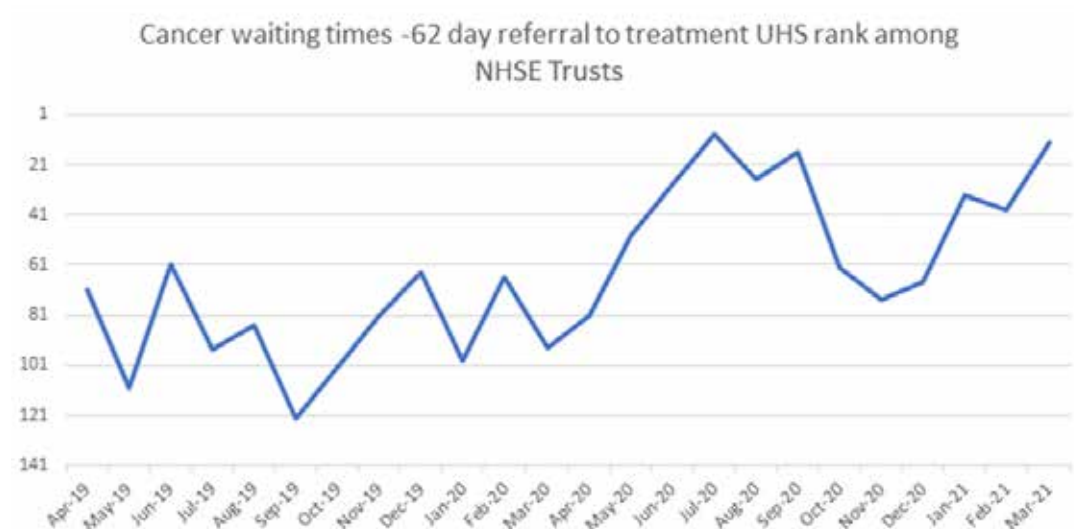
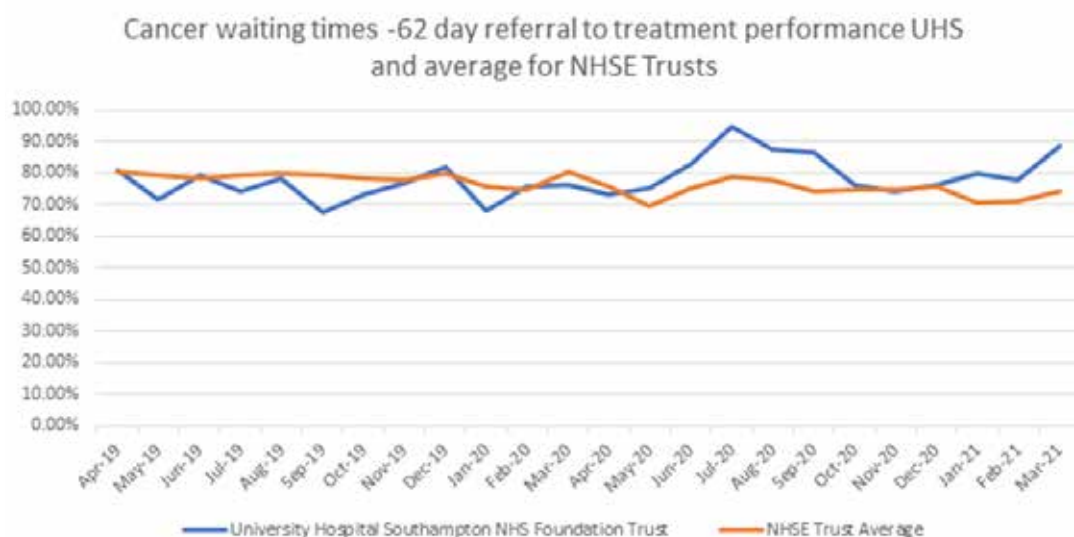
## Cancer Waiting Times

UHS has been mostly successful in maintaining the timeliness of urgent services for patients with suspected cancer through the pandemic, and our performance has been amongst the best in both the south-east and nationally.

UHS prioritised the theatre and intensive care capacity we were able to provide during the pandemic in order to meet the needs of those patients with the greatest clinical urgency, used capacity offered by independent sector hospitals to supplement that available within NHS, and operated a hub through which hospitals in Wessex were able to collaborate to continue critical cancer surgery during periods of peak COVID-19 demand.

The national target is to provide the first definitive treatment to at least 85% of patients with cancer with 62 days of referral to hospital. Whilst UHS performance remained below this level in the majority of months, our performance has been significantly better than the national average, and has improved relative to other trusts.

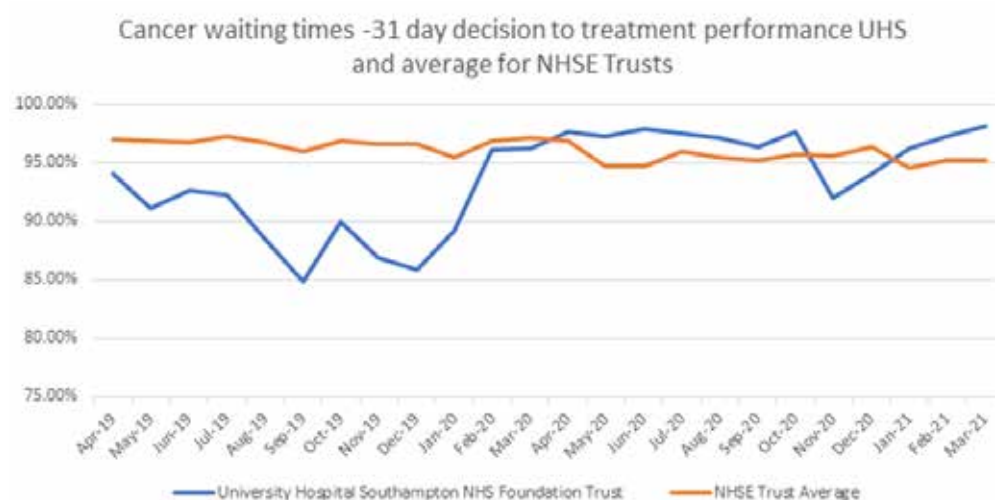
### Treatment for Cancer within 62 days of an urgent GP referral to hospital



## OVERVIEW AND PERFORMANCE

The national target is to provide the first definitive treatment to at least 96% of patients within 31 days of a decision to treat being made and agreed with the patients; both for the first and any subsequent treatments for cancer. UHS achieved this level on average across the year, and in the majority of months. The treatments provided are typically by means of surgery, chemotherapy/immunotherapy or radiotherapy. The most significant performance challenge this year has been in radiotherapy, where more sophisticated treatment plans improve patient outcomes but take longer to prepare, and there was also reduced treatment capacity whilst we replaced one of our 'Linear Accelerator' treatment machines with a new model.

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



### Equality in service delivery

Identifying and addressing health inequalities have been the central part of the Trust's approach to improving the experience of care for our patients, families and carers. Over the past year, new initiatives have augmented progress on existing work to ensure there is appropriate support, due regard and recognition of those patients and their families and carers who are most at risk of poor experiences, outcomes and access to services.

In 2020 we added two questions to our patient surveys, asking first if patients felt themselves to have a disability or require a reasonable adjustment, and, if yes, whether the Trust met this need. In 2020/21, the results were:

	Had a disability / required a reasonable adjustment	Had this need met by the Trust (positive response)
<b>TOTAL</b>	27%	95%

This question was added to our major Friends and Family Test surveys as well as our local service-specific patient surveys.

In June 2020 the Trust launched the sunflower lanyard scheme for hidden disabilities, participating in the national initiative to ensure that people whose disabilities are not visible are able to access further support and reasonable adjustments by means of a nationally recognised indicator (the sunflower). In 2020/21, 618 lanyards were issued with those needs recorded to ensure future reasonable adjustments are made for those individuals.

Carers have always been essential partners in the care that we provide, and having introduced a new post at the end of 2019 to focus solely on carer experience, this work has culminated in a Trust strategy for improving the involvement, support and experience carers have of our services. We have, over the past year, introduced carers cards, virtual peer support and carer-specific information about services while actively participating in local and regional work on carers.

In January 2021 we realised our ambition of becoming an accredited 'Veterans Aware' hospital, with our submission of evidence being recognised as 'strong' and indicative of an organisation that has made great progress in helping to provide enhanced support for the armed forces community.

Towards the end of 2019 we worked with the disability organisation AccessAble to produce accessibility guides for all of our services and estate. These online guides allow patients and visitors with disabilities to plan their journey and identify potential challenges to the environment. In 2020/21 our guides had 5,000 unique visits per month.

One of our COVID-19 initiatives, a patient support hub, was set up in May 2020 to provide a single point of support for our patients who had been advised to shield. The service has grown and now offers support to patients and carers who are vulnerable, disabled or with additional needs. This includes coordinating community transport, arranging companions to assist with attending appointments, hosting a technology library to support those who are digitally excluded in accessing virtual appointments and information, and most recently receiving funding to pilot volunteer-led support for diabetes patients.

Across the Trust, we continue to actively promote the importance of asking patients and carers about disabilities and reasonable adjustments, flagging needs on our patient administrative system to prompt our services to take proactive steps to ensure that any needs or adjustments are met on each and every visit. This has been of vital importance for meeting accessible information and communication needs.

We are currently one of first trusts to pilot a new translation app that provides immediate interpretation into different languages, and we have worked closely with our communication support partners to ensure that where virtual appointments are needed, people with communication needs (BSL, foreign language) are supported to access care virtually.

Our specialist nursing liaison teams continued to support access to services throughout the pandemic, ensuring that patients with dementia, with learning disabilities and autism, were supported to attend hospital where necessary.

Further information about the Trust's work in relation to equality, diversity and inclusion can be found on page 69 and pages 106 and 160 in the quality report.

### 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**  
28 June 2021

# ACCOUNTABILITY REPORT

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# Accountability report

## Directors' report

### Board of directors

**The board of directors is usually made up of six executive directors and seven non-executive directors, including the chair. Since 1 January 2021 the number of non-executive directors has been reduced by one as Jane Bailey's reappointment as a non-executive director was deferred to allow her to lead the Hampshire and Isle of Wight saliva mass testing programme. Jane is expected to return to the board of directors in her non-executive director role by 1 July 2021.**

Paragraph B.1.2 of the NHS foundation trust code of governance provides that at least half the board of directors, excluding the chair, should comprise non-executive directors determined by the board to be independent. Pending the reappointment of Jane Bailey as a non-executive director, the Trust has been operating with one fewer non-executive directors than is required by the Trust's constitution and the Trust has been non-compliant with this paragraph of the code. During this period the provisions of the Trust's constitution that a quorum for meetings of the board of directors requires at least one non-executive director and one executive director to be present and for the chair to have a second and casting vote in the case of an equal vote continued to apply.

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

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

The current members of the board of directors are:

Non-executive directors	
<b>Peter Hollins</b> <b>Chair</b>	<p>Peter graduated in chemistry from Hertford College, Oxford. Joining Imperial Chemical Industries in 1973, he undertook a series of increasingly senior roles in marketing and then general management.</p> <p>Following three years in the Netherlands as general manager of ICI Resins BV, in 1992 he was appointed as chief operating officer of EVC in Brussels – a joint venture between ICI and Enichem of Italy. He played a key role in the flotation of the company in 1994, before returning in 1998 to the UK as chief executive officer of British Energy where he remained until 2001. From 2001, he held various chairmanships and non-executive directorships. In 2003, he decided to return to an executive role as chief executive of the British Heart Foundation in which post he remained until retirement in March 2013. He joined Southampton University Hospital Trust as a non-executive director in 2010, became senior independent director and deputy chairman of UHS in 2014 and was appointed chair in April 2016.</p> <p><b>Trust roles:</b></p> <ul style="list-style-type: none"> <li>• Chair of remuneration and appointment committee</li> <li>• Chair of governors' nomination committee</li> </ul>
<b>Jane Bailey</b> <b>Non-executive director</b>	<p>In 1985, Jane joined the pharmaceutical company Glaxo as a management trainee, having graduated from London University with a degree in environmental science and pharmacology. Here she rose to senior commercial vice-president, gaining experience of a broad range of disease areas across different regions of the world. She specialised in leading global research and development teams in the formation of strategies to bring new medicines to patients. She also worked to ensure that the medicines developed were supported by robust evidence demonstrating their clinical and cost-effectiveness. In delivering this she gained extensive experience of leading large diverse teams across a complex global organisation.</p> <p>For five years, Jane ran her own strategy development consultancy, working across a breadth of healthcare organisations. In 2017 Jane gained an MSc in public health, with distinction, at King's College, London University. Her studies focused on how to ensure the public are engaged in development of healthcare services and how social theories can help inform effective disease prevention and management.</p> <p>Jane is a director of Wessex NHS Procurement Limited, a joint venture between the Trust and Hampshire Hospitals NHS Foundation Trust and a director of Healthwatch Portsmouth.</p> <p><b>Trust roles:</b></p> <ul style="list-style-type: none"> <li>• Deputy chair and senior independent director</li> <li>• Chair of finance and investment committee</li> <li>• Audit and risk committee member</li> <li>• Charitable funds committee member</li> <li>• People and organisational development committee member</li> <li>• Remuneration and appointment committee member</li> <li>• Wellbeing Guardian</li> </ul>



## Non-executive directors

### **Dave Bennett** **Non-executive** **director**

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

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

#### **Trust roles:**

- Chair of charitable funds committee
- Chair of finance and investment committee (from 1 January 2021)
- Audit and risk committee member (from 9 February 2021)
- Quality committee member
- Remuneration and appointment committee member
- Chair of Trust's organ donation committee



## Non-executive directors

### Cyrus Cooper Non-executive director

Cyrus Cooper is professor of rheumatology and director of the MRC Lifecourse Epidemiology Unit. He is also vice-dean of the faculty of medicine at the University of Southampton and professor of epidemiology at the Nuffield Department of Orthopaedics (rheumatology and musculoskeletal sciences, University of Oxford).

He leads an internationally competitive programme of research into the epidemiology of musculoskeletal disorders, most notably osteoporosis. His key research contributions have been:

- discovery of the developmental influences which contribute to the risk of osteoporosis and hip fracture in late adulthood
- demonstration that maternal vitamin D insufficiency is associated with sub-optimal bone mineral accrual in childhood
- characterisation of the definition and incidence rates of vertebral fractures
- leadership of large pragmatic randomised controlled trials of calcium and vitamin D supplementation in the elderly as immediate preventative strategies against hip fracture.

He is president of the International Osteoporosis Foundation, chair of the BHF Project Grants Committee, an emeritus NIHR senior investigator, a director of The Rank Prize Funds and associate editor of Osteoporosis International. He has previously served as chairman of the Scientific Advisors Committee (International Osteoporosis Foundation), the MRC Population Health Sciences Research Network and the National Osteoporosis Society of Great Britain. He has also been president of the Bone Research Society of Great Britain and has worked on numerous Department of Health, European Community and World Health Organisation committees and working groups.

Cyrus has published extensively on osteoporosis and rheumatic disorders and pioneered clinical studies on the developmental origins of peak bone mass. In 2015, he was awarded an OBE for services to medical research.

#### Trust roles:

- Quality committee member
- Remuneration and appointment committee member
- University liaison lead
- Lead non-executive director for Freedom to Speak Up

Non-executive directors	
<b>Keith Evans</b> <b>Non-executive director</b>	<p>Keith graduated in economics from Cambridge. In 1975 he joined one of the forerunner firms which now comprise PwC, qualifying as a chartered accountant in 1978.</p> <p>At PwC he undertook a number of roles in audit, consultancy and corporate finance. He was a partner for over 25 years including being the senior partner for many years at the firm's Southampton office.</p> <p>Since retirement Keith has taken on several non-executive and director roles. He is a director of Evans 7 Limited, a director of Markpro Limited, the deputy chair and non-executive director of Trakm8 plc, a director of Caswell Bay Court Management Company Limited and Caswell Bay Court Company Limited and a director of Balliol College Developments Limited. He has also been the expert witness on several major fraud cases.</p> <p><b>Trust roles:</b></p> <ul style="list-style-type: none"> <li>• Chair of audit and risk committee</li> <li>• Chair of major project oversight committee</li> <li>• Finance and investment committee member</li> <li>• People and organisational development committee member</li> <li>• Remuneration and appointment committee member</li> <li>• Lead non-executive director for emergency preparedness, resilience and response and security</li> <li>• Lead non-executive director for health and safety</li> </ul>
<b>Jane Harwood</b> <b>Non-executive director</b>	<p>Jane is a University of Southampton graduate, having completed her BSc in Biology before moving to London to complete her MSc in Applied Hydrobiology. Having completed two years of her PhD she moved out of academia to start working as an internal consultant for the Metropolitan Police (MPS).</p> <p>Her career has spanned over 30 years working in senior strategic, corporate and business planning roles for the MPS, Surrey Police and Centrex (the organisation responsible for police training). After a short spell at the Museums, Libraries and Archives Council she moved to the Metropolitan Police Authority, leading the change programme to establish the Mayor's Office for Policing and Crime and completing her MBA.</p> <p>Jane then set up her own consultancy business and worked for a number of public and private sector organisations before returning to Surrey Police as part of the chief officer team responsible for HR, finance and IT. As the collaboration programme across Surrey and Sussex police accelerated she took on the lead for People Services across the two forces and was an active member of the Police CIPD forum. She spent the last two years before retirement leading an IT and change programme across Surrey, Sussex and Thames Valley Police.</p> <p>Jane is vice-chair of the national charity Missing People and is also a trustee for the Wooden Spoon charity. Jane still operates as an independent consultant and led the resident welfare and vulnerability response within the Surrey Local Resilience Forum COVID-19 response.</p> <p><b>Trust roles:</b></p> <ul style="list-style-type: none"> <li>• Chair of people and organisational development committee</li> <li>• Charitable funds committee member (from 1 January 2021)</li> <li>• Quality committee member</li> <li>• Remuneration and appointment committee member</li> <li>• Major project oversight committee member</li> <li>• Lead non-executive director for equality and diversity</li> <li>• Wellbeing Guardian (from 1 January 2021)</li> </ul>

# ACCOUNTABILITY REPORT

## Non-executive directors

<b>Tim Peachey</b> <b>Non-executive director</b>	<p>Tim qualified as a doctor from King's College Hospital School of Medicine in 1983. For nearly 20 years, he worked as a consultant anaesthetist at the Royal Free Hospital in London, specialising in pancreatic cancer surgery, liver surgery and liver transplantation. He also developed an interest in medical leadership and management and has held positions such as clinical director, divisional director and medical director at the Royal Free.</p> <p>In 2012, Tim moved into full-time management as chief executive of Barnet and Chase Farm Hospitals NHS Trust until its acquisition by the Royal Free London NHS Foundation Trust. He then worked as the London associate medical director at the NHS Trust Development Authority before moving to Barts Health NHS Trust as improvement director and subsequently became deputy chief executive.</p> <p>In addition to his role at University Hospital Southampton, Tim is also a non-executive director and deputy chair for the Isle of Wight NHS Trust. He is a practising mediator specialising in the healthcare sector. He also consults for companies in the medical information technology industry. Tim is a director of TP-Medcon Ltd.</p> <p><b>Trust roles:</b></p> <ul style="list-style-type: none"> <li>• Deputy chair and senior independent director (from 1 January 2021)</li> <li>• Chair of quality committee</li> <li>• Audit and risk committee member</li> <li>• Major project oversight committee member</li> <li>• Remuneration and appointment committee member</li> <li>• Lead non-executive director for patient experience</li> <li>• Lead non-executive director for patient safety (including nutrition)</li> <li>• Lead non-executive director for children's services and maternity and Maternity Safety Champion</li> </ul>
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## Executive directors

<b>David French</b> <b>Chief executive officer</b>	<p>David joined the Trust in February 2016 as chief financial officer and also became deputy chief executive in 2019. He served as interim chief executive from April to September 2018 and took up that role again in November 2020 before taking on the role substantively in April 2021.</p> <p>He read economics and social policy at the University of London before joining ICI plc, where he qualified as a chartered management accountant. David has extensive healthcare experience from the pharmaceutical industry, mostly Eli Lilly and Company where he held many commercial and financial roles in the UK and overseas.</p> <p>He joined the NHS in 2010 as chief financial officer of Hampshire Hospitals NHS Foundation Trust. David is currently a director of UHS Estates Limited, a subsidiary of the Trust and a director of Southampton Commercial Estates Development Partnership (CEDP) Project Company Limited, a wholly-owned subsidiary of Southampton CEDP LPP, a joint venture between the Trust and Partnering Solutions (Southampton) Limited. David was also a director of Wessex NHS Procurement Limited, a joint venture between the Trust and Hampshire Hospitals NHS Foundation Trust, until 9 November 2020.</p>
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## ACCOUNTABILITY REPORT

### Executive directors

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

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

During 2020/21 Jenni Douglas-Todd, Paula Head and Derek Sandeman were also members of the Trust's board of directors. Jenni Douglas-Todd was a non-executive director and left the Trust on 30 September 2020, Paula Head was the chief executive and left the role on 1 November 2020 and Derek Sandeman was chief medical officer and left the role on 31 January 2021.

## The role of the board of directors

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

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

The board of directors engages with the council of governors principally through the chair and senior independent director. Non-executive and executive directors attend meetings of the council of governors and its working groups of the council of governors where these are related to their individual portfolios. There is also an open invitation to all governors to attend meetings of committees of the board of directors other than the appointment and remuneration committee. In addition, the governors and the non-executive directors meet together on a quarterly basis. The board of directors also works closely with the council of governors to ensure that the interests of patients and the local community are represented.

The board of directors has six standing committees: audit and risk committee, charitable funds committee, finance and investment committee, people and organisational development committee, quality committee and remuneration and appointment committee. The board of directors established a board operating group to ensure that decisions required were made in a timely way with appropriate support for management, which operated during the period of the COVID-19 pandemic. The board of directors also established a major project oversight committee during 2020/21 to maintain oversight of the Hampshire and Isle of Wight saliva mass testing programme given the innovative nature and potential scale of the programme. The members of each committee are also members of the board of directors.

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

## Board evaluation

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

The council of governors agrees the evaluation processes for appraising the chair and non-executive directors through the governors' nomination committee and the outcome of both processes is shared with the council of governors. The appraisal process incorporated the views of the directors and the governors. No separate meeting of the non-executive directors was held as part of the appraisal process for the chair as specified in paragraph A.4.2 of the NHS foundation trust code of governance although their feedback was provided through other means as part the formal appraisal process.

The chief executive undertook performance appraisals of the executive directors and the chief executive's performance was appraised by the chair. The chief executive reviews the training and development needs of individual executive directors as part of the appraisal process rather than the chair as specified in paragraph B.4.2 of the NHS foundation trust code of governance. The chair leads the collective training and development of the board of directors through a board development programme. The board holds approximately nine additional meetings each year to focus on board development. These meetings are not formal meetings of the board of directors and are not included in the table setting out directors' attendance at board meetings below.

The board of directors reviewed its own performance through a process of self-assessment in 2020/21. This involved individual interviews and completion of a survey, the results of which were presented to the board of directors and have been incorporated into a development plan.

Each of the committees of the board of directors has evaluated its own performance through a process of self-assessment, surveying both members and regular attendees of the committee meetings.

## Board meetings

The board of directors meets every month and at other times as necessary. Every other month part of the meeting is open to the public. During 2020/21 meetings have been held virtually using Microsoft Teams in line with national guidance on social distancing and in compliance with the Trust's own infection control measures.

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

Name	Meetings attended
<b>Jane Bailey</b> Non-executive director (until 31 December 2020) Deputy chair and Senior independent director (acting between 1 and 28 October 2020 and until 31 December 2020)	13 (13)
<b>Dave Bennett</b> Non-executive director	19 (19)
<b>Gail Byrne</b> Chief nursing officer	18 (19)
<b>Cyrus Cooper</b> Non-executive director	17 (19)
<b>Jenni Douglas-Todd</b> Non-executive director, Deputy chair and Senior independent director (until 30 September 2020)	6 (7)
<b>Keith Evans</b> Non-executive director	18 (19)
<b>David French</b> Chief financial officer and Deputy chief executive (until 1 November 2020) Interim chief executive officer (from 2 November 2020)	19 (19)
<b>Paul Grundy</b> Interim chief medical officer (from 1 February 2021)	4 (4)
<b>Steve Harris</b> Interim chief people officer (until 31 August 2020) Chief people officer (from 1 September 2020)	17 (19)
<b>Jane Harwood</b> Non-executive director (from 1 October 2020)	12 (12)
<b>Paula Head</b> Chief executive (until 1 November 2020)	5 (11)
<b>Peter Hollins</b> Chair	19 (19)
<b>Ian Howard</b> Interim chief financial officer (from 2 November 2020)	8 (8)

Name	Meetings attended
<b>Tim Peachey</b> Non-executive director Deputy chair and Senior independent director (from 1 January 2021)	18 (19)
<b>Derek Sandeman</b> Chief medical officer (until 31 January 2021)	14 (15)
<b>Joe Teape</b> Chief operating officer	18 (19)

## Audit and risk committee

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

The audit and risk committee is a committee of the board of directors responsible for overseeing, monitoring and reviewing:

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

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

The chair reports verbally to the Trust's board of directors after each meeting of the committee and the minutes of each meeting are included in the subsequent papers for board of directors' meetings. As a consequence, and due to the extensive involvement of many executive directors and non-executive directors at all of the audit and risk committee meetings, the board of directors has not requested a written annual report from the committee. Discussions at board of directors frequently identify topics for further scrutiny by the committee.

### Composition and meetings

There are three non-executive director members of the committee, all of whom are independent. The committee is chaired by Keith Evans. Further information about the chair is available on page 34. For a brief period of just over a month the Trust's audit and risk committee had less than three members as required by C.3.1 of the NHS foundation trust code of governance while an additional member for the committee was identified from among the non-executive directors. This included one meeting of the audit and risk committee, however, a quorum of two non-executive directors was present at that meeting.



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

The audit and risk committee met five times between April 2020 and March 2021, the period covered by this annual report. The table below sets out the members of the committee during this period and the number of meetings at which the non-executive director was present and in brackets the number of meetings that the non-executive director was eligible to attend.

Member	Meetings attended
Keith Evans (Chair)	5 (5)
Jane Bailey (until December 2020)	3 (3)
Dave Bennett (from February 2021)	1 (1)
Jenni Douglas-Todd (until September 2020)	2 (2)
Tim Peachey	5 (5)

## Significant issues considered by the committee

Major topics considered by the committee during the year included:

- review of the Trust's approach to risk management, including the board assurance framework (BAF) and operational risk registers;
- interim arrangements for the waiver of standing financial instructions during the coronavirus pandemic including the incorporation of these arrangements into the standing financial instructions of the Trust;
- monitoring a backlog in subject access requests and actions to reduce this and improve processes for responding to requests within the statutory timeframe;
- data quality assurance around reporting of the number of patients waiting for treatment as waiting lists increased as a result of restrictions on elective activity during the coronavirus pandemic;
- the review of the implementation of improved financial and other controls for Southampton Hospital Charity;
- the application of accounting policies (such as income recognition, finance leases and valuation of assets) and significant areas of estimation or judgement including valuation of land and buildings and receivables;
- review of the external audit plan and the potential resolution of issues relating to the Trust's ability to conduct a physical stocktake due to the COVID-19 pandemic in order to provide an unqualified (i.e. with no limitation of scope) opinion on the Trust's accounts;
- flexibility in relation to internal audit planning in response to the COVID-19 pandemic; and
- the adoption of a counter fraud strategy.

The audit and risk committee did not review the Trust's arrangement for whistleblowing or speaking up in 2020/21 as set out in paragraph C.3.8 of the NHS foundation trust code of governance. However, the Trust's Freedom to Speak Up Guardian has presented to the board of directors during 2020/21. This has been included in the annual programme for the audit and risk committee from 2021/22.

The committee updates its terms of reference and reviews its effectiveness each year.

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

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

## Internal audit

The Trust does not have an internal audit function and these services are provided by a third party provider of internal audit services, KPMG LLP, which reports to the audit and risk committee. The internal auditors, working with staff at the Trust and the audit and risk committee, develop an audit plan each year based on the Trust's vision, mission and strategy and an internal audit risk assessment of the Trust. This forms part of a strategic five year plan for internal audit. Depending on changes in the risk profile of certain areas and emerging risks, all areas of the Trust should be covered during the internal audit cycle of five years.

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

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

## External auditor

The audit and risk committee formally reviews the work of the external auditor each year and communicates this to the council of governors to ensure that it is aware of the Trust's view on the performance its external auditor. In addition, the audit and risk committee reviews the auditor's work plan for each year in advance. The current external auditor, Grant Thornton UK LLP, was appointed by the council of governors for a term of three years from 1 April 2020. This was the first time Grant Thornton UK LLP was appointed as external auditor to the Trust and the appointment was made following a tender process involving the chair of the audit and risk committee and governors of the Trust, and a recommendation from the audit and risk committee to the council of governors.

The statutory audit fee for 2020/21 was £99,600 excluding VAT, for Southampton Hospital Charity it was £12,000 excluding VAT and for each of UHS Pharmacy Limited and UHS Estates Limited it was £5,000 excluding VAT. These sums are not material to any organisation. Before considering taking on such work, the external auditor assessed whether or not there was any potential conflict of interest.

## Well-led framework

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

The Trust has established a series of management and leadership development programmes. These support the delivery of the Trust's mission and strategic objectives and an inclusive and well-led organisation that delivers safe, high quality patient care in a way that is clinically and financially sustainable. These include programmes for supervisors, team leaders, managers, clinical leaders and senior leaders. These programmes will be underpinned by the Trust's 'Always Improving' strategy which sets out the Trust's improvement approach and the resources, structures and training to deliver on this. The board of directors also participated in a series of leadership for improvement training modules, the conclusion of which was deferred due to the COVID-19 pandemic.

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

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

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

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

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

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

Areas of outstanding practice across the Trust included:

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

Further examples of outstanding practice were identified in urgent and emergency care, maternity services and medical care services.

However, the CQC did identify some areas that the Trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. These were accepted and action plans immediately drawn up to ensure full compliance. Further information regarding these action plans can be found in the quality report starting on page 95.

## Council of governors

There are 23 members of the council of governors. The council of governors is made up of 13 publicly elected governors, four staff elected governors and six appointed governors. The governors serve a three-year term of office.

Our council of governors continues to play a vital part in involving our community in the work we do. They represent our 8,000 public members (patients, carers and local people) to give them a voice at the highest level of the organisation. The council of governors' principal duties are:

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

The role and responsibilities of the Council of Governors are set out in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). These and the dispute resolution procedures have been incorporated in the Trust's constitution and the terms of reference for the council of governors, which are reviewed annually, rather than in the schedule of matters reserved for the board of directors as specified in paragraph A.1.1 of the NHS foundation trust code of governance.

The council has established a governors' nominations committee and three working groups: patient and staff experience group, strategy and finance group and membership and engagement group. In 2020/21 the council of governors was made up as follows:

Governor	Constituency	Number
Public elected governors	Southampton City	5
	New Forest, Eastleigh and Test Valley	4
	Isle of Wight	1
	Rest of England and Wales	3
Staff elected governors	Medical practitioners and dental staff	1
	Nursing and Midwifery staff	1
	Health professional/health scientist staff	1
	Non clinical and support staff	1
Appointed governors	Southampton City Clinical Commissioning Group (CCG)	1
	West Hampshire CCG	1
	Southampton City Council	1
	University of Southampton	1
	Hampshire County Council	1
	Solent University	1

In addition to the elected and appointed governors, there are two student governor representatives who attend all meetings of the council of governors from the University of Southampton and Richard Taunton Sixth Form College.

## Changes and elections to the council of governors

During 2020/21 there were a number of changes to the council of governors:

Constituency	Change
Business South	As the Trust's membership with Business South had ceased it was agreed in June 2020 that they would no longer provide an appointed governor to the council of governors and the Trust's constitution was amended to reflect this change.
Solent University	In June 2020 it was agreed that Solent University would be invited to provide an appointed governor to the council of governors and the Trust's constitution was amended to reflect this change. The newly appointed governor took office in September 2020.

## ACCOUNTABILITY REPORT

Constituency	Change
New Forest, Eastleigh and Test Valley	<p>One governor reached the end of their second term in September 2020. The newly elected governor took office from October 2020.</p> <p>One governor reached the end of their first term in September 2020 and was re-elected for a second term. The governor decided to stand down in February 2021 and it was agreed that the vacancy would be filled by the next highest polling candidate from the 2020 election who was willing to take office.</p>
Medical practitioners and dental staff	The governor for this constituency reached the end of their first term in September 2020 and decided not to stand for re-election. The newly elected governor took office from October 2020.
Health professional and health scientist staff	The governor for this constituency reached the end of their first term in September 2020 and decided not to stand for re-election. The newly elected governor took office from October 2020.
Nursing and midwifery staff	The governor for this constituency resigned in December 2020. The vacancy was filled by the next highest polling candidate from the 2019 election.
University of Southampton	The appointed governor reached the end of their second term in January 2021. The newly appointed governor took office in February 2021.
Southampton City Council	The appointed governor for Southampton City Council stood down in May 2020 and a new governor was appointed at that time.
Southampton City CCG and West Hampshire CCG	The appointed governor for each of Southampton City CCG and the West Hampshire CCG stood down on 31 March 2021 as these CCGs were part of a merger which led to the creation of Hampshire, Southampton and Isle of Wight CCG on 1 April 2021. The Trust's constitution and the membership of the council of governors was amended with effect from 1 April 2021 to include one appointed governor from Hampshire, Southampton and Isle of Wight CCG in place of the appointed governors from Southampton City CCG and West Hampshire CCG.
Student governor representative - University of Southampton	The student governor representative from the University of Southampton decided to stand down in April 2020 and a replacement was appointed in October 2020.

A governor election was held in August 2020 for one public constituency: New Forest, Eastleigh and Test Valley (two seats) and two staff constituencies: medical practitioners and dental staff and health professional and health scientist staff (one seat each). Three newly appointed governors took office from 1 October 2020 and one was re-elected.

September 2021 will bring an end to the terms of office for two elected public governors in their first term.

## Council of governors' meetings

The council of governors normally meets every quarter in public, however between April 2020 and March 2021 there were seven meetings. Each governor has declared their interests at public meetings of the council of governors.

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

Governor	Constituency	Elected/ Appointed	Term of office	Meeting Attendance
Theresa Airiemiokhale	Elected, Southampton City	October 2019	3 years	2 (7)
Elsbeth Allpress	Elected, New Forest, Eastleigh and Test Valley	October 2019	3 years	5 (7)
Katherine Barbour	Elected, Southampton City	October 2019	3 years	5 (7)
Emil Bica (until 30/09/2020)	Elected, Health Professional and Health Scientist Staff	October 2017	3 years	0 (3)
Councillor Sue Blatchford (until 19/05/2020)	Appointed, Southampton City Council	July 2019	3 years	0 (1)
Colin Bulpett	Elected, Rest of England and Wales	October 2018	3 years	5 (7)
Michelle Cowen (until 31/01/2021)	Appointed, University of Southampton	February 2018	3 years	5 (6)
Dr Nigel Dickson (from 01/10/2020)	Elected, New Forest, Eastleigh and Test Valley	October 2020	3 years	4 (4)
Helen Eggleton	Appointed, Southampton City Clinical Commissioning Group	February 2019	3 years	5 (7)
Professor Mandy Fader (from 01/02/2021)	Appointed, University of Southampton	February 2021	3 years	1 (1)
Carys Gladdish	Elected, Isle of Wight	October 2019	3 years	6 (7)
Andrew Grapes (until 30/09/2020)	Elected, New Forest, Eastleigh and Test Valley	October 2017	3 years	3 (3)
Professor Julie Hall (from 08/09/2020)	Appointed, Solent University	September 2020	3 years	2 (4)
Dr Phil Harries (from 01/10/2020)	Elected, Medical Practitioners and Dental Staff	October 2020	3 years	2 (4)
Vicki Havercroft Dixon (from 10/12/2020)	Elected, Nursing and Midwifery Staff	December 2020	1 year 10 months	3 (3)
Tony Havlin	Elected, Southampton City	October 2019	3 years	7 (7)
Harry Hellier	Elected, New Forest, Eastleigh and Test Valley	October 2019	3 years	6 (7)

## ACCOUNTABILITY REPORT

Governor	Constituency	Elected/ Appointed	Term of office	Meeting Attendance
Sara Hughes	Elected, Non-Clinical and Support Staff	October 2019	3 years	5 (7)
Max Jonas (until 30/09/2020)	Elected, Medical Practitioners and Dental Staff	October 2017	3 years	2 (3)
Kelly Lloyd (from 01/10/2020)	Elected, Health Professional and Health Scientist Staff	October 2020	3 years	3 (4)
Councillor Barrie Margetts (from 20/05/2020)	Appointed, Southampton City Council	May 2020	3 years	5 (6)
Ellen McNicholas (until 31/03/2021)	Appointed, West Hampshire Clinical Commissioning Group	October 2020	3 years	3 (7)
Reuben Pengelly (until 15/02/2021)	Elected, New Forest, Eastleigh and Test Valley	October 2020	3 years	2 (6)
Robert Purkiss MBE, Lead Governor	Elected, Rest of England and Wales	October 2019	3 years	7 (7)
Forkanul Quader	Elected, Southampton City	October 2019	2 years, 11 months	6 (7)
Elaine Tomlins (until 09/12/2020)	Elected, Nursing and Midwifery Staff	October 2019	3 years	3 (5)
Tim Waldron	Elected, Southampton City	October 2019	3 years	6 (7)
Ian Ward	Elected, Rest of England and Wales	October 2018	3 years	2 (7)
Councillor Michael White	Appointed, Hampshire County Council	June 2019	3 years	7 (7)

In 2020/21 the Council of Governors considered a number of matters including:

- Membership engagement.
- Performance of the Trust.
- Approval of an amendment to the Trust's constitution regarding the composition of the council of governors.
- Review of the draft quality account 2020/21 including quality priorities for 2021/22.
- Approval of the appointment and re-appointment of three non-executive directors.
- Approval of the appointment of a new deputy chair.
- Approval of the appraisal process for the chair and non-executive directors.
- Review of the council of governors' terms of reference.
- Approval of the annual business programme for 2021/22.



## Membership and public engagement

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

The requirement to focus on COVID-19 communications and restrictions around holding physical events meant that membership engagement slowed in the last year. Despite this, a combined annual general meeting and annual members' meeting was held on Microsoft Teams in September 2020. It included a series of COVID-19 related talks from the director of the NIHR Southampton Clinical Research Facility, our chief operating officer and one of our emergency department nurses who fell ill with the virus and was cared for by his own colleagues in intensive care.

The Trust is actively engaged with social media and the number of people following our official accounts rose over the last year across all channels. There are more than 17,700 followers on Facebook, 11,500 on LinkedIn, 15,000 on Twitter, 2,700 on Instagram and 5,500 on YouTube, which enables us to create regular two-way communication with patients, staff, clinicians and interested members of the public.

In July 2020 our COVID ZERO campaign launched, which urged staff and the wider community to keep washing their hands, walk apart and wear a mask to protect the hospital from the spread of COVID-19. The campaign was the first of its kind to be launched by a hospital trust in England and was recognised as an example of best practice by Health Minister Nadine Dorries MP.

Our public-facing Connect magazine is delivered quarterly in both digital and print formats. It includes human-interest stories and news about the Trust, while generating revenue for the organisation.

Membership levels have reduced naturally (as shown in the table below), however, work is being done around encouraging new members to join, with targeted communication to ensure the make-up of membership better reflects the population which the Trust serves. Members continue to receive a bi-monthly e-newsletter, as well as invitations to take part in surveys and focus groups tailored to their stated interests.

Public constituency members	
At year start (1 April 2020)	8,260
New members	247
Members leaving	300
At year end (31 March 2021)	8,207

## Membership analysis

As at 31 March 2021 there were 8,207 members in the following public constituencies and in the following demographic groups:

Constituency	Number of members
Southampton City	2,779
New Forest, Eastleigh and Test Valley	3,298
Rest of England and Wales	1,383
Isle of Wight	732
Out of Trust area	15

Ethnicity	Number of members
White	7,419
Mixed	47
Asian/Asian Black	254
Black/Black British	92

Age range	Number of members
16	1
17 to 21	23
22+	7,923

Gender	Number of members
Male	3,394
Female	4,748
Transgender	2
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 260 public members with no dates of birth, 334 members with no stated ethnicity and 62 members whose gender is unspecified or who prefer not to say.

As at 31 March 2021 there were 13,919 members in the following classes of the staff constituency. Information on staff demographics can be found in the staff report starting on page 65.

Constituency	Number of members
Medical practitioners and dental staff	2,283
Nursing and Midwifery staff	4,119
Health professional and health scientist staff	4,186
Non-clinical and support staff	3,331

## Engagement with board of directors

There is also an open invitation to all governors to attend meetings of committees of the board of directors other than the appointment and remuneration committee. In addition, the governors and the non-executive directors meet together on a quarterly basis. The board of directors also works closely with the council of governors to ensure that the interests of patients and the local community are represented. In the event of any disagreement between the council of governors and the board of directors, the senior independent director would be requested to lead on resolution discussions.

## Governor contact details

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

## Better Payment Practice Code

In accordance with the Better Payment Practice Code, the Trust aims to pay all valid and undisputed invoices by the later of their due date or 30 days following receipt of the invoice. The Trust's performance against this target during 2020/21 is set out below.

Governor	Number of invoices	Value of invoices (£000)
<b>Non-NHS invoices</b>		
Invoices paid during the year	148,410	454,511
Invoices paid within target	83,792	281,485
Proportion of invoices paid within target	56.5%	61.9%
<b>NHS invoices</b>		
Invoices paid during the year	6,680	37,257
Invoices paid within target	3,760	22,914
Proportion of invoices paid within target	56.3%	61.5%
<b>Total</b>		
Invoices paid during the year	155,090	491,768
Invoices paid within target	87,552	304,399
Proportion of invoices paid within target	56.5%	61.9%

The Trust is seeking to improve its performance against the target for payment of invoices following the introduction of a new system to process invoices, which should lead to improvement in the speed of payment of invoices once implemented effectively. Very few of the Trust's suppliers are smaller suppliers and the Trust makes every effort to expedite all payments to smaller suppliers. The Trust has not incurred any liability to pay interest by virtue of failing to pay invoices within the target.

## Non-NHS income

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

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

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

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

The accounts must provide a true and fair view and comply with International Financial Reporting Standards and the requirements set out in the NHS foundation trust annual reporting manual 2020/21. In preparing the annual report and accounts, the directors are required to:

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

The board of directors has reviewed the annual report and accounts, having taken into account all the matters considered by and brought to the attention of the board of directors during the financial year. The board of directors considers that taken as a whole the annual report and accounts are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. In the case of persons who are directors as at the date when this report is approved:

- so far as each of the directors is aware, there is no relevant audit information of which the Trust's auditor is unaware; and
- each of the directors has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information. This confirmation is given and should be interpreted in accordance with section 418 of the Companies Act 2006.

# Remuneration report

## Annual statement on remuneration from the chair

The key decisions taken by the remuneration and appointment committee of the board of directors during 2020/21 were:

- in line with the annual pay increase recommendation for very senior managers from NHS England and NHS Improvement, the award of a 1.03% pay rise to all the executive directors with effect from 1 April 2020;
- the remuneration for interim appointees to the chief executive officer, chief financial officer and chief medical officer roles;
- seeking the opinion of NHS England and NHS Improvement to proposed salaries for the chief executive officer and chief medical officer roles in advance of appointment to those roles;
- the salary for the chief people officer role following a permanent appointment to that role; and
- an increase in the salary for the chief nursing officer role following a benchmarking exercise, consideration of gender pay equality and an expansion of the portfolio of the role undertaken in line with NHS England and NHS Improvement pay framework and associated controls.

## Senior managers' remuneration policy

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

Basic pay	Set at the point of recruitment and reviewed using the NHS England and NHS Improvement pay framework. Recruiting and retaining highly skilled and high performing senior managers is vital to the delivery of the Trust's objectives. Benchmarking of salaries includes consideration of other similar large acute teaching trusts to ensure that salary levels are competitive and represent value for money, including scrutiny of any salaries above £150,000.  The performance of senior managers is reviewed annually using a Trust-wide appraisal process. The remuneration and appointment committee may choose not to reflect annual pay increases recommended nationally in executive director pay where performance of an individual is unsatisfactory.
Clinical Excellence Awards	Appointments to the chief medical officer role remain on the national consultant contract, which includes national and local clinical excellence awards. This is supplemented by a management allowance approved by the remuneration and appointment committee to make up the basic pay for the chief medical officer role.
Other	The Trust does not operate any level of performance-related pay for its senior managers.

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

## Non-executive director remuneration policy

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

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

The policy set out in the table above is based on the framework for remuneration for chairs and non-executive directors published by NHS England and NHS Improvement in September 2019. For non-executive directors appointed prior to the introduction of the new framework, the council of governors agreed that existing arrangements would continue to operate until the end of the non-executive directors' current term.

## Policy on payment 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;
- no links to performance; with the exception of a termination connected to gross misconduct, where dismissal may be without provision of notice.

During 2020/21 the cap for public sector exit payments introduced in November 2020 through the Public Sector Exit Payment Regulations 2020 was revoked.

### Employment conditions elsewhere in the Trust

The remuneration and appointment committee reviews executive director salaries on an annual basis; taking 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.

The remuneration policy for senior managers is consistent with the rest of the workforce. It is broadly based on the principles of job role responsibility and considers market rates. It was therefore not considered necessary to consult with employees when preparing the senior managers' remuneration policy. The Trust uses the NHS Improvement benchmarking information as its primary guide.

### Equality, diversity and inclusion

The remuneration and appointment committee reflects the Trust's commitment to creating a diverse and inclusive environment in its terms of reference and considers issues of equality and diversity when evaluating and setting remuneration, particularly in relation to gender and ethnicity. There is more information about equality, diversity and inclusion on page 69.

## Annual report on remuneration

### Remuneration and appointment committee

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

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

The chief people officer attends all meetings to advise the committee. The chief executive officer also advises the committee on the performance of executive directors other than the chief executive officer. The associate director of corporate affairs attends meetings to advise on governance requirements and to record the proceedings of the committee. No attendee is present when the committee is dealing with matters concerning their appointment or removal, remuneration or terms of service.

The remuneration and appointment committee met ten times between April 2020 and March 2021, the period covered by this annual report. The table below sets out the members of the committee during this period and the number of meetings at which each director was present and in brackets the number of meetings that the director was eligible to attend.

Member	Meetings attended
Peter Hollins (Chair)	10 (10)
Jane Bailey (until December 2020) aid within target	7 (7)
Dave Bennett	10 (10)
Cyrus Cooper	9 (10)
Jenni Douglas-Todd (until September 2020)	3 (4)
Keith Evans	9 (10)
David French	0 (1)
Jane Harwood (from October 2020)	6 (6)
Paula Head	2 (2)
Tim Peachey	10 (10)

## Governors' nomination committee

The governors' nomination committee is a committee established by the council of governors responsible for advising and/or making recommendations to the council of governors on:

- the appointment and reappointment of the chair and non-executive director positions on the board of directors;
- the remuneration, allowances and other terms and conditions of the chair and non-executive directors;
- the evaluation of the performance of the chair and non-executive directors; and
- the approval of the appointment of the chief executive officer by the remuneration and appointment committee.

The membership of the committee consists of the chair and three governors appointed by the council of governors, at least two of whom will be governors elected by the members of the public or staff constituency and at least one of whom will be a governor elected by the members of the public constituency. The lead governor is invited to attend all meetings of the committee. The chair does not attend any part of the meeting when the chair's reappointment or remuneration are considered. For discussion of these matters, the committee will be chaired by the senior independent director and deputy chair or another non-executive director.

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

The governors' nomination committee met on three occasions between April 2020 and March 2021, the period covered by this annual report. The table below sets out the members of the committee during this period and the number of meetings at which each was present and in brackets the number of meetings that the member was eligible to attend.



## ACCOUNTABILITY REPORT

Member	Meetings attended
Peter Hollins (Chair)	3 (3)
Helen Eggleton	3 (3)
Vicki Havercroft Dixon (from December 2020)	1 (1)
Harry Hellier	3 (3)
Max Jonas (until September 2020)	1 (1)

During 2020/21 the governors' nomination committee made recommendations to the council of governors relating to:

- the appointment of a non-executive director to fill a vacancy that had arisen on the board of directors;
- the reappointment of two non-executive directors for a second three year term;
- the appointment of the deputy chair and consultation with the council of governors on the appointment of the senior independent director by the board of directors;
- the review of the appraisal process for the chair and non-executive directors; and
- the proposed appointment of an associate non-executive director.

The appointment process followed the policy agreed with the council of governors. This considered the board of directors' view of the skills, qualifications and experience of its members and any gaps required to be filled. Candidates were identified in a number of ways using an external search agency. The shortlisted candidates attended a formal interview panel before the appointment was made.

## Senior managers' remuneration (subject to audit)

2020/21						
Name and title	Salary and fees	Taxable benefits	Annual performance-related bonus	Long-term performance-related bonus	All pension-related benefits	Total
	£000, bands of £5k	£, to the nearest £100	£000, bands of £5k	£000, bands of £5k	£000, bands of £2.5k	£000, bands of £5k
Jane Bailey Non-executive director	10-15	0	0	0	0	10-15
Dave Bennett Non-executive director	10-15	0	0	0	0	10-15
Gail Byrne Chief nursing officer	165-170	0	0	0	187.5-190	355-360
Cyrus Cooper Non-executive director	10-15	0	0	0	0	10-15
Jenni Douglas-Todd Non-executive director	5-10	0	0	0	0	5-10
Keith Evans Non-executive director	15-20	0	0	0	0	15-20
David French Chief executive officer	200-205	0	0	0	90-92.5	290-295
Paul Grundy Chief medical officer	35-40	0	0	0	50-52.5	85-90
Steve Harris Chief people officer	75-80	0	0	0	82.5-85	160-165
Jane Harwood Non-executive director	5-10	0	0	0	0	5-10
Paula Head Chief executive	155-160	0	0	0	65-67.5	220-225
Peter Hollins Chair	45-50	0	0	0	0	45-50
Ian Howard Interim chief financial officer	50-55	0	0	0	40-42.5	95-100
Tim Peachey Non-executive director	15-20	0	0	0	0	15-20
Derek Sandeman Chief medical officer	175-180	0	0	0	655-657.50	830-835
Joe Teape Chief operating officer	180-185	0	0	0	0	180-185

# ACCOUNTABILITY REPORT

2019/20						
Name and title	Salary and fees	Taxable benefits	Annual performance-related bonus	Long-term performance-related bonus	All pension-related benefits	Total
	£000, bands of £5k	£, to the nearest £100	£000, bands of £5k	£000, bands of £5k	£000, bands of £2.5k	£000, bands of £5k
Jane Bailey Non-executive director	10-15	0	0	0	0	10-15
Dave Bennett Non-executive director	5-10	0	0	0	0	5-10
Gail Byrne Chief nursing officer	145-150	0	0	0	25-27.5	170-175
Cyrus Cooper Non-executive director	10-15	0	0	0	0	10-15
Jenni Douglas-Todd Non-executive director	10-15	0	0	0	0	10-15
Keith Evans Non-executive director	0-5	0	0	0	0	0-5
David French Chief executive officer	185-190	0	0	0	35-37.5	225-230
Paul Grundy Chief medical officer	n/a	n/a	n/a	n/a	n/a	n/a
Steve Harris Chief people officer	30-35	0	0	0	50-52.5	80-85
Jane Harwood Non-executive director	n/a	n/a	n/a	n/a	n/a	n/a
Paula Head Chief executive	230-235	0	0	0	47.5-50	280-285
Peter Hollins Chair	45-50	0	0	0	0	45-50
Ian Howard Interim chief financial officer	n/a	n/a	n/a	n/a	n/a	n/a
Tim Peachey Non-executive director	5-10	0	0	0	0	5-10
Derek Sandeman Chief medical officer	205-210	0	0	0	15-17.5	220-225
Joe Teape Chief operating officer	60-65	0	0	0	0	60-65

## Notes

1. Jane Bailey's reappointment as a non-executive director was deferred from 1 January 2021 to 1 July 2021 during which period Jane led the Hampshire and Isle of Wight saliva mass testing programme, a role for which Jane was separately remunerated by the Trust.
2. Dave Bennett was appointed as a non-executive director from 15 July 2019.
3. Jenni Douglas-Todd left the Trust on 30 September 2020.
4. Keith Evans was appointed as a non-executive director from 1 February 2020.
5. David French was the chief financial officer of the Trust until 1 November 2020 and was appointed as interim chief executive officer from 2 November 2020. David was appointed as chief executive officer on 27 April 2021.
6. Paul Grundy was appointed as interim chief medical officer from 1 February 2021. Paul was appointed as chief medical officer on 17 May 2021.
7. Steve Harris was appointed as interim chief people officer from 1 February 2020 and as chief people officer from 1 September 2020.
8. Jane Harwood was appointed as a non-executive director from 1 October 2020.
9. Paula Head left the role of chief executive on 1 November 2020 to take up a position on secondment with The King's Fund.
10. Ian Howard was appointed as interim chief financial officer from 2 November 2020.
11. Tim Peachey was appointed as a non-executive director from 1 October 2019.
12. Derek Sandeman left the role of chief medical officer on 31 January 2021.
13. Joe Teape was appointed as chief operating officer from 2 December 2019. Joe Teape has opted out of the NHS Pension Scheme.

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 benefits accruing to the individual.

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

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2021	Lump sum at pension age related to accrued pension at 31 March 2021	Cash Equivalent Transfer Value at 1 April 2020	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer value at 31 March 2021	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	7.5-10	27.5-30	65-70	200-205	1,377	236	1,660	0
David French Chief executive officer	5-7.5	0-2.5	40-45	0-5	462	62	559	0
Paul Grundy Chief medical officer	0-2.5	0-2.5	50-55	110-115	918	0	1,001	0
Steve Harris Chief people officer	2.5-5	2.5-5	25-30	45-50	301	22	373	0
Paula Head Chief executive	2.5-5	0-2.5	70-75	180-185	1,490	31	1,626	0
Ian Howard Interim chief financial officer	0-2.5	0-2.5	15-20	0-5	133	0	161	0
Derek Sandeman Chief medical officer	22.5-25	72.5-75	105-110	325-330	0	0	0	0

### Notes

- As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions for non-executive directors.
- David French was the chief financial officer of the Trust until 1 November 2020 and was appointed as interim chief executive officer from 2 November 2020. David was appointed as chief executive officer on 27 April 2021.
- Paul Grundy was appointed as interim chief medical officer from 1 February 2021. Paul was appointed as chief medical officer on 17 May 2021.
- Steve Harris was appointed as chief people officer from 1 September 2020.
- Paula Head left the role of chief executive on 1 November 2020 to take up a position on secondment with The King's Fund.
- Ian Howard was appointed as interim chief financial officer from 2 November 2020.
- Derek Sandeman left the role of chief medical officer on 31 January 2021.
- Joe Teape has opted out of the NHS Pension Scheme.
- No Cash Equivalent Transfer Value (CETV) will be shown for senior managers over the Normal Pension Age, age 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.
- The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement.

## Median remuneration

The Trust is required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the workforce.

The banded remuneration of the highest paid director in the Trust in the financial year 2020/21 as shown in the senior managers' remuneration table above was £200-£205k (2019/20, £230-235k). This was 6.4 times (2019/20, 7.6) the median remuneration of the workforce, which was £31.7k (2019-20, £30.5k).

In 2020/21, 11 (2019/20, 0) employees received remuneration in excess of the highest paid director. Remuneration ranged from £17.4k to £265-270k (2019/20, £17.6k to £230-235k).

Total remuneration includes salary, non-consolidated performance-related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer of pensions.

There was a change in the highest paid director in 2020/21 following the appointment of the interim chief executive officer, which has led to the reduction in the ratio to the median remuneration. The 11 employees who received remuneration in excess of the highest paid director were senior clinicians who are in receipt of clinical excellence awards and the former chief executive who was a member of the board of directors for part of the year prior to a secondment.

## 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 appointment	Current term of office ends
Jane Bailey	Non-executive director Senior independent director/deputy chair	1 January 2018 28 October 2020 (acting from 1 October 2020)	31 December 2020
Dave Bennett	Non-executive director	15 July 2019	14 July 2022
Gail Byrne	Chief nursing officer	1 October 2015	Not applicable
Cyrus Cooper	Non-executive director	1 January 2018	31 December 2023
Jenni Douglas-Todd	Non-executive director Senior independent director/deputy chair	1 April 2016 1 January 2020	Left the Trust on 30 September 2020
Keith Evans	Non-executive director	1 February 2020	31 January 2023
David French	Chief financial officer Interim chief executive officer	3 February 2016 2 November 2020	Not applicable
Paul Grundy	Interim chief medical officer	1 February 2021	Not applicable
Steve Harris	Chief people officer	1 September 2020	Not applicable
Jane Harwood	Non-executive director	1 October 2020	30 September 2023
Paula Head	Chief executive	3 September 2019	Left the role on 1 November 2020
Peter Hollins	Chair	1 April 2016	31 March 2022
Ian Howard	Interim chief financial officer	2 November 2020	Not applicable
Tim Peachey	Non-executive director Senior independent director/deputy chair	1 October 2019 1 January 2021	30 September 2022
Derek Sandeman	Chief medical officer	1 June 2015	Left the role on 31 January 2021
Joe Teape	Chief operating officer	2 December 2019	Not applicable

## Notes

1. Jane Bailey was reappointed as a non-executive director for a second three year term to commence no later than 1 July 2021. Her appointment as senior independent director and deputy chair will resume on the same date.
2. David French was appointed as chief executive officer on 27 April 2021.
3. Paul Grundy was appointed as chief medical officer on 17 May 2021.

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

There have been no payments made to senior managers for loss of office during 2020/21.

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

There have been no payments during 2020/21 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.

## Directors' and governors' expenses

Directors	2020/21	2019/20
No of directors who held office	16	17
Number of directors who received expenses	2	8
Aggregate amount of expenses paid	£173	£4,031
Governors	2020/21	2019/20
No of governors who held office	29	30
Number of governors who received expenses	0	3
Aggregate amount of expenses paid	£0	£554



**David French**  
**Chief Executive Officer**  
 28 June 2021



# Staff report

## Staff numbers (subject to audit) and turnover

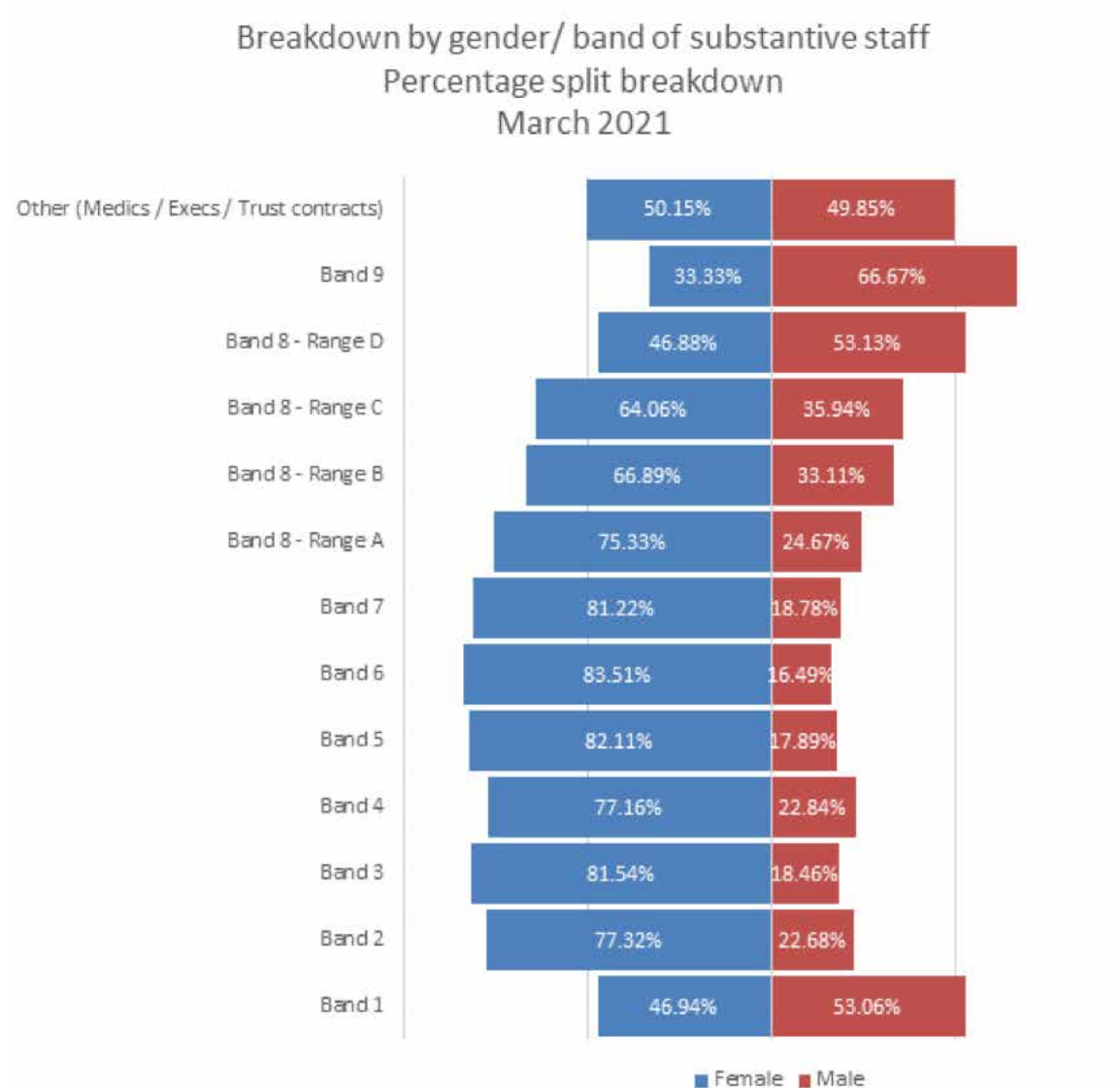
Average number of staff employed during 2020/21 (whole time equivalent (WTE) basis)

Staff Group	Permanently employed staff	Other staff	Total
Medical and dental	1,727	59	1,786
Ambulance staff	13	0	13
Administration and estates	2,242	189	2,431
Healthcare assistants and other support staff	1,754	155	1,909
Nursing, midwifery and health visiting staff	3,288	305	3,593
Scientific, therapeutic and technical staff	1,214	28	1,242
Healthcare science staff	213	13	226
<b>Grand total</b>	<b>10,451</b>	<b>749</b>	<b>11,200</b>

The numbers in each of the staffing groups are as expected for a teaching hospital with research trial functions. The largest groups of staff are nursing, midwifery and health visiting staff (including research staff); healthcare assistants and other support staff; administration and estates staff (including support functions such as estates, digital services, analysts and senior managers) and medical and dental staff. Bank and fixed term contracts are part of a deliberate strategy to offset more expensive agency staff.

## Staff gender breakdown

The gender breakdown for staff on 31 March 2021 is set out below. The board of directors was 82% male and 18% female on 31 March 2021.

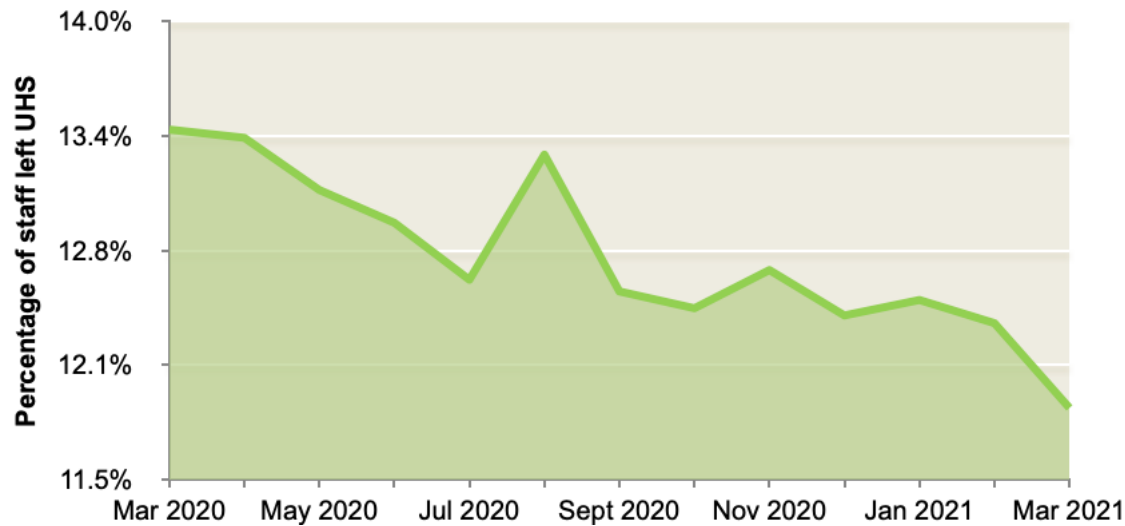


N.B.

Percentage are calculated by total staff: 13,059 / total females: 9737 = 75%

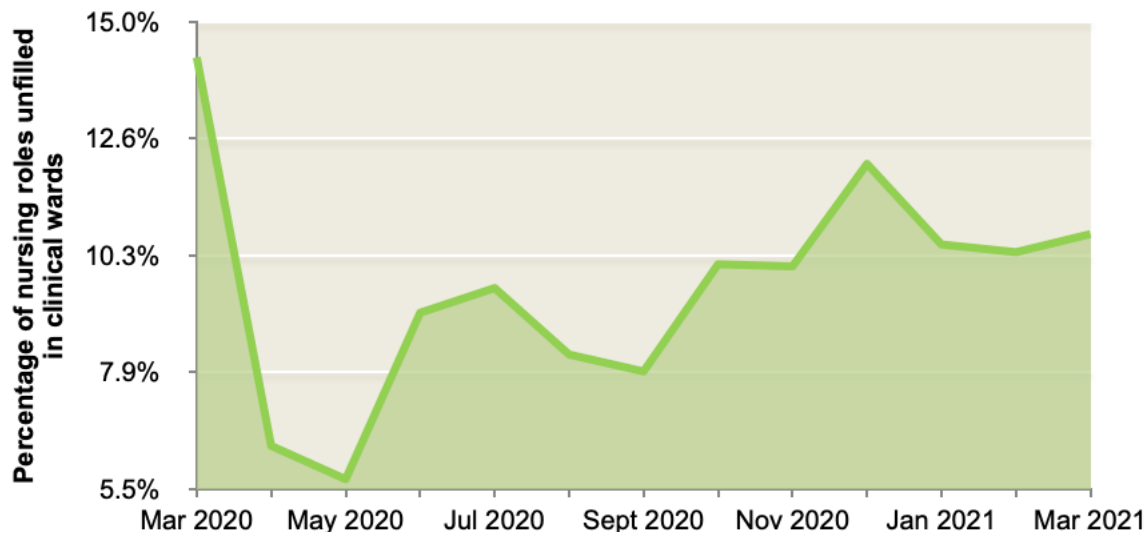
Percentage are calculated by total staff: 13,059 / total males: 3322, 25%

## Staff turnover during 2020/21



Turnover rates have dropped steadily to historically low levels, which has been attributed to the impact of COVID-19 depressing the movement of staff between trusts. The spike from July to August 2020 was primarily due to students who had been working as staff moving out of clinical areas and returning to their courses.

## Nursing (clinical wards) vacancies 2020/21



Nursing vacancies dramatically reduced between March and May 2020 as extra staff were found to deal with the first COVID-19 surge, which included students, research staff, retirees who returned temporarily to assist and non-clinical health staff who returned to ward areas. In addition, overseas nurses continued to be recruited during this period. Since these groups have returned to normal life and working vacancies have climbed, although they have improved compared with the position before the COVID-19 pandemic. This is largely due to the impact of overseas nurses arriving at UHS during the year. Monthly reviews together with adjustments of budgets have also impacted on these vacancy rates.

## Staff costs (subject to audit)

	Permanently employed staff £000	Other staff £000
Salaries and wages	448,284	0
Social security costs	45,253	0
Apprenticeship levy	1,989	0
Pension cost – employer contributions to NHS pension scheme	52,837	0
Pension cost – employer contributions paid by NHS England on behalf of the Trust	23,022	0
Pension cost - other	68	0
Other post-employment benefits	0	0
Other employment benefits	0	0
Termination benefits	0	0
Temporary staff – external bank	0	35,348
Temporary staff – agency/contract staff	0	10,140
<b>Total gross staff costs</b>	<b>571,483</b>	<b>45,488</b>
Recoveries from DHSC group bodies in respect of staff cost netted off expenditure	13,856	0
Recoveries from other bodies in respect of staff cost netted off expenditure	0	0
<b>Total staff costs</b>	<b>557,597</b>	<b>45,488</b>
<b>Total staff and executive director costs (excluding capitalised costs)</b>	<b>551,484</b>	<b>45,488</b>

## Equality, diversity and inclusion

UHS is wholly committed to creating a diverse and inclusive environment. We see it as vital to our future success as a leading organisation in which our people and patients thrive. The Trust has due regard to achieving the general duties set out in the Equality Act 2010 to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share protected characteristics and those who do not.
- Foster good relations between people who share protected characteristics and those who do not.

We have set high standards with regard to diversity and inclusion, and recognise that we have not yet achieved these standards in all aspects of our people practices and in the delivery of patient care. We remain committed to our equality, diversity and inclusion (EDI) strategy with the following four goals:

- Understanding our local population and reducing health inequalities
- Measuring, monitoring and improving patient experience
- Building inclusive leadership and talent
- Delivering a representative workforce.

The strategy is underpinned by action plans that have been co-produced with our staff networks based on our workforce race equality standards (WRES) and workforce disability equality standards (WDES) data and the lived experiences of these staff groups throughout the COVID-19 pandemic.

Control measures are in place to ensure that the Trust complies with all relevant equality, diversity and human rights legislation and has the following staff networks to support its approach:

- Black, Asian and minority ethnic (BAME) staff, also called One Voice Staff Network
- Long-term illness and disability group (LID)
- Lesbian, gay, bisexual and transgender (LGBT+)

Staff networks play an integral part in the Trust achieving compliance with all relevant equality, diversity and human rights legislation. They create an environment for staff from diverse backgrounds to seek support and have a voice. They provide for two-way organisational consultation, that is from staff to management and vice versa whilst championing the EDI agenda from the perspective of their identified characteristic. They particularly came into their own during the COVID-19 pandemic, and continue to work collaboratively with senior managers to offer challenge and develop solutions.

Additionally the opportunity for inclusion in Trust decision-making has improved as representatives from all networks have a standing invitation to all staff related management and board meetings, ensuring they have a respective voice on staff related matters. It is important to continue to develop those representatives so that they are confident in fully participating in such meetings and being heard to help drive change. UHS has commissioned a staff network leads development programme to support and develop network leads as they champion their respective protected characteristics.

Key equality areas that UHS focused on are as follows:

### Race

In the final quarter of 2020/21, the Trust had 15% BAME representation on the board of directors and 19% in the wider UHS workforce which reflects the local BAME community. Whilst there have been improvements in staff perception around equal opportunities for promotion and career progression, it does remain lower for BAME staff. Additionally, BAME staff members continue to report higher incidences of bullying, harassment and discrimination than their white counterparts. Appropriate governance arrangements are in place to monitor the co-designed action plan to address racial inequality within the workforce.

## Disability

Disability remains another key issue at UHS. The staff survey results continue to indicate that staff declaring a disability perceive a poor experience working at UHS. However, with the implementation of a successful risk assessment process during the pandemic, UHS saw its self-declaration rates for staff with disabilities and long-term illnesses rise from 3% in 2019 to 15% in 2020. This has been acknowledged as exemplary practice nationally. Now that we have increased knowledge about this staff group we can take more targeted action as we drive our culture of belonging. There have been a range of actions taken to support this staff group, particularly during the pandemic, whilst the access group continues to identify and prioritise estates-related access issues. UHS renewed its status as a Disability Confident Employer.

## Lesbian, gay, transgender, bisexual (LGBT+)

The Trust has an online LGBT+ network which provides peer support for LGBT+ colleagues and provides a voice for LGBT+ issues within the Trust. The network is preparing to reinstate a physical network in coming months and is working with an external consultant as part of the staff network leads development programme to facilitate this successfully. A transgender staff policy has recently been approved.

## Faith

UHS has an established multi-faith chaplaincy team with chaplains from Christian denominations and Muslim and humanist chaplains. The current head of service is Muslim which has brought about a new perspective as this role has traditionally been held by those of Christian faiths. The team have played a significant role in providing support to staff and patients throughout the COVID-19 pandemic, especially through the deaths of colleagues.

## Governance and oversight

The chief people officer chairs the Trust's equality, diversity and inclusion steering group which reports to the trust executive committee (TEC). The steering group has representation from the network groups, Trust management and clinical divisions. Both TEC and the board of directors receive reports on progress on EDI at regular intervals. More recently divisions and care group management boards have begun receiving detailed EDI related data. The HR business partners and managers are supported by the head of EDI to understand that data and develop appropriate actions.

The Trust publishes on its public website a range of equality diversity and inclusion information, including its annual workforce profile, WRES, WDES and gender pay gap reporting:

[www.uhs.nhs.uk/AboutTheTrust/PlansPoliciesAndStrategies/EqualityAndDiversity/Equality-reports.aspx](http://www.uhs.nhs.uk/AboutTheTrust/PlansPoliciesAndStrategies/EqualityAndDiversity/Equality-reports.aspx)

## Gender pay gaps

As far as the gender pay gap is concerned, control measures are in place to ensure that the Trust complies with all relevant equality, diversity and human rights legislation. These measures are:

- board of directors approval of key policies relating to these issues
- the people and organisational development committee
- the equality, diversity and inclusion steering group
- the Trust executive committee
- Patient experience group
- Learning disability group
- Dementia group
- Updates to the clinical commission groups (CCGs)
- Updates to NHS England and NHS Improvement

The Trust's gender pay gap report can be found on its website <https://www.uhs.nhs.uk/AboutTheTrust/PlansPoliciesAndStrategies/EqualityAndDiversity/Equality-reports.aspx> 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.

### Equality impact assessment

The Trust continues work on integrating equality impact assessments (EIA) in its core business processes and decision-making. Training is available to all service managers and key staff on how to undertake EIAs. The Trust's universal report template has been revised and a more streamlined recording and publishing process is being developed.

### Protecting our staff from violence and aggression

Significant progress has been taken to protect our staff. The Trust's board of directors is fully supportive of our new violence and aggression policy that supports the refusal of treatment (red/yellow card system) in circumstances where a patient (with capacity) repeatedly fails to abide by the expected behaviours. An 'Actionable Allyship' learning programme is being developed to support staff in confidently initiating the policy and acting appropriately in the moment where violence, aggression or discrimination is witnessed or experienced. Violence and Aggression Ambassadors are also being introduced in the emergency department where levels of violence and aggression are highest, with a view to rolling out learning across the Trust. Additionally, a review of how data is recorded is underway to shape a more supportive reporting experience and provide for better data in relation to incidents so that targeted interventions can be developed. Finally, the Trust has established a working relationship with Hampshire Police to pursue the reporting and conviction of hate crimes and violence and aggression against staff.

### Developing an inclusive culture

UHS is committed to developing a culture of inclusion and belonging. The Trust's board of directors are receiving an 'Actionable Allyship' programme as the first phase of the wider Trust-wide programme. This programme will encourage confidence to have positive discussions around all aspects of inclusion and belonging; and to challenge microaggressions and inequality in the moment. Senior leaders are using social media platforms to demonstrate their support for the EDI agenda. The recruitment and selection training materials were reviewed from an EDI perspective to support creating a fairer recruitment and selection process and as a result a revised shortlisting process has just been approved. The board mentoring programme is underway affording an opportunity to explore the issues/barriers that staff with protected characteristics face whilst also providing them with insight into senior leadership roles and how to achieve such positions.

During 2020/21 UHS launched its third inclusive leadership programme and participants have reported positive feedback as they initiate their action learning/live projects to improve a culture of inclusion whilst nurturing talent and creating opportunities for underrepresented staff groups.

### Wellbeing

A range of wellbeing initiatives have been put in place, working alongside the networks to ensure that we are meeting needs of identified groups as well as possible i.e. shielding staff listening groups, wellbeing conversations, encouraging members to become TRiM (Trauma Risk Management) and Safe Space Practitioners. In addition 16 new TRiM Practitioners have been recruited and are actively responding to traumatic incidents, often raised through our incident reporting process. An action learning set from the inclusive leadership programme developing an inclusive induction programme to support onboarding of staff predominantly from ethnic minority backgrounds. We continue to support and respond to BAME and LID staff's COVID-19 concerns as we move through various phases of the pandemic.

## Staff health and wellbeing

The health and wellbeing of our staff has always been a priority, however, the COVID-19 pandemic has brought this even more sharply into focus. A non-executive director has been selected to act as a wellbeing guardian supporting UHS to prioritise the wellbeing of staff.

A range of interventions have been developed to support staff with their wellbeing including embedding wellbeing conversations across the Trust, both in and outside of the appraisal process, creating time and space for staff to discuss their emotional wellbeing with their manager. We have provided access to a multitude of apps on healthy lifestyles, mindfulness, sleep, exercise and we have introduced mindfulness and self-compassion programmes. We have invested significantly in the permanent provision of psychological support services including team reflective sessions and one-to-one sessions.

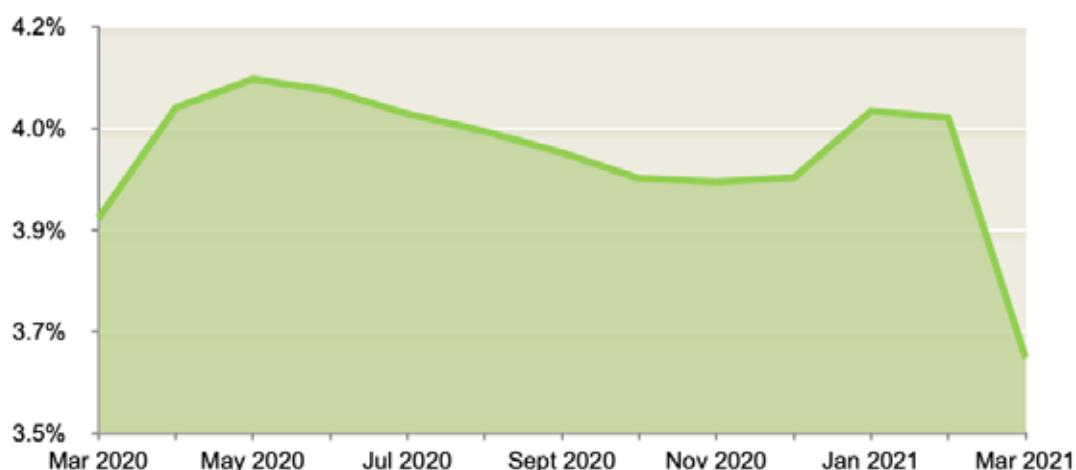
During the year, we have introduced additional support for staff who have experienced trauma. Sixteen individuals have been developed to provide support to colleagues using the Trauma Risk Management (TRiM) methodology. UHS appreciates that COVID-19 has impacted all of our staff in different ways and as such we are creating a variety of wellbeing pathways whereby staff can manage the healing process by accessing resources and interventions that suit them.

Our established occupational health function has supported programmes of activity around assessments, testing and vaccinations during the COVID-19 pandemic, prioritising the safety of our staff. Occupational health offer a range of support services including 24-hour employee assistance programme providing emergency health and wellbeing advice and support.

Staff absence is managed robustly by line managers, in partnership with human resources and occupational health. Our sickness absence levels compare favourably to other NHS trusts. Review meetings are held if and when attendance levels fall in order to discuss how we can support the individual.

Sickness absence rates increased at the point of the first UK lockdown in March 2020. Sickness absence has dropped dramatically between February and March 2021.

### Sickness absence during 2020/21





The Trust has well-established governance processes for the management of health and safety. The corporate health and safety committee reports to the trust executive committee and its work is supported by a health and safety team. The corporate health and safety committee is chaired by the chief nursing officer.

During 2020/21 the health and safety team supported the overall Trust response to the COVID-19 pandemic, in particular training staff returning to practice or changing roles, with the mask fit testing service and reviewing health and safety arrangements in temporary treatment areas including those in facilities outside the Trust. The review of incidents continued during this period although changes were made to staff training and local health and safety audits had to be suspended during the period of the pandemic. Key areas of focus continue to be the management and reduction of violence and aggression towards staff, the use of sharps safety devices and moving and handling training and use of equipment to prevent injuries to staff.

## Staff engagement

Throughout 2020/21, the Trust has continued to increase its focus on communicating with staff and staff engagement. Engagement levels have remained consistently good in the staff survey ratings (see page 74).

Mechanisms in place at UHS include the annual staff survey and quarterly friends and family tests, as well as exit surveys for staff leaving the organisation. Departments and care groups also undertake local pulse surveys as appropriate. During the COVID-19 pandemic, UHS have also undertaken additional central surveying around specific items, such as working from home. All feedback is reviewed and used to identify specific areas for improvement, with staff re-surveyed as appropriate.

During 2020/21, the Trust has developed a number of additional communication channels with staff, such as the 'bite-sized briefing', which was provided daily during the height of the pandemic, and reduced to twice weekly issues when information needed to be updated less frequently. UHS has also increased executive briefing videos and regular executive updates, providing information to all staff from the executive team.

The chief operating officer conducted two reviews of the effectiveness of the Trust's response to the COVID-19 pandemic; one following each wave. An operational review was also undertaken using an external organisational development consultant in October 2020. These exercises, listening to our people, provided rich detail, the learning from which was incorporated into an executive action plan. The actions focused on increased leadership visibility, greater engagement with specific groups including allied health professionals and celebrating successes through the 'We are UHS' campaign.

The chief executive officer launched a series of sessions speaking to staff in all areas and at all levels of the organisation. The 'Talk to David' sessions were well attended, focused on getting feedback from staff and helped shape the themes in the Trust's new corporate strategy.

The Trust has a highly productive relationship with its staff side representatives. The monthly staff partnership forum, co-chaired by the chief people officer and the chair of the joint staff side council (JSSC), is a vehicle for formal information sharing and consultation. This has wide representation from across the Trust. It has a rolling programme with key speakers and items for discussion and is well received by trade union colleagues. The Trust also meets monthly with the medical staff side body, the local consultation and negotiation committee (LCNC). This forum is used to consult on and discuss key issues relevant to the medical workforce. Both forums receive updates on and consider key strategic issues for the Trust including quality, performance and financial management.

## Staff survey

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. In 2020/21, in recognition of the impact of the COVID-19 pandemic, questions around the quality of appraisals were not asked. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2020/21 survey among trust staff was 50.1% (2019/20: 51.5%). Scores for each indicator together with that of the survey benchmarking group (acute and acute and community trusts) are presented below. The benchmarking group for 2020/21 changed to include combined acute and community trusts.

	2020/21		2019/20		2018/19	
	Trust	Benchmarking group	Trust	Benchmarking group	Trust	Benchmarking group
Equality, diversity and inclusion	9.1	9.1	9.2	9.0	9.2	9.1
Health and wellbeing	6.4	6.1	6.2	5.9	6.3	5.9
Immediate managers	6.9	6.8	7.1	6.8	7.0	6.7
Morale	6.4	6.2	6.4	6.1	6.4	6.1
Quality of appraisals			6.0	5.6	5.8	5.4
Quality of care	7.5	7.5	7.5	7.5	7.5	7.4
Safe environment – bullying and harassment	8.2	8.1	8.3	7.9	8.2	7.9
Safe environment - violence	9.4	9.5	9.4	9.4	9.5	9.4
Safety culture	7.0	6.8	7.0	6.7	7.0	6.6
Staff engagement	7.3	7.0	7.3	7.0	7.4	7.0
Team working	6.6	6.5	6.6	6.6		

## Things to celebrate

- The UHS results are at, or above, the acute trust average in 9 out of 10 themes.
- 77% of staff would recommend UHS as a place to work (tenth in the country).
- UHS is the top acute trust in the Hampshire and Isle of Wight integrated care system.
- Staff engagement at UHS has remained consistently high (7.3) compared to the NHS average (7).
- Engagement amongst BAME staff is 7.5, above the overall trust average of 7.3.
- 87% of staff agree that care of patients is the top priority at UHS (increased from 85% in 2019).
- UHS is ranked as twentieth in acute and acute and community trusts for staff engagement overall.
- UHS has seen statistically significant improvements in the 'Health and wellbeing' theme. This has increased from 6.2 to 6.4.
- UHS is ranked first in the whole south east region for staff satisfaction with flexible working, and eighth in the country overall. UHS is at 61% against an acute average of 56%.

## Areas of challenge

- Care groups/departments showing most deviation from average scores are primarily in division A and division B; these areas were most impacted by treating patients with COVID-19, and recognition of this additional factor across this, as well as all areas, is essential.
- Equality, diversity and inclusion has decreased from 9.2 to 9.1, with key drivers here including a reduction in perception that UHS act fairly with regard career progression, and a material increase in experience of discrimination at work from both patients, relatives and the public (increase from 7% to 8%) and from managers and colleagues (increase from 6% to 7%).
- The score for violence remained static at 9.4 for UHS; however the national average has improved to 9.5, resulting in UHS falling below average for this question. There has been a large increase in staff experiencing physical violence from patients, relatives and the public (increase from 15% to 17%, 1,040 staff), from managers (increase from 0.4% to 0.8%, 45 staff) and colleagues (increase from 1.3% to 1.6%, 94 staff).
- The Immediate managers theme has reduced from 7.1 to 6.9, with significant decreases in manager support, feedback and feeling valued, and inclusion for decision-making.

## Actions

With recognition of staff capacity following the pandemic, increased focus corporately is on wellbeing of staff and safe restoration of activity.

There are a number of action plans, and improvement pieces, being implemented within UHS which will support the activity needed to address elements within the survey outcomes.

### Violence and aggression actions

The Violence and Aggression Steering Group are working on a number of actions to reduce incidences of violence and aggression, as well as to provide support to those who experience this. These include:

- 'No Excuse for Abuse' campaign, running a series of engagement posters and engaging activities.
- Reducing restrictive practice, with additional training for staff in breakaway and restrictive practice.
- Planned introduction of an exclusion policy (red card system).

## Wellbeing activities

There are a number of wellbeing activities planned, to support UHS staff with recovery from the COVID-19 pandemic. These include:

- Wellbeing recovery plan and suite of actions to support this.
- Strategic review and commitment to continue to expand flexible working offers, with specific commitment to embed our remote working approach as business as usual.
- Emotional healing, with a focus on developing quality conversations with staff about their wellbeing, support for leaders to be able to help their own teams through these conversations, and creation of 'Time to Share' sessions, to focus on culture within UHS.
- Physical rest, through proactive management of annual leave, and encouraging staff to use their wellbeing day.

## Delivery of the WRES and WDES action plans

The agreed WRES and WDES action plans will be progressed. These include:

- Ongoing dialogue and engagement with executives and senior managers at network meetings, including an organisation-wide conversation on inclusion, as well as promoting success and talent in BAME and LID groups, as well as other diverse groups.
- Introducing data on EDI through performance management systems, such as divisional management boards.
- Providing training for managers to develop confidence having conversations relating to a staff members protected characteristics.
- Proposed changes to recruitment process to improve transparency.

## New approach to succession planning, talent management and leadership development

- Building on feedback from the staff survey, and an internal learning review, to develop more systematic, transparent and effective approaches to talent management and succession planning across the Trust.

## Trade union facility time

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

Relevant union officials

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

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
40	36

## Percentage of time spent on facility time

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

Percentage of time	Number of employees
0%	0
1-50%	40
51-99%	0
100%	0

## Percentage of pay bill spent on facility time

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

First column	Figures
Provide the total cost of facility time	£197,672
Provide the total pay bill	£596,972,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.03%

## Paid trade union activities

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:  (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	4.46%
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## Expenditure on consultancy

The Trust spent £977,000 on external consultancy services during 2020/21.

## 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 2021, earning £245 per day or greater

Total number of existing engagements as at 31 March 2021	0
Number that have existed for less than one year	0
Number that have existed for between 1-2 years	0
Number that have existed between 2-3 years	0
Number that have existed between 3-4 years	0
Number that have existed for four or more years	0

### All highly paid off-payroll workers engaged at any point during the year ended 31 March 2021 and earning £245 per day or greater

Number of off-payroll workers engaged during the year ended 31 March 2021	0
of which:	
• Not subject to off-payroll legislation*	0
• Subject to off-payroll legislation and determined as in-scope of IR35*	0
• Subject to off-payroll legislation and determined as out-of-scope of IR35*	
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.

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**For any off-payroll engagements of board members and/or senior officials with any significant financial responsibility between 1 April 2020 and 31 March 2021**

Number of off-payroll engagements of board members and/or senior officials with any significant financial responsibility between 1 April 2020 and 31 March 2021	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	16

## Staff exit packages (subject to audit)

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

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
£50,001-£100,000	0	2	2
Greater than £100,000	0	0	0
Total number of exit packages by type	0	2	2
Total resource cost (£000)	0	154	154

The figures in the table below relate to exit packages agreed in 2019/20 and are consistent with the information provided in the annual accounts.

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Less than £10,000	0	0	0
£10,000-£25,000	1	0	1
£25,001-£50,000	0	0	0
£50,001-£100,000	2	0	2
Greater than £100,000	0	0	0
Total number of exit packages by type	3	0	3
Total resource cost (£000)	164	0	164

# ACCOUNTABILITY REPORT

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

2020/21	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	2	154
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HM Treasury approval	0	0
<b>Total</b>	<b>2</b>	<b>154</b>
Of which: non-contractual payments requiring HM Treasury approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

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

2019/20	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HM Treasury approval	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
Of which: non-contractual payments requiring HM Treasury approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

Notes: As a single exit package can be made up of several components, each of which will be counted separately in the above table, the total number above will not necessarily match the total numbers in the Staff exit packages table, which will be the number of individuals. The remuneration report starting on page 53 provides details of exit payments payable to individuals named in that report.

## Counter fraud

The board of directors remains committed to maintaining an honest and open culture within the Trust; ensuring all concerns involving potential fraud, bribery and corruption are identified and rigorously investigated. To reduce fraud, bribery and corruption in the NHS, the Trust has put in place a Fraud, Bribery and Corruption Policy,



a Standards of Business Conduct Policy and a Raising Concerns (Whistleblowing) Policy. These apply to all staff and to individuals and organisations who act on behalf of UHS.

The Trust will seek appropriate disciplinary, regulatory, civil and criminal sanctions where fraud is identified and attempt to recover losses where possible. The Trust works closely with the local counter-fraud specialist to prevent and, as appropriate, investigate issues 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. Doing business in this way enables us to reassure our patients, members and stakeholders that public funds are properly safeguarded.

## NHS Foundation Trust Code of Governance

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

The board of directors considers the Trust to be fully compliant with the principles of the NHS foundation trust code of governance as well as with the provisions of the Code in all respects, save as to paragraphs A.1.1, A.4.2, B.1.2, B.4.2, C.3.1 and C.3.8, where there are other arrangements in place. Details of compliance or an explanation of the alternative arrangements in place are provided in the relevant sections of this report.

## NHS Oversight Framework

NHS England and NHS Improvement's NHS oversight framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability (well-led).

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

## Segmentation

During 2020/21 the Trust was placed within segment '2'. This segmentation information is the Trust's position as at 1 June 2021. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.



**David French**  
**Chief Executive Officer**  
28 June 2021

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

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

NHS Improvement, in exercise of the powers conferred on Monitor by the National Health Service Act 2006, has given Accounts Directions which require University Hospital Southampton NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of University Hospital Southampton NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

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

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

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

## ACCOUNTABILITY REPORT

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

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



**David French,**  
**Chief Executive Officer**  
28 June 2021

## 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 University Hospital Southampton NHS Foundation Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

### Capacity to handle risk

The chief nursing officer has delegated responsibility for managing the strategic development and implementation of organisational risk management and clinical governance. The Trust's risk management strategy and policy was updated in 2020/21. This details the framework within which the Trust leads, directs and controls the risks to its key functions in order to ensure the safety of services and care delivered to patients, that the wellbeing of patients, staff and visitors is optimised, that the assets, systems and income of the Trust are protected and that the strategy and objectives of the Trust are achieved.

However, the management of risk is an integral part of management and clinical practice. Every individual within the Trust is therefore responsible for identifying and managing risk. The Trust's risk management strategy and policy clearly defines responsibilities, accountability and authority, as part of specific roles at all levels of the organisation from ward to board and provides guidance for the fulfilment of these roles. This is underpinned by developing and supporting a culture that encourages an open and honest recording of risks and organisation-wide learning where risks are continuously identified, assessed and managed. This culture is supplemented by effective incident reporting and investigation and the role and responsibilities of the Freedom to Speak Up Guardian.

The Trust identifies, prioritises and manages all aspects of risk through its integrated governance framework. The board of directors has agreed a risk appetite and risk management framework and has reviewed and identified the Trust's strategic objectives and the associated risks to delivery of those objectives. Risks to delivery of the Trust's strategic objectives are documented in the board assurance framework. The board assurance framework is reviewed regularly by the board of directors and the audit and risk committee to ensure that:

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

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

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

Risk mitigation is achieved through a continuous cycle of the identification, assessment, control and review of risk. The highest scoring operational risks, including any changes to these, are reviewed by the audit and risk committee and board of directors on a quarterly basis and by individual board committees responsible for monitoring these risks. The board of directors and its committees also consider independent sources of assurance to verify the accuracy and completeness of the risks identified and the controls in place to mitigate them such as internal and external audit, counter fraud, commissioned independent reviews, clinical audit, external data, Care Quality Commission reports and other external and peer reviews.

All staff receive patient safety and governance training as part of induction and are offered access to risk management training. Additional incident reporting, human factors and root cause analysis training sessions are also available to relevant staff. Formal training is supported by a variety of other resources that seek to promote and facilitate individual, departmental, care group, divisional and organisational discussion and learning. Recommendations and learning from complaints, audits, peer reviews, claims, incidents and complaints are also discussed locally at divisional, care group and ward governance groups. Actions and learning points are also shared with other stakeholders through meetings with commissioners, clinical network groups and patient safety forums.

The Trust continues to develop and strengthen its divisional governance arrangements to support increased responsibility and accountability for the operational, financial and quality performance of its services. The triumvirate leadership model ensures medical, nursing/allied health professional and operational management of each division make up the divisional management team.

## The risk and control framework

The board of directors approved a number of strategic objectives for 2020/21. Using the board assurance framework (BAF) the risks to delivery of the strategic objectives have been identified by the board of directors and these are set out below:

Strategic risk	Monitoring committee
The Trust is unable to form effective partnerships that achieve networked care for patients	Board of directors
We do not develop our estate in line with the ambitions set out in our clinical strategy	Finance and investment committee
We fail to restore and increase capacity post-COVID-19 to meet waiting times for elective care and cancer care needs	Quality committee
We fail to introduce and implement new technology in our transformation of care	Finance and investment committee
Inability to retain, recruit, develop and train a diverse and inclusive workforce that is necessary to meet our strategic goals.	People and organisational development committee
We do not develop a sustainable model within the new financial regime that preserves quality care	Finance and investment committee

Strategic risk	Monitoring committee
We fail to provide vulnerable service users with timely and high quality and appropriate care	Quality committee
We do not reach our ambition of outstanding compliance and quality standards	Quality committee
The Trust does not sufficiently engage with key stakeholders and system partners to support effective interventions and maintain the health of the local population	Quality committee
Inability to respond to the needs of the NHS in order to deliver our strategy	People and organisational development committee
We fail to capitalise on our relationship with the universities in Southampton and other health education providers in line with our strategy	Quality committee
We do not develop innovative education and training approaches	Quality committee

The BAF was substantially refined and updated in 2020/21. The board of directors and the audit and risk committee have reviewed the risks identified in the BAF throughout the year. These have also been monitored by board committees allocated responsibility for oversight of the individual risks set out in the BAF, as identified in the table above. This includes monitoring the progress of the action plans to reduce the risks identified and the effectiveness of the controls already in place to manage these risks.

Each division has a divisional management board, chaired by a member of the divisional management team. Each board is responsible for its performance standards and risks – quality, safety, contractual, financial and people – monitored through the divisional performance and accountability framework.

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

Divisional accountability is to the Trust executive committee through the divisional management teams, who are members of the committee. The divisional management teams are also accountable to the chief operating officer, in addition to professional accountability to the Chief Nursing Officer or Chief Medical Officer, as applicable.

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

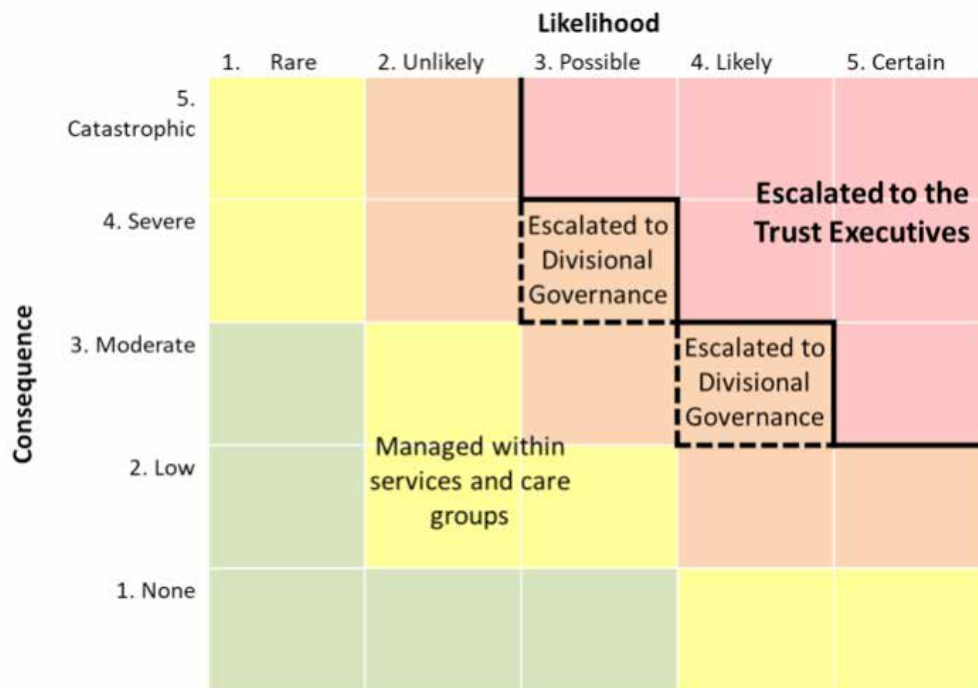
- new or changes to national guidance, legislation and regulation;
- incidents, complaints, concerns, feedback, claims and peer reviews;
- external review;
- clinical and other audits.

Operational risks identified by staff are assessed and reviewed by governance groups within wards, care groups and departments, together with the controls and actions to manage those risks. Risks are assessed based on the impact of the risk and the potential likelihood to occur using a standardised approach to risk assessment across the entire organisation to ensure consistency: The impact is based on a number of factors, for example; the financial implications, the number of service users or staff potentially affected, the ability of the Trust to achieve its objectives or the effect on the Trust's reputation. The likelihood is based on the probability of the risk emerging, or the timeframes in which the risk might occur, e.g. weekly, monthly, etc.

Low risks are managed by the ward and monitored at least quarterly at care group governance and management meetings. Low/medium risks managed by the ward/care group and monitored bi-monthly at

# ACCOUNTABILITY REPORT

care group governance and management meetings. Medium/high risks managed by the ward/care group and monitored by the divisional management boards and governance groups and Trust-wide governance groups monthly. Risk scoring is also validated at these meetings. High risks are monitored by the Trust executive committee monthly and the audit and risk committee quarterly. The chart below illustrates the escalation process.



Risks to data security are managed and controlled through the informatics and information governance management structures and responsibilities and a range of policies and procedures. These form part of the Trust's integrated governance approach to the management and monitoring of corporate and clinical governance and risk management. Data security performance is self-assessed annually through the completion of the data security and protection toolkit, which allows the Trust to measure and track its performance against the National Data Guardian's ten data security standards.

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

Current risks escalated to the Trust executive committee are:

- the reduction in activity due to the COVID-19 pandemic and available capacity within the ophthalmology service;
- the availability of trained critical care nurses;
- the increased risk of harm to children and young people without dedicated and adequately staffed child and adolescent mental health facilities at Southampton Children's Hospital;
- delays in emergency care due to capacity in the emergency department;
- longer waits in orthopaedic surgery, cardiac surgery, vascular surgery, elective neurosurgery, ear nose and throat cancer and the breast cancer services;
- timely admission of myeloma and lymphoma patients for autologous stem cell transplant;
- capacity within the multiple sclerosis service to manage the volume and complexity of patients;

- the physical environment in the pharmacy technical services department meeting service quality and capacity standards;
- access to timely vascular surgery;
- inefficient IT systems in ophthalmology and endoscopy;
- inadequate ventilation in inpatient areas in the context of COVID-19 transmission;
- ability to recruit staff for leukodepletion and paediatric peripheral blood stem cell harvest, ophthalmology and radiology;
- the impact of COVID-19 pandemic on the health and wellbeing of critical care staff; and
- the failure to deliver financial plan.

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

The frequency of review may be increased based on the risk's alignment with the Trust's identified risk appetite.

The scoring criteria for risks and the process for escalation of risks reflect specific appetite for risk; more general attitudes towards different areas of risk are as follows:

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



The principal risks to compliance with the condition 4 of the NHS foundation trust conditions set out in the Trust's provider licence relate to the oversight metrics set out in the appendices to the NHS Oversight Framework. These metrics are monitored monthly by the board of directors through its integrated performance and finance reports. The board of directors conducts more detailed reviews on areas where the Trust is not meeting the required metrics or recovery is not proceeding in line with agreed actions plans.

In addition the board considers statements relating to compliance with this condition of the NHS provider licence on an annual basis as part of a self-certification process. Annual compliance with the principles of good corporate governance and more detailed provisions of the NHS foundation trust code of governance is reviewed as part of the required disclosure which appears in this annual report. These are also reflected in the governance framework for the board of directors and its committees to support ongoing compliance.

More generally, the board of directors conducts its own reviews of its governance structures including reviews of performance by its committees to ensure that information provided to the board identifies the key performance risks and the risks to compliance with the Trust's provider licence and other local and national performance targets, including its own performance objectives. These include indicators and measures relating to quality, safety, performance, clinical outcomes, productivity, workforce, activity and finance.

Appraisals of both non-executive directors and executive directors take place annually with objectives and development plans identified, some of which are incorporated into the broader board development programme. This is supported by the work of the internal auditors. The internal audit plan in 2020/21 included a review of the effectiveness of board governance arrangements. The report made a number of recommendations, recognising that the Trust had made changes to its governance arrangements to respond to the COVID-19 pandemic. This included suspension of the majority of the Trust's meetings and the introduction of the Board Operating Group and weekly executive team meetings, moving to monthly meetings as the severity of the pandemic reduced. Meetings also moved to being held virtually in line with government guidance and the Trust's own infection control measures. These governance arrangements were restored after the first wave of the pandemic.

The Trust also set an emergency COVID-19 budget and introduced temporary and enhanced financial governance arrangements for the approval and capture of all COVID-19 related expenditure. Financial approval limits remained in place and the Trust's standing financial instructions continued to operate with interim arrangements for the waiver of standing financial instructions, which were subsequently incorporated into the standing financial instructions of the Trust.

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

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 our clinical commissioning groups;
- engaging with Healthwatch Southampton, with a representative attending meetings of the quality committee;
- consulting the Council of Governors on key issues and risks;
- holding public engagement events, including an annual members' meeting;
- interaction at various levels with the University of Southampton including 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 inspector.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust's current registration status with the Care Quality Commission (CQC) is unconditional and the Trust has no restrictions on its practice or services. The Trust has not participated in any special reviews or investigations in

2020/21. The latest CQC inspection in December 2018 and January 2019 (report published on 17 April 2019) rated the Trust as 'good' overall and 'outstanding' for providing effective services.

Progress with the action plan from the inspection was closely monitored by the Trust's board of directors, quality committee and the quality governance steering group, augmented by visits by commissioners and NHS Improvement.

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

The Trust's people strategy is currently in the process of being refreshed in line with the Trust's new strategy and strategic objectives. This is being developed by the people and organisational development committee of the board of directors. This will meet the requirements of the NHS people plan and wider integrated care system workforce planning process.

The Trust has a strong governance framework that systematically monitors short, medium and long-term staffing systems through the people board up to and including board of directors.

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

- annual review and re-setting of nursing establishment and skill mix using a triangulated methodology and approved tools, refreshed six-monthly, and both reported to the board of directors;
- availability of staffing information for the public via ward displays and on the public website;
- dynamic staffing risk assessments and formal escalation processes; and
- implementation of new roles such as nursing associate, apprentices and advanced practitioners, accompanied by strong quality impact review.

The Trust completes an annual top-level workforce plan as part of the wider operational and financial planning process and is working to embed this further and combine with a bottom-up service approach. We regularly monitor all staffing metrics, using a variety of sources including data from the model hospital and these are reported monthly with a six-monthly focus by the quality committee and the board of directors.

Staffing metrics are combined with the wider integrated performance dashboard to ensure the quality impact is reviewed as a whole. Electronic rostering is well embedded within the Trust, having been introduced in 2009. It is used across the professions and integrated with other workforce systems. We are working to embed this further for medical staff and expand job planning for all staff where this is appropriate. There is formal quality impact assessment sign off from the chief nursing officer and chief medical director on major workforce change.

The Trust produces an annual workforce plan in line with NHS England and NHS Improvement requirements. The Trust also complies with the Developing Workforce Safeguards recommendations through a bi-annual ward staffing review process, development of a quality impact assessment template for service changes and regular reports to Board on staffing establishment. Plans to make significant changes to the workforce are reviewed to assess the impact on safety and quality of services.

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

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

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

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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

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

The Trust has an annual financial plan which is approved by the board of directors and submitted to NHS England and NHS Improvement as part of the Hampshire and Isle of Wight system. Performance against the plan is monitored by the finance and investment committee and the board of directors through monthly reporting. The Trust's resources are managed within the financial framework set by the key financial policies, the standing financial instructions and terms of reference.

Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

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

The Trust also includes the use of quality impact assessments as part of its cost improvement programme, drawing a link between quality improvement and achieving greater efficiency in the delivery of its services and reducing waste.

## Information governance

There were two serious incidents relating to information governance involving data loss or confidentiality breaches during the period from April 2020 to March 2021. One incident related to two patient letters being sent to the incorrect recipients and the other to an email to a number of staff in which personal email addresses were visible, although this did not include any other personal information. Both were notified to the Information Commissioner's Office in the Data Security Incident Reporting Tool. No regulatory action was taken by the Information Commissioner's Office as it was satisfied that the actions taken by the Trust had mitigated the risks to the rights and freedoms of the individuals concerned, and actions had been put in place to try to prevent any recurrence.

## Data quality and governance

The annual quality account is published as part of the Trust's annual report. The annual quality report for 2020/21 has been developed in accordance with The National Health Service (Quality Accounts) Regulations 2010 and national guidance, led by the chief nursing officer. Stakeholders receive a draft version of the report for comment, with feedback received included in the final version. These include the council of governors, the health oversight and scrutiny committee of Southampton City Council, Healthwatch Southampton and lead commissioners.

The quality governance steering group (QGSG) has delegated responsibility from the Trust executive committee and ultimately the board of directors to oversee the Trust's clinical and quality governance arrangements.

QGSG provides a clear vision for healthcare governance within the Trust. It sets clear performance standards and holds the divisions, corporate functions and, where relevant, other Trust-wide groups to account for the delivery of the healthcare and quality governance agenda.

The Trust operates a clinical accreditation scheme, a process where wards or departments are required to demonstrate adherence to standards of care to become accredited. The Trust monitors ward standards through the clinical quality dashboard which focuses performance against key metrics including patient safety, effectiveness, patient experience and outcomes from matron peer walkabouts.

The Trust's quality priorities framework underpins quality governance and is updated and reviewed annually. It outlines the Trust's priority areas of focus for quality, and progress is monitored 'from ward to board'.

Data included within the report is based on the descriptors set out in national guidance and is subject to data quality checks as part of the Trust's performance indicator assurance process. The quality committee and quality governance steering group (QGSG) have a key role in monitoring the report's content, the determination of quality priorities, and the ongoing monitoring thereof, and in providing assurance to the board of directors.

The completed quality report, including comments received from our stakeholders, is usually subject to review by the Trust's external auditors which assess whether a balanced view of quality is presented based on other information. Due to the COVID-19 pandemic, external assurance of the quality report was not required in 2019/20 or 2020/21. The internal auditors carried out a review of referral to treatment data quality during 2020/21. This resulted in a conclusion of partial assurance with improvement required. The key drivers for this rating were the identification of data inaccuracies in the sample testing and the Trust not being able to validate all patient pathways, which was a known issue at the Trust due to the COVID-19 pandemic. However, the majority of pathways identified as exceptions did not impact on the overall performance against the target and that in most instances exceptions resulted in the Trust overreporting pathways. The Trust had previously conducted an assessment of existing validation teams and is implementing changes to improve validation of patient pathways.

The last well-led inspection conducted by the Care Quality Commission found that the Trust continued to be well-led. Processes are established to monitor compliance against care quality commission (CQC) regulations (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) using the updated CQC action plan process which is based on the CQC's key lines of enquiry (KLOEs). Leadership comes from the Trust's board of directors with clearly devolved responsibility and accountability for individual quality improvement priorities.

We use our data quality (DQ) assurance processes to monitor quality. These are shaped by data security and protection toolkit (DSPT) guidance and include:

- incorporating national standards, definitions and DQ checks within key systems. Standard updates are managed by informatics;

- Using external reports for monitoring and improvement, including a monthly review of secondary use service dashboards and DQ maturity index;
- procedures for analytics staff incorporating variance checks and trending;
- reviewing, reporting and investigation of trends prior to submission of data;
- analytics work to support clinical coding completeness and depth;
- internal audits to compare recorded data to source data is in place for core patient administration system datasets;
- involvement of clinical staff in validating information; and
- the audit of key operational performance metrics each year to support the quality report (although these audits were not required in 2019/20 and 2020/21 due to the COVID-19 pandemic).

An internal audit of the DSPT in 2020/21, which assessed the overall design and operation of key mandatory data security and protection toolkit controls, provided significant assurance with minor improvement opportunities.

Informatics provides dedicated data quality analysis and is responsible for monitoring and reporting on data quality covering internal and external data flows.

An information improvement group is in place with responsibility for:

- Use of reporting and incidents to monitor compliance
- Directing improvements in data collection
- Undertaking DQ assurance using internal and external sources
- Identifying DQ issues to be escalated
- Sharing best practice, clinical service knowledge and operational experience
- Identifying learning requirements to support data capture
- DQ policy support by reviewing content, approving changes and monitoring compliance
- Approving guidelines, operational documents, policies or procedures for data collection
- Directing the work of the data quality resource within informatics
- Supporting compliance with guidance and achievement of standards set out in the DSPT
- Supporting the business intelligence platform and data assurance processes.

There is an executive lead for DQ, who is the chief operating officer.

The divisional management teams attend quarterly performance and accountability reviews with the executive team to monitor the delivery of quality, safety and performance standards in line with the Trust's strategy and operating plan.

The Trust continues to report monthly to the board of directors on quality and safety metrics as part of the integrated performance report, which provides the board with assurance against national priorities set by NHS England and NHS Improvement and local priorities. Quality and performance are reviewed in detail monthly, with escalation to the board of directors as required. The Trust continues to strive to achieve sustainable improvement in its performance against its priorities.

## Review of effectiveness

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

A non-executive director chairs the audit and risk committee, which met five times during the year, and all members of the committee are independent, non-executive directors. Representatives of external audit and internal audit attended all meetings and also met separately with committee members, without executive management present, during the year. Representatives from the local counter fraud specialist also attend all meetings of the committee. The committee reviewed and accepted the audit plans of both internal and external audit. Audit plans are risk based in order to provide assurance on those areas of greatest risk and are flexible enough to respond to emerging risks during the financial year. The plans specifically include economy, efficiency and effectiveness reviews.

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

The board of directors received a report from the chair of the audit and risk committee and quality committee following each meeting and minutes of the meetings and regularly reviewed the board assurance framework and significant risks within the organisation, ensuring that significant clinical and non-clinical risks were reflected and any gaps in controls or assurance relevant to risks to the Trust's strategic objectives were identified and reported on.

The review of internal control is supported by the head of internal audit opinion for 2020/21, which provided the Trust with significant assurance with minor improvements required that there was a generally sound system of internal control, which was designed to meet the Trust's objectives and that controls in place were being consistently applied in all key areas reviewed. This opinion reflects the internal auditor's assessment of the design and operation of the underpinning aspects of the risk and assurance framework and supporting processes and the range of individual assurances arising from its risk-based internal audit assignments that have been reported throughout 2020/21. This assessment has taken account of the relative materiality of these areas. The opinion also reflects the Trust's record in implementing audit recommendations and a proactive approach to address the risks identified by internal audits. The head of internal audit opinion highlighted the review and approval of the Trust's strategy and more detailed strategic objectives, the update of the board assurance framework to reflect these and the escalation and reporting of operational risks to the trust executive committee.

The quality report describes the Trust's participation in national and clinical audits and actions to improve quality resulting from these. The quality committee reviews regularly reporting on clinical outcomes and effectiveness in order to provide assurance to the board of directors on the quality of services provided by the Trust.

## Conclusion

No significant internal control issues have been identified by the Trust during 2020/21 through its own or external reviews.



**David French**  
**Chief Executive Officer**  
28 June 2021



# QUALITY REPORT

## 2020/21

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# Part 1:

## Statement on quality from the chief executive

### 1.1 Chief executive's statement and welcome

**Welcome to the quality report for University Hospital Southampton NHS Foundation Trust (UHS) for 2020/21, which incorporates the quality accounts.**

2020/21 has been a year of unprecedented change for healthcare, and as might be expected this year's account has a strong focus on our ongoing response to the COVID-19 pandemic. It is not an easy time to reflect on the achievements of the year, but while recognising the challenges it is important to appreciate how the Trust and the UHS family has risen to meet the difficulties, and to recognise just how much we have accomplished.

During 2020/21 UHS responded to the pandemic with significant changes in many of our routine plans. It saw us more than double our intensive care capacity, redeploy hundreds of staff into new roles and learn all there was to know about how best to treat a new disease causing huge suffering across the world.

To help coordinate our response we rapidly established new ways of working which could be agile and responsive to the changing requirements. Clear lines of escalating clinical risk and communicating decisions from ward to board were quickly agreed, and at the same time we did all we could to continue to care for all our patients and their families. This included transferring planned surgery, cancer care and treatments to our partners in independent hospitals and transforming our outpatient appointments into telephone and video consultations. We introduced our COVID ZERO campaign to 'wash, walk and wear', and encouraged staff to become ambassadors for the campaign and publicly demonstrate their support.

Quality assurance has remained a cornerstone of our care despite this period of intense pressure. It has also required a different approach to governance, reporting and assurance requirements, and our approach as an acute provider has had to flex and adapt in response.

Some of our usual methods of providing assurance of the quality of care at ward and department level have been paused or adapted including our clinical accreditation scheme (CAS) and clinical quality reviews (CQRs). But quality standards continue to be monitored through a range of avenues including infection prevention team visits, the use of infection prevention guardians, COVID ZERO champions, spot checks by matrons and senior clinical leader ward rounds. There has also been increased visibility of our executive and senior leadership teams in clinical areas with more frequent visits, shadowing and walkabouts.

During the year we made a conscious decision to concentrate much of our effort on risk, infection prevention and reducing the risk of harm for patients whose care was delayed. An integrated governance programme was developed bringing together clinical expertise from across the organisation to escalate risks as they emerged, and ensure senior leaders were aware of and responding to concerns.

At UHS our 'always improving' value means that we seek to make UHS 'better every day' and focus on excellence through research, innovation and continuous quality improvement. This shared value has steered our clear and sustained approach to caring for patients and supporting our staff through the pandemic. We are proud of our contribution to research which has been part of a huge national COVID-19 research effort that has delivered new drugs, vaccines and tests in record time.



Having come through the initial wave of the pandemic UHS launched an ambitious new 'Always Improving' strategy. Going forward this strategy will help define a single and common approach and language for improvement that will be recognised throughout the organisation. It will support a proactive safety culture and improve quality and efficiency. To be effective, our strategy has to thread through our working practices, and in recognition of that we are developing an 'Always Improving' academy to support its implementation. Patients and carers are at the centre of this strategy and our aim is that they will ultimately lead improvement across the organisation and help set our quality and improvement agenda.

The COVID-19 pandemic has dominated all our lives in 2020/21. We will forever be grateful for the resilience, commitment and dedication of our staff to care for patients, and their colleagues, keeping the hospital going during the most difficult times that any of us are ever likely to face. The physical and emotional burden has been heavy for many and we will support our people to rest, recuperate and feel ready to give their best again. But while it has been hugely challenging, we take pride in all we have achieved during this time. Innovation and teamwork across every level of the Trust have seen us deliver some long-standing ambitions which previously had somehow remained out of reach. Together we have achieved a lot and the UHS family bond is stronger now than ever.

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



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

28 June 2021

## 1.2 Introduction to this report

Every year all NHS hospitals in England must prepare and publish an annual report for the public about the quality of their services. This is called the quality report or quality accounts, 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?

This report tells you how well we did against the quality priorities and goals we set ourselves for 2019/20 (last year). It sets out the priorities we have agreed for 2021/22 (next year), and how we plan to achieve them.

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

# Part 2:

## Priorities for improvement and statements of assurance from the board

### 2.1 Priorities for improvement

This section provides a look back over the 2020/21 quality priorities at UHS, and sets out our quality priorities for 2021/22.

#### 2.1.1 Progress against 2020/21 priorities

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

We need to recognise that many of the aims of those priorities were disrupted by the COVID-19 pandemic, and that new plans had to be rapidly developed. These new plans have, at times, superseded the priorities we set last year, so this year our retrospective review reflects how we addressed the three priorities in the context of the primary focus of our organisational, regional and national response to the COVID-19 pandemic.

#### Overview of success

Figures 1-3 lay out our original 2020/21 priorities presented in the quality report 2019/20.

**Figure 1: Priority 1 (original aims)**

PRIORITY 1 Core Dimension: Patient Experience	
<b>Original aim</b> To improve the quality of care that we provide across the whole of our patients' journey at UHS by utilising the resources we have more effectively, promoting patient safety and experience, improving access to our services and improving our efficiency and our performance. By doing this we aim to better align our capacity with the demand for our services, To do this we need to ensure that our patients are seen in an optimum way by reducing unwarranted variation, improving health and outcomes and ensuring our patients have the right care at the right time delivered in a place and at a time that is convenient to them.	
<b>Always improving patient pathways</b>	Valuing every hour a patient spends in our hospital ensuring they are able to return home as soon as possible without avoidable delays.
	Meeting all of our patients' urgent care needs by making sure there is always a bed available to them at any time of day, enabling admission through our Emergency Department (ED) and assessment units.
	Reducing delays in our elective pathways ensuring that sufficient beds are available to enable all surgery and interventional procedures scheduled to proceed without delay.
	Improving the access and safety of our outpatient care including all patients that require follow-up care
	Delivering the performance targets we have committed to in relation to planned and urgent care and specifically cancer.

**Figure 2: Priority 2 (original aims)**

PRIORITY 2 Core Dimension: Patient Safety	
<b>Original aim</b> To improve quality, safety and reduce harm, with an organisation where all members of staff understand their role in patient safety, are able to speak up and make changes where there are safety concerns and constantly learn from incidents, litigation and proactive assessment of patient pathways.	
<b>Always improving safety</b>	We will make kindness and civility the focus of our year of patient safety.
	We will embed a safety education syllabus guided by the NHS safety curriculum.
	We will involve patients as partners in safety by training a group of patient representatives in patient safety and human factors so that they can co-design patient safety initiatives, and be present at and contribute to patient safety through the Trust's governance structure.
	We will ensure a just and learning culture where staff feel supported to report incidents, raise concerns and learn when things go wrong.

**Figure 3: Priority 3 (original aims)**

PRIORITY 3 PRIORITY 3 Core Dimension: Clinical Effectiveness	
<b>Original aim</b> Always improving inclusion is embedded in all of our work and is an integral part of our daily and weekly huddles with a specific part of the visual management board associated with the respect and benefits that every single person brings to UHS with full regard to their background and personal characteristics. This is a key component of delivering our vision of world class care for everyone where every single person (staff or patient), gets world-class care that matches their personal needs and circumstances.	
<b>Always improving inclusion</b>	Building inclusive leadership and talent.
	Providing an inclusive voice for staff and patients.
	Building strong and compassionate teams.

Figures 4-6 provide a summary of our achievements which relate to the three original priorities during the 2020/21 COVID-19 pandemic period.

**Figure 4: Priority 1- What did we achieve?**

## Improvement Priority One

### Patient experience: Always improving patient pathways

#### What did we achieve?

##### Change in priorities

New plans for improving patient pathways to manage and respond to COVID-19 were agreed by the Trust's board in March 2020, and an adjusted operational plan was prepared in September 2020 covering the period to June 2021. The principles of our previous priorities were retained but were adjusted to meet the new demands of COVID-19 and our learning from experiences in the first wave of the pandemic.

We have been unable to fully achieve reducing delays in our elective pathways and delivering the performance targets we committed to in relation to planned and urgent care and specifically cancer. Instead, for our patient pathways we prepared for and responded to the COVID-19 outbreak by aiming to:

- Ensure the safety of staff, patients and members of the public.
- Undertake dynamic risk assessments of potential health and other impacts, using the best available scientific advice and evidence to inform decision-making.
- Minimise the potential health impact by slowing spread in the hospital, reducing infection, illness and death.
- Maintain public and staff trust and confidence.
- Ensure dignified treatment of all affected, including those who die.
- Ensure that decisions are appropriate and risk based, including clear oversight of the impact of the response to COVID-19 on other patients.

Despite these unprecedented challenges, we have still made significant progress with a number of our improvement plans during 2020/21.

The pandemic fundamentally changed the way the Trust operated during 2020/21 and much of our routine management arrangements were replaced with daily oversight to manage the Trust's response.

Patient behaviours also changed with patient referrals to the Trust from General Practitioners (GPs) significantly reducing along with lower attendances to our ED. Trust operating models and ways of delivering care also altered radically as we reorganised our ED and wards to ensure sound infection prevention, radically changed the way we delivered outpatients to provide a greater proportion of non-face-to-face appointments and substantially increased our intensive care capacity.

At times we accommodated more than three times as many intensive care patients than usual, peaking at 90 occupied beds in our intensive care unit (ICU). This included offering mutual aid and accepting patients into our ICU from as far afield as Birmingham and Kent. This meant that we had to close a number of our operating theatres so that our theatre staff could support patients in our ICU.

##### For our emergency patients

We had to reconfigure our ED on a number of occasions during 2020/21 to manage infection prevention and provide the right capacity for both COVID-19 and non-COVID-19 patients. In relation to the national four hour waiting time standard the Trust consistently performed at the higher end of major teaching trusts in England. In addition the Trust was awarded £9 million of central funding to improve capacity and continued with a major scheme of upgrades to existing areas, including the opening of a new state-of-the-art inpatient unit.

## Improvement Priority One

### Patient experience: Always improving patient pathways

#### What did we achieve?

##### For our inpatients

We had to continually reorganise the footprint of the hospital to manage COVID-19 admissions during 2020/21, peaking at over 300 COVID-19 patients in January 2021. The average length of stay reduced significantly over the year (partly due to the pandemic), and the number of patients occupying hospital beds for more than 21 days was consistently lower than the previous year. We worked with our system partners throughout the year to reduce the number of patients in the hospital who could be treated elsewhere and at the height of the first wave of the COVID-19 pandemic these numbers had reduced. There remains more to do in this area and we relaunched our inpatient improvement programme in November 2020. We recognise the impact subsequent COVID-19 outbreaks may have on delivery of this programme.

##### For our outpatients

The model of outpatients changed during 2020/21 as referrals to the Trust significantly reduced and we had to introduce new ways of looking after our outpatients. We used new virtual technology with many appointments shifting from face to face to telephone or video and improved the number of non-face-to-face outpatient appointments with around 35% of our patients now being seen virtually. We significantly increased the use of our personal health record during the year (My Medical Record) and we launched an outpatient improvement programme with ambitious aims to transform our outpatient offering. To ensure our patients were protected during the COVID-19 pandemic we clinically reviewed our outpatient waiting lists to ensure that those that needed our care the most were prioritised to be seen first and during the height of the pandemic deferred non-urgent appointments. After the first wave of the pandemic our recovery of outpatient activity compared favourably against other major teaching hospitals.

##### Across our theatres

Our elective operating was significantly affected by the COVID-19 pandemic during 2020/21. While referrals for surgery reduced, the productivity of our theatres was impacted by the need to introduce new infection prevention measures. Our capacity was also significantly constrained as we needed to close operating theatres to enable our theatre staff to support the additional patient numbers being cared for in ICU. Despite this we made improvements across all our theatres and throughput reached above pre COVID-19 levels after the first wave of the pandemic. This was partly achieved through new innovative partnerships with the independent sector as we increased our operating at the Spire Southampton Hospital, the Nuffield Health Wessex Hospital and the Practice Plus Group Hospital, Southampton at the Royal South Hants Hospital. We also made sure that we prioritised care for those that needed us the most, and we introduced our clinical assurance framework (CAF) and clinical prioritisation process to make sure our more limited theatre and ICU resources were allocated to those patients at greatest risk of harm. After the first wave the pandemic our recovery of elective inpatient activity compared favourably against other major teaching hospitals.

##### For our cancer patients

Our cancer services have developed significantly during the pandemic period including opening a new state-of-the-art ward at Southampton General Hospital (SGH), and the successful implementation of the targeted lung health check. The Trust is continuing to build a new chemotherapy day unit which will open in Spring 2021. The Trust is also the host organisation for the Wessex Regional Cancer Surgical Hub and the Wessex Rapid Investigation Service for suspected cancer. We have established a cancer board (including all tumour site leads) to oversee and drive improvements in the quality of our care. During the COVID-19 pandemic the Trust had reduced and limited capacity for elective care and all specialties specifically prioritised cancer diagnostics and treatment. This resulted in improving and consistently strong performance against the 31 and 62 day treatment standards during most of 2020/21. The faster diagnosis standard, requiring 75% of patients with suspected cancer to be diagnosed within 28 days, has been achieved in all but two months during 2020/21. We recognise we still have much to do sustainably embed the delivery of the cancer standards and this is a specific area of focus for us in 2021/22.

## Improvement Priority One

### Patient experience: Always improving patient pathways

#### What did we achieve?

#### Key areas of opportunity identified for further improvement

While 2020/21 has been an extraordinary year, the Trust enters the next period with a significant non-COVID-19 related backlog. This underlines with even greater clarity the importance of our aim of improving the quality of care and utilising the resources we have more effectively.

In 2020/21 we developed our 'Always Improving' strategy, which will support and provide us with the tools and resources we need to work differently in order to address built up demand and unmet need. Specifically, the strategy will support the delivery of significant programmes of transformation at a whole department or service level, alongside enabling teams and individuals to deliver their own improvement programmes in line with our 'Always Improving' value.

Priorities for operational improvement will include:

- Inpatient improvement programme: reducing the number of patients in the hospital over 7 and 21 days and increasing the number of patients who go home before lunch when ready to be discharged.
- Outpatient improvement programme: increasing the number of patients seen in non-face-to-face settings where appropriate and improving data quality so we are able to better measure the delays for our patients waiting for a follow-up outpatient appointment.
- Theatres improvement programme: reducing the number of operations cancelled on the day or the day before for non-clinical reasons and increasing the number of operations we perform.
- Cancer: sustainably achieving all of the main cancer standards.

Figure 5: Priority 2 - What did we achieve?

## Improvement Priority Two

### Patient Safety: Always improving safety

#### What did we achieve?

#### Change in priorities

The COVID-19 pandemic affected our ability to drive forward our original plans to improve patient safety during 2020/21. Our safety focus has had to respond to the new demands, challenges and unprecedented safety needs of our patients. This has meant safety priorities have been mainly focused around infection prevention and acute clinical care, and we have flexed our processes to ensure we are capturing and responding to these new priorities. Redeployment of a significant number of the patient safety team into areas such as critical care from the start of the pandemic has also affected our ability to progress our original aims. However, when possible, we have continued to achieve what we could, and have remained committed to not losing sight of our plans.

#### UHS Patient Safety Strategy Launch

We had to delay our UHS patient safety strategy launch from April 2020 until 17 September 2020 when it was launched to coincide with the World Health Organisation (WHO) patient safety day. The day itself is described in the section 'Our commitment to safety' later in part 3 of this report.

## Improvement Priority Two

### Patient Safety: Always improving safety

#### What did we achieve?

#### **We will make kindness and civility the focus of our year of patient safety**

Our formal launch of this initiative was also postponed due to COVID-19, however we included the 'reminder to be kinder' initiative in our strategy launch and focused on the need to recognise the role of civility in patient safety.

What our staff have told us :

*'The way we interact with each other can have a surprising effect on patient safety' said Juliet Pearce, deputy chief nursing officer at UHS.*

*'People who witness rudeness show reduced performance and are 50% less likely to help others'.*

*'If a patient was to see this happen, you could understand why they would feel anxious dealing with staff and have less trust in the organisation'.*

*She said there was increasing evidence of the impact of rudeness on clinical performance, with the actions of one individual potentially impacting on the ability of a whole team to care for their patients.*

*'In one study we reviewed, teams working on a simulated emergency scenario were exposed to either rude comments or neutral comments during the emergency scenario' she explained.*

*'The team that faced rudeness saw a 12% drop in diagnostic and procedural performance. Put simply, when someone in a team is uncivil, that team is negatively affected and so is their patient'.*

Dr Ahmed Osman, a consultant in the paediatric intensive care unit at Southampton Children's Hospital and patient safety education lead at UHS, added:

*'Rudeness is an unfortunately common experience in healthcare and has nothing but negative effects on recipients, onlookers and patients'.*

*'Kindness, on the other hand, is an unequivocally positive experience, so trying to be a little kinder will create a happier workplace for staff and a safer environment for patients. We have maintained a focus and made significant progress in bedding kindness and civility into our safety culture'.*

Our aim is to inspire staff to model the behaviours that we wish to see, and to create a culture of respect by really listening to colleagues and expressing appreciation for their contributions. Staff are encouraged to apologise sincerely if they do act inappropriately, and to try to remove themselves from the situation if they feel able. They are supported to challenge bad behaviour, but also to strive to understand what may be driving that behaviour and to look for resolution. The project includes reminders to celebrate colleagues' achievements, thank someone for their work and do something to make life easier for each other. It urges staff to start friendly conversations with people they do not know, check on their colleagues and listen to how they are feeling. It asks staff to take time to talk to patients about their hobbies and interests and be kind to themselves so they can be kinder to others. Teaching on civility and setting behavioural parameters is now regularly included in departmental inductions.

In the next year we aim to embed these initiatives through 'culture cafés', which are platforms for collaborative discussion run by the organisational development team. These will give the opportunity for staff to explore what kindness and compassion in their work means, how this behaviour can be developed and what that might mean for patient safety.



## Improvement Priority Two

### Patient Safety: Always improving safety

#### What did we achieve?

#### **We will embed a safety education syllabus guided by the NHS safety curriculum**

This curriculum focused on a new approach to identifying risks to safe care and including systems thinking and human factors. This will set the scene for a step change in thinking about patient safety which we hope will lead to significant gains as it reaches a critical mass of trained practitioners. This is a national multi-professional syllabus, and is intended to cover all the patient safety training and educational needs of both clinical and non-clinical staff.

The work was postponed as the pandemic developed, however Level 1 of the new curriculum ('essentials of patient safety') is due to be launched June 2021 with Level 2 ('use of good communication') following in July 2021. Levels 3-5 ('involve patients and carers in their care and treatment' and 'include in the planning process') will follow in March 2022.

In addition, we have appointed a new lead for patient safety education and simulation who has been delivering targeted sessions on patient safety throughout the year.

#### **We will involve patients as partners in safety by training a group of patient representatives in patient safety and human factors so that they can co-design patient safety initiatives, and be present at, and contribute to, patient safety through the Trust's governance structure.**

We were initially unable to progress this as planned, but during 2020 we successfully secured funding from Wessex Academic Health Science Network to support the education for our patient safety partners.

While we were waiting to start the formal programme, we used lay representatives to co-design the patient safety incident investigation process. This helped us to make sure the patient voice is heard and that investigations are able to meet the needs of patients and relatives as well as ensuring learning for the organisation.

At the beginning of 2021 we were able to finally start our project, and have so far recruited 11 patient volunteers to our patient safety partners' pilot with their first workshop completed in May 2021.

#### **We will ensure a just and learning culture where staff feel supported to report incidents, raise concerns and learn when things go wrong.**

We continue to work to embed a 'just culture' at UHS. As part of our patient safety day we held a session on speaking up for patient safety which was hosted jointly by the General Medical Council, our patient safety team and our UHS freedom to speak up (FTSU) guardian. The Trust-wide work of the FTSU guardian is described in the section 'Our commitment to FTSU' later in part 3 of this report.

We have looked at the work undertaken by Mersey Care NHS Foundation Trust to help inform our work. Mersey Care have successfully embraced a just and learning culture centred on the desire to create an environment where staff feel supported and empowered to learn when things do not go as expected rather than feeling blamed. This is a culture that instinctively asks 'what was responsible, not who is responsible'. It is not finger pointing and not blame seeking (which we recognise is not the same as an uncritically tolerant culture where 'anything goes'). We feel this fits well with our core values and are working to increase the number of staff trained in human factors and investigation techniques to help us adopt the approach.

Funding has been secured to train 16 patients from across the hospital to develop the systems and structures required for departmental safety leads and ward leaders to promote a proactive patient safety culture, and support the just and learning culture.

## Improvement Priority Two

### Patient Safety: Always improving safety

#### What did we achieve?

Over the next year we will identify and train our patient safety associates to ensure a diverse range of staff (allied, nursing and medical) with representation from each division. We will look for people who embody the characteristics required for a proactive patient safety culture and who have relevant experience such as managing quality improvement (QI) projects, cultural change or education. Recruitment started in April 2021, and focused on considering the impact of culture, human factors and ergonomics and leadership on patient safety. Those involved will have some coaching as to how they will use this knowledge to support changes with the organisation.

Figure 6: Priority 3 - What did we achieve?

## Improvement Priority Three

### Clinical effectiveness: Always improving inclusion

#### What did we achieve?

#### Change in priorities

This priority has continued to be progressed through 2020/21. Inclusion has remained high on our agenda with the effects of the pandemic on Black, Asian and Minority Ethnic (BAME) communities and less well heard groups further signalling the need for embedding this principle in all that we do.

#### Building inclusive leadership and talent

During 2020/21 we aimed to increase the number of Trauma Risk Management (TRiM) sessions delivered and act on feedback from staff on the effectiveness of that support. TRiM aims to support individuals following exposure to significantly traumatic events/incidents.

In 2020/21 UHS recorded 58 incidents that were referred to TRiM. This was a decrease on the projected numbers of referrals, but explained by the focus that practitioners had on their clinical responsibilities during the first wave of the pandemic. Between the first and subsequent waves we saw an increase in referrals.

During the year the service has been incredibly responsive and rapidly adapted to the crisis. TRiM practitioners not only offered daily support to clinical areas but also formed part of a staff wellbeing and resilience team. This team put together support information for staff, and psychology services were contracted forming an inreach team to help staff with a StaffLine telephone support service, facilitation of direct groups and 1:1 support for staff working in COVID-19 areas. TRiM was actively involved as part of inreach and ran numerous staff support groups throughout 2020/21. The TRiM lead is now also the UHS staff wellbeing lead, so TRiM is now also a key player in the wider psycho-emotional support of staff. This includes linking TRiM with incidents of violence, aggression and discrimination towards staff and also workstreams looking at debriefing and supporting staff working remotely and those shielding.

So far anecdotal feedback has been good and we are currently revising our recording procedure with plans to introduce a formal feedback mechanism in 2021/22. We have also restarted our teaching sessions and expect to see referrals increase during 2021/22.

What our staff have told us:

*'This is so helpful – I don't know what I would have done without it'.*

*'It makes me feel safer knowing there is help if I need it'.*

*'I've encouraged my team to use this on several occasions with really good results'.*

## Improvement Priority Three

### Clinical effectiveness: Always improving inclusion

#### What did we achieve?

#### **Providing an inclusive voice for patients and staff (supporting all staff groups)**

People feel included when they are treated equitably and with respect. Participation without favouritism is the starting point for inclusion, and this requires attention to non-discrimination and basic courtesy. Inclusion is experienced when people believe that their unique and authentic self is valued by others while at the same time having a sense of belonging to a group.

It became apparent early on in the pandemic that COVID-19 was having a disproportionate effect on particular groups of people including those from BAME backgrounds, those in higher age bands and those with disabilities and health conditions. As a result the inclusion agenda picked up pace to respond to the inequalities that were being so plainly highlighted.

We analysed the COVID-19 health risk assessments completed by our occupational health (OH) department early in the pandemic and noted a significant increase in staff disclosing disabilities and long-term illnesses. Our electronic staff record (ESR) showed an increase from just 375 staff disclosures to over 1,500. This early analysis was recognised nationally as best practice in the annual NHS England workforce disability equality standard (WDES) report, and has enabled us to offer more directed support and action to staff groups.

In October 2020 we launched an inclusive leadership programme. This is a positive action programme consisting of two cohorts (emerging leaders and advancing leaders), which draws on learning from previous programmes and feedback from our staff networks to enhance career opportunities for aspiring leaders from underrepresented staff groups. Around 50 staff are now being supported through this programme.

We have worked with our staff networks to co-develop two improvement plans for the experiences of BAME staff and staff with long-term illnesses and disabilities (LID). The Trust's board has endorsed these plans and will act as the monitoring body for them.

The chief people officer, deputy chair and other members of the executive team have met weekly with the One Voice (BAME) Network to provide support, advice, guidance and also to help shape our response to the effects of COVID-19. The dialogue shifted to inequality following the Black Lives Matter movement's genesis. This culminated in the development of a co-created plan of action which was signed off by Trust's board in September 2020. Increased levels of engagement with the Trust's long-term illness and disability group, have led to the co-creation of a similar plan of action.

What our staff have told us:

*'It is very reassuring that our Trust is open to engage in a serious discussion about BAME issues'.*

*'It is a very good step to completely eradicate systemic discrimination and inequalities'.*

*'I have the chance to be a champion for workforce diversity and inclusivity'.*

*'This is a starting point in the effort for all of us to become educated and understanding of the complex topic of race'.*

*'Thank you for listening'.*

## Improvement Priority Three

### Clinical effectiveness: Always improving inclusion

#### What did we achieve?

During the year we worked with the health and safety teams to deliver a robust face mask fit testing service (FIT), adjusting the fitting protocols as it became apparent there was a trend emerging in the staff groups that failed. This work helped us to participate in and advise a national FIT mask testing study aiming to manufacture masks that more accurately take account ethnic facial features as well as develop and share best practice to improve the testing protocol for staff from different cultural and religious backgrounds.

We enhanced an already comprehensive staff wellbeing programme which now offers a wide range of wellbeing support including safe space practitioners, TRiM, boost boxes and bags, coaching, wellbeing conversations, promotion of wellbeing apps and our employee assistance programme.

We continued to strengthen our approach to no tolerance of violence and aggression with the introduction of new processes to respond to and address violence and aggression against staff. We worked closely with police to develop a hate crime reporting process linked to our reporting and training systems.

During 2020/21 we explored the concept of 'actionable allyship' for UHS. This is the practice of emphasising social justice, inclusion, and human rights by members of an in-group, to advance the interests of an oppressed or marginalised out-group. An actionable allyship programme is now under development with an organisation called Steps to Change which will be rolled out in spring/summer 2021.

Early in the year we worked with the experience and involvement team to introduce the sunflower lanyard scheme for both patients and staff. Wearing the sunflower lanyard discreetly indicates that people with hidden disabilities may need additional support, help or additional time. This is a nationally recognised symbol which has been used outside the NHS, but which we have adopted. It has led to an increase in patients, staff and carers who need help being identified and being given appropriate support.

What our patients and their relatives have told us:

*'These work. My father-in-law has Alzheimer's and my wife wore one (he refused) at the weekend. Staff gave her a nod in acknowledgement. Apparently he was inpatient at the entrance and staff were very patient with him.'*

*'This is a really simple and effective idea.'*

*'I feel a bit more confident coming into hospital now. I don't look like I need help, but I do and staff noticed because I was wearing the sunflowers.'*

Early in the pandemic D/deaf patients reported communication difficulties during appointments with the increased use of masks. We introduced a safe communication protocol around mask wearing and also ensured that the communication system Attend Anywhere (described in the section 'Our commitment to technology' in part 3 of this report) was embedded early on with 24/7 access to British Sign Language (BSL) support.

Patients and families described feelings of increased fear, loneliness and isolation as a result of stopping visiting in an attempt to reduce the risk of COVID-19 infection. UHS responded by developing a range of patient support initiatives including use of iPads for calling loved ones, development of a befriending programme for shielded patients and increased use of the chaperone role. This is further discussed in the section 'Our commitment to patient experience' in part 3 of this report.

## Improvement Priority Three

### Clinical effectiveness: Always improving inclusion

#### What did we achieve?

Patients fed back to us that the signage and way finding surrounding the eye unit is poor, so an engagement project with vision impaired patients is underway to review the signage and way finding through the department.

We have also successfully recruited a maternity voices partnership officer, which has led to increased BAME community involvement with our maternity services.

#### Building strong and compassionate teams

We have worked hard during this year to build strong and compassionate teams. Going forward in 2021/22 we have identified our key areas for further improvement which include:

- Continuing to grow the staff voice, especially from staff with protected characteristics.
- Continue to expand staff wellbeing provision.
- Actionable allyship to improve a culture of belonging.
- Continue to build on the improvement plans already in place to improve the experiences of BAME and LID staff groups.
- Complete data reviews to drive and support action.
- Focus improvements in patient feedback and involvement (particularly from BAME and religious communities) in driving service improvement.
- Continue to review accessible information aiming to improve information provision for those with communication needs.
- Consideration is being given to introducing multi-faith honorary contracts for religious and spiritual care support for patients, families and staff.

### 2.1.2 Priorities for improvement 2021/22

This section presents our quality priorities for 2021/22. Our priorities are built around our ambitions and intention as a Trust to deliver well-led, safe, reliable and compassionate care in a transparent and measurable manner.

We need to recognise that management of the COVID-19 pandemic will continue to be a priority for the foreseeable future and possibly all of 2021/22. We want to be realistic about the ability to release resource to focus on any quality priorities outside of the urgent operational response to the pandemic, and increased numbers of patients waiting for diagnosis and treatment.

In order to determine our quality improvement priorities for 2021/22 we have consulted with a number of stakeholders including our Trust's quality committee, the Trust's board, the trust executive committee, commissioners, patient representatives (through our local Healthwatch group) and our council of governors. We have aligned our consultation with feedback from patient surveys and complaints as well as incidents. We have used our progress against last year's priorities to help decide which priorities need continuing focus in 2021/22 and used information gained by:

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

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

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

and have also chosen to add a fourth priority under the CQC well-led domain.

Maternity pressures are a national concern and the wellbeing of our staff has never been more important. The enforced suspension of our services leading to delays in patient treatment means there is an urgent need to re-enter a period of restoration as soon as possible, and reducing levels of hospital-acquired infection is more important than ever. Our challenge is to deliver the highest quality care in the context of these pressures.

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

**Figure 7 Quality priorities for 2021/22**

No	Improvement priority	Core Dimension	What we will do	Rationale for selection	Progress metrics
1	Continuity of care for women at risk of complications in pregnancy	Patient safety and patient experience	<p>Increasing the number of women who are at higher risk of complications in pregnancy and childbirth who are booked with a team of midwives who provide them continuity of carer during antenatal, labour and postnatal care.</p> <p>Women at risk in particular are women living in the lowest decile Index of Multiple Deprivation, Black and Asian women, women with serious mental health issues, women who do not speak English or have a safeguarding plan or meet the criteria for 'extra support' (homeless, drug or alcohol use, history of domestic violence, parents under 19).</p>	<p>Evidence has shown that women who received midwife-led continuity of carer before, during and after birth were:</p> <ul style="list-style-type: none"> <li>• Seven times more likely to be attended at birth by a known midwife.</li> <li>• 16% less likely to lose their baby and 19% less likely to lose their baby before 24 weeks.</li> <li>• 24% less likely to experience pre-term birth.</li> </ul>	% of women booked with the maternity service who meet the criteria for continuity of carer.

No	Improvement priority	Core Dimension	What we will do	Rationale for selection	Progress metrics
2	Staff wellbeing and recovery	Well-led	<p>We want to lead compassionately and inclusively, so our people are involved in decision-making, feel hopeful for the future and are confident in bringing their whole selves to work, no matter who they are.</p> <p>We are working to build confidence and trust in the vast array of support to drive uptake now awareness is high and to help people find effective help.</p>	<p>The effect of the COVID-19 pandemic presents an added burden on the mental wellbeing of the workforce.</p> <p>Research highlights the mental health risk that UK healthcare workers potentially face including depression, insomnia, anxiety and distress.</p> <p>NHS staff caring for patients with contagious and life-threatening illnesses are likely to have anxiety and fear of being infected as well as fear of infecting family members.</p> <p>Usual ways of coping are likely to be challenged and if staff are unsupported, symptoms of distress and burnout will decrease their ability to function effectively</p>	<p>Trust absence rates (including specifically absence through stress).</p> <p>Turnover.</p> <p>Staff survey questions in 2021.</p> <p>Focus on health and wellbeing.</p> <p>Stress and pressure.</p>



No	Improvement priority	Core Dimension	What we will do	Rationale for selection	Progress metrics
3	Managing risks to patients delayed for treatment and restoring elective programmes	Clinical effectiveness	<p>Plan to make best use of our available capacity, including the independent sector, to recover our activity at the same time as managing ongoing COVID-19 demand.</p> <p>Maintaining improvements in reducing the number of face-to-face outpatient appointments.</p> <p>Improving the experience of those waiting for care.</p>	<p>COVID-19 will be around for the foreseeable future and infection rates may fluctuate as public health measures relax.</p> <p>A significant backlog of non-emergency work is being created in addition to those patients on waiting lists before the COVID-19 pandemic.</p> <p>Regular and effective communication regarding delays to treatment plays an important role in patients' sense of control and their ability to manage uncertainty.</p>	<p>Referral to Treatment (RTT) data.</p> <p>62-day cancer performance (NHS England standard).</p> <p>Diagnostic waits.</p> <p>Performance.</p> <p>Patient feedback/ complaints/ concerns.</p>

No	Improvement priority	Core Dimension	What we will do	Rationale for selection	Progress metrics
4	Reducing healthcare associated infection (HCAI)	Patient safety	<p>Focus on tried and tested practices that wards and departments can implement to help reduce the risk of transmission of infection, and concentrate on key areas including environment, general hygiene and cleanliness, use of face masks and personal protective equipment (PPE), screening and isolation practice.</p>	<p>Prevention of healthcare-associated infections (HCAIs) is central to providing safe and high quality healthcare.</p> <p>HCAIs are among the most significant causes of morbidity and mortality in healthcare settings.</p>	<p>Number of cases of hospital onset COVID-19.</p> <p>Hospital-acquired Clostridium difficile infections.</p> <p>Hospital-acquired MRSA.</p> <p>Bloodstream infections.</p>

## 2.2 Statements of assurance from the board

**This section includes mandatory statements about the quality of services that we provide relating to the financial year 2020/21. This information is common to all quality accounts and can be used to compare our performance with that of other organisations. The statements are designed to provide assurance that the board of directors has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement**

### 2.2.1 Review of services

During 2020/21 University Hospital Southampton NHS Foundation Trust provided and/or sub-contracted 107 relevant health services (from total Trust activity by specialty cumulative 2020/21 contractual report). University Hospital Southampton NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision of relevant health services by University Hospital Southampton NHS Foundation Trust for 2020/21.

### 2.2.2 Participation in national clinical audits and confidential enquiries

During 2020/21 50 national clinical audits and two national confidential enquiries covered NHS services that UHS provides.

During 2020/21 UHS participated in 96% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Due to NCEPOD studies being stopped during the COVID-19 pandemic, the only one that UHS participated in during 2020/21 was Physical healthcare provided to inpatients in mental health hospitals in which data sheets were returned. No new reports have been published this year.

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 and national confidential enquiries that UHS was eligible to participate in and participated in, and for which data collection was completed during 2020/21 are listed below (Figure 8) 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.

Due to COVID-19 the national and internal data collections were suspended and publishing dates for reports were pushed back to further in the year. Some of the new audits for 2020/21 have been cancelled or suspended until further notice. Likewise some of the data collections have been left for trusts to decide whether they can contribute to these or not and this will affect the overall percentage. At the date of this report 100% of cases were likely to be completed on the continuous data collections, however, the final figures may not be known until the reports are published next year. Other data collections have been changed to focus on COVID-19 data and these will be reviewed as and when the reports are published.

**Figure 8 Total number of national clinical audits and national confidential enquiries UHS was eligible to participate in and participated in, and for which data collection was completed during 2020/21 are as follows:**

No	Total number of national clinical audits and national confidential enquiries UHS was eligible to participate in and participated in	Eligible	Participated	% Actual cases submitted / expected submissions
1	Antenatal and Newborn national audit protocol 2019 to 2022	✓	✓	100%
2	Breast and Cosmetic Implant Registry (BCIR)	✓	✓	100%
3	British Spine Registry	✓	✓	100%
4	Case Mix Programme (CMP) (ICNARC)	✓	✓	100%
5	Elective Surgery (national PROMS Programme (Hips and Knees)	✓	✓	100%
6	Emergency Medicine QIPs – Fractured Neck of Femur	✓	✓	Data collection in progress but expected to be 100%
7	Emergency Medicine QIPs – Homelessness inclusion health cancelled Infection Prevention added instead	✓	✓	
8	Emergency Medicine QIPs – Pain in Children	✓	✓	
9	Falls and Fragility Fractures Audit Programme (FFFAP) national hip fracture database	✓	✓	100%
10	Falls and Fragility Fractures Audit Programme (FFFAP) fracture liaison service database	✓	✓	100%
11	Falls and Fragility Fractures Audit Programme (FFFAP) National Audit of Inpatient Falls	✓	✓	100%
12	Inflammatory Bowel Disease (IBD) Registry – Biological therapies	✓	✓	100%
13	Learning disabilities Mortality Review Programme (LeDeR)	✓	✓	100%
14	Mandatory Surveillance of HCAI	✓	✓	100%
15	National Asthma & COPD audit programme (NACAP) (asthma in children and adults)	✓	✓	Adults 15% approx
16	National Asthma and COPD Audit Programme (NACAP) (COPD secondary care)	✓	✓	100%
17	National Asthma and COPD Audit Programme (NACAP) Pulmonary rehabilitation	✓	✓	100%
18	National Audit of Breast Cancer in Older People (NABCOP)	✓	✓	100%
19	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	✓	✗	Data collection suspended
20	National Cardiac Arrest Audit (NCAA)	✓	✓	100%
21	National Cardiac Audit Programme (NCAP) - Adult cardiac surgery	✓	✓	100%
22	National Cardiac Audit Programme (NCAP) - Cardiac Rhythm Management (CRM)	✓	✓	100%

No	Total number of national clinical audits and national confidential enquiries UHS was eligible to participate in and participated in	Eligible	Participated	% Actual cases submitted / expected submissions
23	National Cardiac Audit Programme (NCAP) - Congenital Heart disease (CHD) paed	✓	✓	100%
24	National Cardiac Audit Programme (NCAP) - Heart Failure audit	✓	✓	100%
25	National Cardiac Audit Programme (NCAP) - Acute Coronary Syndrome or Acute Myocardial Infarction	✓	✓	100%
26	National Cardiac Audit Programme (NCAP) - Percutaneous coronary interventions (PCI)	✓	✓	100%
27	National Diabetes Inpatient Audit (NaDIA) services	✓	✓	100%
28	National Pregnancy in Diabetes Audit	✓	✓	100%
29	National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓	100%
30	National Emergency Laparotomy Audit (NELA)	✓	✓	100%
31	National Gastrointestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)	✓	✓	85%
32	National Gastrointestinal Cancer Programme - National Oesophago-gastric Cancer (NOGCA)	✓	✓	95%
33	National Lung Cancer Audit (NLCA)	✓	✓	100%
34	National Maternity and Perinatal Audit (NMPA)	✓	✓	100%
35	National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	✓	✓	100%
36	National Ophthalmology Database Audit (NOD)	✓	✓	95%
37	National Paediatric Diabetes Audit (NPDA)	✓	✓	100%
38	National Prostate Cancer Audit (NPCA)	✓	✓	100%
39	National Vascular Registry (NVR)	✓	✓	100%
40	Neurosurgical National Audit programme	✓	✗	Not yet started
41	Paediatric Intensive Care Audit Network (PICANet)	✓	✓	100%
42	Perioperative Quality Improvement Programme (PQIP)	✓	✓	100%
43	Sentinel Stroke National Audit Programme (SSNAP) continuous SSNAP Clinical patient Audit, organisational audit	✓	✓	100%
44	Serious Hazards of Transfusion (SHOT) UK National haemovigilance scheme	✓	✓	100%
45	Society for Acute Medicine Benchmarking Audit (SAMBA)	✓	✓	100%
46	Surgical Site Infection Surveillance Service (SSIS)	✓	✓	100%

No	Total number of national clinical audits and national confidential enquiries UHS was eligible to participate in and participated in	Eligible	Participated	% Actual cases submitted / expected submissions
47	Trauma Audit & Research Network (TARN)	✓	✓	100%
48	UK Cystic Fibrosis Registry	✓	✓	100%
49	UK Registry of Endocrine and Thyroid Surgery	✓	✓	25% approx
50	UK Renal Registry (paediatrics only)	✓	✓	100%

The reports of 23 national clinical audits were reviewed by UHS in 2020/21 and UHS intends to take the following actions to improve the quality of healthcare provided:

**Figure 9 National Clinical Audit: actions to improve quality**

National audit title	Actions
1. National Audit of Inpatient Falls (NAIF) Audit report 2020	<ul style="list-style-type: none"> <li>To ensure the facilities data is completed by August 2020 to support national audit</li> <li>Improvements made during CQUIN period will need ongoing monitoring by ward areas</li> <li>Revised policy advises mobility assessment and provision of aids within 24 hours to be implemented. Wards to put actions in place to ensure compliance</li> <li>To ascertain the gap between the number of reported falls and actual falls there is currently no system in place for assessing this at UHS. But Falls lead is aware of Fallsafe information to support this and this will be trialled in the future</li> <li>All falls on wards will have an immediate assessment chart updated on each patient and an action plan to improve engagement with the revised policy</li> <li>All areas to return incident forms if hoverjack is not used during patient falls which has resulted in a high harm fall</li> <li>To decrease injury to staff correct equipment to be used in line with the risk assessment. Enhance moving and handling training to affected staff and simulation training with educational updates to all staff. To be evaluated through thematic reviews and learning from falls panel with additional actions implemented if required</li> <li>Assessment by a medically qualified professional should take place within 30 minutes of a fall where serious injury is suspected. New Equest option to support out of hours referrals; education to be updated to further support this. To be reviewed once falls policy revision is established in practice and Equest profile to be raised</li> </ul>

National audit title	Actions
2. Learning Disability Mortality Review Programme (LeDeR)	<ul style="list-style-type: none"> <li>Poor application of the Mental Capacity Act to be reviewed regularly as on the UHS trust risk register; and is not just Learning Disability (LD) specific</li> <li>Lack of timely referral to specialists, including learning disability service has been identified which includes out-of-hours access to an LD service and to be discussed</li> <li>To raise awareness and promote the LD service across the trust</li> </ul>
3. National Maternity and Perinatal Audit (NMPA) NHS Maternity Care for Women with Multiple Births and Their Babies - A study on feasibility of assessing care using data from births between 1 April 2015 and 31 March 2017, published August 2020	<ul style="list-style-type: none"> <li>The Maternity Service to move to an improved Maternity Information System (MIS) over the next 6 months to a year</li> <li>To be fully compliant with the requirements of the Maternity Services Data Set (MSDS) by transferring to the new MIS</li> <li>The UHS admin team to upload clinical codes from a routing slip that is complete when women attend a FM clinic</li> </ul>
4. Saving Lives, Improving Mothers' Care Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK	<ul style="list-style-type: none"> <li>For BAME background (only) communications to be via: Facebook, poster / flyer which is in production, UHS maternity web page</li> <li>Updated information to be added to PROMPT, access to cultural competency training for staff and change of advice to be circulated</li> <li>Women from BAME backgrounds, where possible, will be managed within one of the Needing Extra Support teams (NEST)</li> <li>High Dependency Care can be supported within the Maternity Service with support from the Southampton General Hospital site</li> <li>Guidance can be sought from the VTE guideline (appendix 2 prevention and Management of Venous Thromboembolism during Pregnancy or 6 weeks post-partum during the COVID-19 pandemic) is to be referred to in the SOP Intrapartum Care Summary for women with suspected / confirmed COVID-19</li> <li>Intrapartum deteriorating symptoms to be assessed with decision made by senior multidisciplinary team (MDT)</li> </ul>
5. National Joint Registry (NJR) 17th Annual Report 2020 published October 2020	<ul style="list-style-type: none"> <li>A meeting will be held with the NJR to discuss the performance of the particular Zimmer NexGen tibial baseplate. NJR to perform a data review of the NJR because several other centres have noticed similar problems, also now published by Limerick surgeons, a local action will be a change of supplier contract away from this implant</li> </ul>
6. National Emergency laparotomy Audit (NELA) Annual report published November 2020	<ul style="list-style-type: none"> <li>Action required to improve the post-operative assessment by elderly care consultant.</li> </ul>

National audit title	Actions
7. National Diabetes Inpatient Audit (NaDIA) Annual report published November 2020	<ul style="list-style-type: none"> <li>To go live with an insulin self administration project for patients</li> <li>To continue to present staff training on use of IV insulin</li> <li>Plans to develop own patient questionnaire and encourage free comments (apart from mealtimes), to help identify key issues and future focus</li> <li>Business case is in development to secure additional specialist nursing resource</li> </ul>
8. National Maternity and Perinatal Audit (NMPA) Proportion of singleton, term, live-born infants with a 5-minute Apgar score of less than 7 and proportion of women who had an obstetric haemorrhage of 1500ml or more in 2016-17	<ul style="list-style-type: none"> <li>There have been some improvements made and actions and QI work continues along with regular monitoring. Unfortunately due to COVID there has been a temporary pause to some of this work. An action plan in place ready for restart</li> </ul>
9. Trauma & Orthopaedic (Patient Reported Outcome Measures) PROMS	<ul style="list-style-type: none"> <li>The IT department are to work on using My Medical Record to collect national PROMs data which would allow us opportunity to increase the number of responses received</li> </ul>
10. Fractured Neck of Femur (NOF) best practice / Fragility Fractures best practice (data from the National Hip Fracture Database)	<ul style="list-style-type: none"> <li>The Fracture Liaison Service (FLS) team to carry out education with junior doctor and ward teams and are hopeful 4AT completion will improve</li> <li>To undertake an in-depth review of the reasons for non-completion</li> <li>The majority of patients waiting longer for surgery are delayed by theatre capacity which is also being impacted by Winchester NOF patients coming to UHS for treatment. We have been working with an external supplier and the Trust's InfoQlik/Qlikview team to find practical ways to improve our time to surgery and one of the registrars is investigating the delays to surgery generally, and also the impact that Covid has had on delays</li> </ul>
11. National Joint Registry (NJR) update from Q2 20/21	<ul style="list-style-type: none"> <li>Contracts are being re-negotiated and as of Spring 2020 we have moved away from the Zimmer CPT stem and use the Stryker Exeter stem instead. It is likely that it will take some years before the 'legacy effect' of the poorly performing stem washes through, meaning that it should be expected that SGH will remain a THR outlier until that happens. The situation is under bi-annual review with reports also sent to the NJR</li> </ul>
12. Photodynamic therapy (PDT) for chronic central serous chorioretinopathy	<ul style="list-style-type: none"> <li>There is a need to redesign the service for PDT; the main issue is associated with low numbers and the costs for a new machine. This is currently low priority due to current (COVID) circumstances but will be reviewed</li> </ul>
13. National Vascular Registry (NVR) Annual Report, published December 2020	<ul style="list-style-type: none"> <li>Vascular Surgery needs greater access to Hybrid Theatre to maintain these high standards</li> </ul>

National audit title	Actions
14. National Asthma and COPD Audit Programme (NACAP) Adult asthma secondary care audit report published 14th January 2021	<ul style="list-style-type: none"> <li>• Resource required for administration to be able to add patients onto the NACAP database</li> <li>• Resource required in terms of nursing staff to allow for an in-reach service</li> <li>• To increase dedicated administration time to increase asthma nurse time</li> <li>• Education to be increased with junior doctors in AMU/ED.</li> <li>• Issues to be escalated through Clinical Assurance Meetings for Effectiveness and Outcomes (CAMEO)</li> </ul>
15. Breast and Cosmetic Implant Registry (BCIR)	<ul style="list-style-type: none"> <li>• Data governance manager to ensure data is added to database in a timely manner</li> </ul>
16. National Paediatric Diabetes Audit (NPDA)	<ul style="list-style-type: none"> <li>• To improve recording of key care processes UHS to invest in an online database 'Twinkle'</li> <li>• To continue to use technology to help our patients improve their HbA1c</li> </ul>
17. UK Cystic Fibrosis Registry - paediatrics	<ul style="list-style-type: none"> <li>• Ongoing work to create ensuite care facilities</li> <li>• Moving to more virtual clinics due to COVID-19</li> </ul>
18. National Early Inflammatory Arthritis Audit (NEIAA) Report published January 2021	<ul style="list-style-type: none"> <li>• UHS placed as an outlier for seeing patients within 3 weeks of referral due to clinic capacity</li> <li>• To move booking of early arthritis referrals to the administration team within rheumatology</li> <li>• To start Waiting List Initiative (WLI) clinics</li> </ul>
19. British Spine Registry (BSR)	<ul style="list-style-type: none"> <li>• The Spinal Service will employ a BSR administrator to ensure that patient consents and PROMs data is recorded</li> </ul>
20. National Neonatal Audit Programme (NNAP) Report published November 2020	<ul style="list-style-type: none"> <li>• UHS are participating in several QI projects to ensure improvements are continued and patients receive the best care possible. These QI projects are:</li> <li>• Thermoregulation (SHIP) project, PreCept (MgSO4), ATAIN, Central Line care bundles</li> </ul>
21. MBRRACE-UK Perinatal Mortality Surveillance Report 2020	<ul style="list-style-type: none"> <li>• To address issues and fully implement the Saving Babies Lives and NHS Resolution Maternity Incentive Scheme</li> <li>• To add additional support around the Continuity of Carer for the BAME population</li> <li>• To discuss with pathology a way to improve pathways for all babies admitted to neonatal care to have placental histology taken</li> </ul>
22. MBRRACE 'Saving Lives, Improving Mothers' Care Report 2021	<ul style="list-style-type: none"> <li>• Nocturnal seizures noted on toolkit but will add as a red flag issue on guideline</li> <li>• Awaiting audit results on how many woman with epilepsy receive pre-pregnancy counselling as to whether any actions are required</li> <li>• A complete communications strategy is in process of being written for engagement with primary care providers and community groups that support pregnant woman who are recent migrants, asylum seekers or refugees where English is not their first language</li> <li>• Early discussion to be held operationally to look at providing Long-Acting Reversible Contraception (LARC) for patients before discharge after having a baby</li> <li>• Working towards development of guidance, provision of equipment and digital capture of observations of postnatal checks for mothers who are unwell</li> </ul>



National audit title	Actions
23. Royal College of Emergency Medicine (RCEM) Procedural Sedation in Adults	<ul style="list-style-type: none"> <li>• Work to minimise barriers and thereby increase full use of Emergency Department (ED) checklist</li> <li>• To reinforce importance of using the procedural sedation proforma and adequate documentation</li> <li>• To review and add a patient information sheet for procedural sedation which can be printed with checklist</li> </ul>

The reports of 69 local clinical audits were reviewed by UHS in 2020/21 and UHS intends to take the following actions to improve the quality of healthcare provided:

**Figure 10 Local Clinical Audit: actions to improve quality**

Audit title	Actions
1. Audit of Admissions to the Wessex Neurological Centre (WNC)	<ul style="list-style-type: none"> <li>• To agree at time of entry of patient onto Referapatient whiteboard, the priority of the admission with the admitting consultant (i.e. urgent / non-urgent / emergency)</li> <li>• To identify patients suitable for early discharge and early preparation of Hospital Medical Records</li> <li>• Bed manager to attend the morning neurology board round to improve communication of neurology patients awaiting a bed, including the level of urgency of their admission</li> </ul>
2. A re-audit of compliance with the 2 week wait standard for breast symptomatic referrals	<ul style="list-style-type: none"> <li>• A plan to increase staffing to meet target of seeing approximately 95% of all symptomatic breast referrals within two weeks</li> <li>• A business case is in progress for a new breast surgical consultant, unfortunately slowed by COVID-19 work</li> </ul>
3. An audit of hand flexor tendon repairs at University Hospital Southampton (UHS)	<ul style="list-style-type: none"> <li>• To communicate to hand surgical team to ensure zone of injury, surgeon's name, post-operative guidance and type of repair used is documented in the post-operative notes</li> <li>• To communicate with Trauma &amp; Orthopaedic Patient Services Centre the need and importance of booking hand flexor tendon repair patients in to hand clinics within the recommended post-operative timeframe</li> <li>• To develop a data collection tool / flexor tendon treatment documentation sheet for use with hand flexor tendon patients. To include: <ul style="list-style-type: none"> <li>- Name of hand therapist</li> <li>- Name of surgeon</li> <li>- Date of surgery</li> </ul> </li> <li>• To review and update the patient information factsheet for flexor tendon injury</li> </ul>
4. Trauma & Orthopaedic (T&O) admission documentation 2nd re-audit	<ul style="list-style-type: none"> <li>• To present results in T&amp;O departmental meeting</li> </ul>

Audit title	Actions
5. Electronic Records of Arthroscopic Imaging in Shoulder Surgery Re-Audit	<ul style="list-style-type: none"> <li>• To highlight findings at departmental Mortality &amp; Morbidity (M&amp;M) applicable to knee / elbow / wrist arthroscopic procedures</li> <li>• To liaise with IT regarding improvement of uploading process from stack to Edocs</li> <li>• To add poster prompt on stack machines to theatre team and surgeon regarding checking successful upload at sign out</li> </ul>
6. Safety-netting and advice provided for patients presenting to the Emergency Department (ED) with symptoms suggesting miscarriage or ectopic pregnancy	<ul style="list-style-type: none"> <li>• To add to discussion in ED top tips</li> <li>• To circulate via email to ED Senior House Officer</li> <li>• To discuss with Clinical Effectiveness lead in an internal meeting</li> <li>• To produce a one minute wonder poster and display</li> <li>• To present at Audit Day 24th June</li> <li>• New 'Bleeding in early Pregnancy' patient advice sheet to be created adding counselling / support services in accordance with NICE guidelines</li> <li>• To start re-audit after implementing changes</li> </ul>
7. Accessibility of appropriate pulse oximeter probes	<ul style="list-style-type: none"> <li>• The results of the audit to be shared through the acuity strategy group, divisional governance groups and patient safety strategy group</li> <li>• The report to be shared with ward leaders and matrons to review accessibility of appropriate ear probes and finger probes for clinical areas</li> </ul>
8. Colorectal PTFU Audit	<ul style="list-style-type: none"> <li>• To ensure patients understand the importance of undertaking their surveillance tests in a timely manner. This to be undertaken at outpatient appointment where patient is given literature and full surveillance schedule</li> <li>• To look at results in the re-audit and if no improvement with full access to being able to request investigations then to review and re-assess</li> <li>• To carry out re-audit immediately</li> </ul>
9. An Audit on Tracheostomy and Laryngectomy Care	<ul style="list-style-type: none"> <li>• To facilitate further education and learning for staff regarding the inpatient management of tracheostomy and laryngectomy patients: <ul style="list-style-type: none"> <li>- Include ward staff, medical team and critical care outreach team</li> <li>- Inclusion in nursing staff and medical team induction</li> <li>- Formal teaching vs. on ward teaching</li> <li>- Development of resource files for ward</li> <li>- Flowchart / checklist for wards who admit patients with Tracheostomy/ laryngectomy</li> </ul> </li> </ul>
10. Diagnostic Hemi thyroidectomy from clinical decision to theatre: Waiting time audit.	<ul style="list-style-type: none"> <li>• To have close liaison with admission office to minimise any unnecessary delay of prioritised patients (within the confines of available theatre capacity)</li> </ul>
11. An audit to measure adherence to falls guidelines for patients over 65 admitted to Wessex Neurological Centre (WNC) with an injury as a result of a fall	<ul style="list-style-type: none"> <li>• To continue educating the new members of the therapy team at WNC on falls prevention pathway. This to be done during the induction sessions</li> <li>• To educate WNC therapy team on results of the re-audit and inform action plan</li> <li>• To ensure falls pathway paperwork available in the therapy folder on each of the audited wards</li> <li>• To add prompt comment on the Integrated Neuro assessment form for following falls pathway if patient admitted with a fall</li> <li>• To encourage Therapy staff to be compliant and complete mandatory training on falls prevention measures and general awareness</li> <li>• To complete falls quiz by means of keeping staff aware on falls prevention</li> </ul>

Audit title	Actions
12. Diabetes Ketoacidosis Audit	<ul style="list-style-type: none"> <li>The diabetes specialist pharmacist to cross check patient tablets before they go home</li> </ul>
13. To audit the prevalence of obesity in children with congenital heart disease	<ul style="list-style-type: none"> <li>Results to be presented at Paediatric Cardiology multidisciplinary team meeting and pathway into Tier 2 / 3 obesity to be considered</li> </ul>
14. Reasons for Do No Attempt Cardio Pulmonary Resuscitation (DNACPR).	<ul style="list-style-type: none"> <li>Focus to be placed on the reason DNACPR forms are to be raised through resuscitation training and education</li> <li>Top tips for raising DNACPR to be re-circulated across Trust</li> <li>Staff to be prompted to complete the DNACPR forms using a ballpoint pen, this to be undertaken during Resuscitation training / education and through 'Top Tips'</li> </ul>
15. Is acetabular reconstruction performed in a timely manner at a Major Trauma Centre? Comparison with British Orthopaedic Association Standards for Trauma and Orthopaedics (BOASTs) guidelines.	<ul style="list-style-type: none"> <li>To present results and data to pelvic team and trauma coordinators</li> </ul>
16. Compliance with Paediatric Observation and Monitoring Policy (PEWS)	<ul style="list-style-type: none"> <li>To continue teaching PEWS update at mandatory days for both band 2, 3 and band 4 and above. Focus on factors affecting behaviours and improving understanding and engagement with the policy</li> <li>For SafeTrack updates provide detail for further programme developments including logic to reduce errors in documentation</li> </ul>
17. Patient care following dislocation of total prosthetic hip replacement after introduction of Relocation Pathway re-audit	<ul style="list-style-type: none"> <li>To present in Trauma &amp; Orthopaedic (T&amp;O) departmental Mortality &amp; Morbidity (M&amp;M) meeting</li> <li>To discuss findings in Emergency Department (ED) departmental meeting and try to propose pathway to relocate them in ED</li> <li>Pathway to Relocate Prosthetic hips in ED requires T&amp;O Governance approval</li> <li>Pathway to Relocate Prosthetic hips in ED requires ED team approval</li> <li>To add implementation of Prosthetic Hip Relocation in ED Pathway</li> </ul>
18. Improving quality of images utilised for stereotactic radiosurgery planning	<ul style="list-style-type: none"> <li>To be discussed with superintendent radiographer and liaise with physicist and if required update the vetting on Clinical Record Interactive system (CRIS) to make it clear that DOUBLE dose dotarem / prohance needs to be administered if gadovist is not available</li> <li>After Cycle 3 – To review the prescribing agents prescribing limits and once satisfied that this was within allowed limits proceed to discuss with colleagues. To discuss with consultant colleague and superintendent radiographers to decide to switch to double dose gadovist equivalent dotarem dose</li> <li>After Cycle 4 – To discuss with MRI superintendent radiographers and consultant colleague and agree to switch to double dose gadovist. A chart was designed by the superintendent radiographer and placed in the scanner with the new dosing regimen linked to weight. Reviewed the prescribing information for gadovist to ensure that this remains within licensed limits and decided to leave dotarem dosing information for instances when gadovist is not available so that the correct volume gets administered</li> </ul>

Audit title	Actions
19. Prevalence of screening for domestic violence and abuse	<ul style="list-style-type: none"> <li>To further review the compliance against screening for domestic abuse and violence by re-auditing</li> </ul>
20. Audit of adherence to NICE CG83 and QS158 in Neurological Intensive Care Unit (NICU)	<ul style="list-style-type: none"> <li>To develop rehabilitation assessment proforma on Metavision system</li> <li>To establish consistent approach to critical care goal setting education sessions and establish consensus on rehab goal setting across therapy teams</li> <li>To devise an acute rehabilitation pathway to aid decision making in NICU and therapy prompt sheet for rehabilitation assessment / clinical reasoning for use in NICU</li> <li>To establish a mode of effective handover to ward and other hospitals</li> <li>To explore Multidisciplinary Team (MDT) written handover for complex patients</li> <li>To add an online handover message for internal use with new WhatsApp equivalent confidential system</li> <li>To chase governance group to confirm information leaflet for NICU.</li> <li>To liaise with nursing staff and director of NICU</li> <li>To feedback results from audit in In Service Training (IST) and educate therapy team</li> </ul>
21. Audit to study risk factors for missed small for gestational age babies	<ul style="list-style-type: none"> <li>To present results at local meeting (Obstetrics &amp; Gynaecological departments)</li> </ul>
22. Resuscitaire daily checks	<ul style="list-style-type: none"> <li>To review the guideline</li> <li>To revise New Forest Birthing Centre (NFBC) checklist, to match format of all other checklists</li> <li>A reminder email to be circulated to all area leads and matrons</li> <li>To include results in Risk and Quality Newsletters</li> <li>To continue to remind staff during weekly safety walk around</li> </ul>
23. Patient compliance with preparation information for stress cardiac scan	<ul style="list-style-type: none"> <li>To present the results to the Cardiac MR reporters in the discrepancy meeting</li> <li>To discuss suggestions of new ideas e.g. optimisation of SMS (text messaging) information service</li> </ul>
24. A review of the Paediatric inpatient Physiotherapy services provided for patients with Cystic Fibrosis admitted to University Hospital Southampton	<ul style="list-style-type: none"> <li>The inpatient admission form to be altered to include inpatient exercise provision plan, so both the patient and therapy team are aware of when exercise will take place</li> <li>All inpatients to be given an in room exercise plan that they can complete independently. This will enable them to have access to exercise on days when therapy team staffing levels may not allow for an exercise session in the gym</li> <li>Equipment to be given to the patient to use in their room independently provided this is safe and appropriate</li> <li>On admission an exercise plan to be created with the patient to see if they have any specific areas they would like to work on / things they enjoy and a copy given to the patients to have in their room as well as a copy in the notes</li> </ul>

Audit title	Actions
	<ul style="list-style-type: none"> <li>• A physiotherapist or therapy assistant (who has received appropriate training and is competent) should go through the program with the patient at least once to ensure that they understand and are completing the exercises safely and correctly</li> <li>• It should be decided with the patient which days they will be independently completing this program during their stay. A copy of this program should also be saved on edocs so that on following admissions it can be accessed, edited as needed and used again for that patient. This should start immediately (given the COVID-19 pandemic) and continue indefinitely</li> <li>• Teaching for therapy technicians and other members of the physiotherapy team, as needed, to allow competencies to be signed off to enable them to carry out exercise sessions with inpatient Cystic Fibrosis patients</li> <li>• Ensure clear documentation of reasons if standards are not achieved e.g. patient off ward etc. for completeness and also to allow for information collection in future audits. This should start immediately and continue indefinitely</li> <li>• If patients are not receiving two airway clearance sessions per day the reason for this must be clearly documented (e.g. patient off ward in the afternoon or patient unwell). If they do not receive an exercise session the reason for this should be clearly documented and it should be documented whether the patient will instead be completing in room exercise independently</li> </ul>
25. UHS Open Tibia Fracture Outcomes (April 2012 – Dec 2015)	<ul style="list-style-type: none"> <li>• To re-audit 2016-2018 patient outcomes of open tibial fracture management</li> </ul>
26. Cardiac Magnetic resonance imaging (MRI) reporting: documentation of LA, RA and extra cardiac findings	<ul style="list-style-type: none"> <li>• Gathering of Cardiac MR (CMR) reporters in the discrepancy meeting to present results, discuss about reporting technique and suggest new ideas</li> <li>• Development of 'CMR Reporting Beta', an open-access tool to assist</li> </ul>
27. Neuro development follow up of paediatric patients who have received extracorporeal membrane oxygenation (ECMO) treatment	<ul style="list-style-type: none"> <li>• Develop dedicated ECMO database including follow up appointments and outcome. Joint work between Trust IT team, Paediatric Intensive Care unit (PICU) and Paediatric neurology. Designate co-ordinator to facilitate this</li> <li>• Revise existing follow up protocol, particularly for pre-school children</li> <li>• Ensure speciality teams who follow up children post ECMO are aware of follow up protocol</li> <li>• To develop formal guideline, including web-based programme and deliver this through teaching to respective speciality teams</li> </ul>
28. Notes audit to determine if pregnant women are being asked about domestic abuse at their antenatal appointments	<ul style="list-style-type: none"> <li>• To inform staff that there is still some room for improvement</li> <li>• To develop a referral pathway to services for staff to follow correct procedure</li> </ul>

Audit title	Actions
29. Infection Prevention & Control (IPC) - Miscellaneous audits: standard precautions.	<ul style="list-style-type: none"> <li>Re-audit is required by 29 areas of sub optimal performance</li> <li>Care group managers /care group clinical leads to provide support to 5 areas scoring between 94% and 85%</li> <li>2 areas scoring below 85% to produce an action plan and provide evidence of implementation and re audit</li> </ul>
30. IPC - Multi Professional Hand Hygiene Audit – inpatient Areas	<ul style="list-style-type: none"> <li>Divisions, Care Groups and Clinical Teams to review their individual reports and identify areas and actions for improvement</li> <li>Report to be reviewed and discussed at Infection Prevention Committee, with Divisional representatives, and improvement actions agreed</li> <li>Proposal for introduction of new improvement framework to be discussed at Trust Infection Prevention Committee</li> </ul>
31. IPC - Saving Lives HII 1 Central Venous Catheter Care.	<ul style="list-style-type: none"> <li>Re-audit is required by 11 areas of sub optimal performance for care insertion and 17 areas for ongoing care</li> <li>Care group managers / care group clinical leads to provide support to 1 area scoring between 94% and 85%</li> <li>4 areas scoring below 85% will be required to produce an action plan and provide evidence of implementation, re audit and where Aseptic Non-Touch Technique (ANTT) non-compliance will be referred for ANTT training</li> </ul>
32. IPC - Saving Lives HII 2 Peripheral Intravenous Cannula Care	<ul style="list-style-type: none"> <li>Re-audit is required by 25 areas of sub optimal performance</li> <li>Care group managers / care group clinical leads to provide support to 7 areas scoring between 94% and 85%</li> <li>4 areas scoring below 85% will be required to produce an action plan and provide evidence of implementation, re audit and where ANTT non-compliance will be referred for ANTT training</li> </ul>
33. IPC - Saving Lives HII 6 Urinary Catheter Care	<ul style="list-style-type: none"> <li>Re-audit is required by 23 areas of sub optimal performance</li> <li>Care group managers / care group clinical leads to provide support to 2 areas scoring between 94% and 85%</li> <li>11 areas scoring below 85% will be required to produce an action plan and provide evidence of implementation, re audit and where ANTT non-compliance will be referred for ANTT training</li> </ul>
34. Familial Adenomatous Polyposis (FAP) management	<ul style="list-style-type: none"> <li>To develop standard proforma for FAP families to document in one place the following: those family members at risk, contact made, when and testing done</li> <li>To forward details of the UHS patients that have not had recent endoscopies to appropriate consultant so that endoscopies can be arranged</li> <li>To discuss the FAP management guideline and findings of the audit at polyposis Multidisciplinary Team (MDT)</li> <li>To circulate the FAP management guideline once updated to hospitals around the region</li> <li>Genetic counsellors to contact proband of families in which 50% risk relatives appear not to have been contacted</li> <li>Support required for a registry nurse to be shared with Research facility at UHS and covering the region for this rare disease would ensure closer compliance with guidelines and mitigate the risk of missed or late diagnoses</li> </ul>

Audit title	Actions
35. Five years auditing of Kielland's forceps vaginal delivery	<ul style="list-style-type: none"> <li>To improve the accuracy of completion of documentation by staff</li> </ul>
36. Re-auditing compliance with Speech & Language Team (SLT) recommended modified fluid consistencies in bedside jugs	<ul style="list-style-type: none"> <li>To discuss findings with Departmental Audit Lead</li> <li>To discuss findings with lead nursing staff</li> <li>To implement recommendations for improvement</li> <li>To re-audit to ensure compliance has increased</li> </ul>
37. An audit comparing the prescription of Prasugrel with Clopidogrel as antiplatelet of choice in the management of STEMI in the Emergency Department (ED)	<ul style="list-style-type: none"> <li>To send out emails to members of staff updating and or reminding them of the new guidelines / treatment protocol</li> <li>To update posters and visual cues in the ED reminding them of the current recommended treatment protocol</li> <li>To discuss with ambulance crew on the possibility of them stocking Prasugrel instead of Clopidogrel as it's the new recommended drug of choice</li> <li>To discuss with pharmacy to encourage ready availability of Prasugrel in the ED drug stock</li> </ul>
38. Prostate Patient Triggered Follow Up (PTFU) audit of ineligible patient referrals	<ul style="list-style-type: none"> <li>A PTFU video presentation to be made to send to all patients to save time in making multiple phone calls and for the patient's future reference</li> <li>To educate all on protocols who refer to PTFU</li> <li>To offer READ ONLY access to all referrers to My Medical Record</li> <li>To discuss protocol parameters at next PTFU meeting to see if they need to be adjusted</li> <li>To add rejected referral documentation to the PTFU pathway to include documenting on edocs and emailing the referrer. To disseminate this process to the whole PTFU team</li> <li>To discuss with IT team on developing the PTFU Equest referral so that it cannot be submitted until fully complete</li> <li>To present the findings of this audit to the Patient Safety Centre (PSC) manager to highlight the concerns that the PTFU team have over tracking patients that have been rejected from PTFU</li> </ul>
39. An audit of compliance with patients being upright for all oral intake on Medicine for Older People (MOP) wards at Southampton General Hospital (SGH)	<ul style="list-style-type: none"> <li>To feedback results to Speech &amp; Language Team (SLT) team</li> <li>To provide training to wards as appropriate</li> </ul>

Audit title	Actions
40. To confirm use of SBAR handover tool for all maternity transfers from / to all birth environments and inpatient wards.	<ul style="list-style-type: none"> <li>To present findings at audit internal meeting</li> <li>To add as an agenda item to the Maternity Steering Group (MSG)</li> <li>To discuss with matrons about identifying SBAR champions for each are.</li> <li>To promote traffic light triage tool for emergency transfers (which has an SBAR on the reverse)</li> </ul>
41. Traffic light triage for transfer in an emergency in maternity services	<ul style="list-style-type: none"> <li>To present at the MSG</li> <li>To present at an Audit internal meeting</li> <li>To continue to promote to all staff</li> </ul>
42. Audit of enteral feed documentation on fluid chart on Neuro wards	<ul style="list-style-type: none"> <li>To present results at dietetics team meeting with discussion for solutions to improve compliance and accuracy of fluid charts</li> <li>To email Neuro nursing staff to provide training on how to input data on enteral fluids on Safetrack</li> <li>To provide training to nursing staff whilst on the neurological wards to ensure the most accurate documentation of fluids</li> <li>To provide the ward with training packs that can be available on the ward on how to input the data on fluid charts</li> <li>To re-audit the accuracy of completion of fluid charts on the neurological inpatient wards</li> <li>To send out a short questionnaire to the nursing staff on their barriers and difficulties in completing accurate fluid chart</li> <li>To present the results of both of these audits</li> </ul>
43. Infection Prevention & Control (IPC) - Miscellaneous audits: isolation	<ul style="list-style-type: none"> <li>All areas to develop and implement an action plan based upon their results following their audit</li> <li>Care group managers / care group clinical leads to provide support to 5 areas scoring between 94% and 85%</li> <li>1 area scoring below 85% will be required to produce an action plan, re audit and will be referred for hand hygiene training</li> </ul>
44. IPC - Saving Lives HII 8 Cleaning and decontamination	<ul style="list-style-type: none"> <li>Care group managers / care group clinical leads to provide support to 3 areas scoring between 94% and 85%</li> <li>7 areas scoring below 85% will be required to produce an action plan and re-audit</li> </ul>
45. Patient Triggered Follow-up (PTFU) for Testicular Cancer	<ul style="list-style-type: none"> <li>All patients to have an exit interview and this documented before a PTFU can be completed</li> <li>The Medical Oncologist to record on the clinic letter the discussion of PTFU and what is expected of the patient</li> <li>The PTFU team will meet with the Medical Oncologist once a month to discuss patient compliance</li> <li>Patients will be given one reminder if they have missed an assessment, then brought into clinic for any missed investigations to be completed</li> <li>All interactions and actions will be documented in the Patient EPR and My Medical Record</li> </ul>
46. Nasogastric tube (NGT) check chart audit	<ul style="list-style-type: none"> <li>To discuss audit results with General Intensive Care Unit (GICU) matron</li> <li>To meet with corporate information team about NGT forms on Metavision</li> <li>To do a spot check of wards to ensure staff know where chest x-ray stickers are</li> <li>To discuss audit results with Neuro Intensive Care unit (NICU) matron</li> </ul>



Audit title	Actions
47. Molecular testing strategies for Lynch syndrome in people with colorectal cancer	<ul style="list-style-type: none"> <li>To re-audit all referrals for colorectal cancer received by cellular pathology between October 2019 and October 2020 to check all have now had tumour testing as per NICE DG27</li> <li>To check whether the patients who should have had a referral to clinical genetics based on their tumour testing results have now been referred</li> </ul>
48. Following the new Acute Surgical Unit (ASU) direct pathway and assessing its validity for future application	<ul style="list-style-type: none"> <li>To present audit findings on staff education day</li> </ul>
49. Documentation Supporting Monitoring Patients Fluid Balance	<ul style="list-style-type: none"> <li>To disseminate results to individual wards for action</li> <li>To arrange focus week to concentrate on areas of lower compliance (recording of weight/ml per hour required, balances at midday and midnight). Week to include focus board and visits to wards by Practice Development nurses</li> <li>To plan for the fluid balance to be added to the online system, will potentially leave less room for error - this is ongoing with digital services team</li> </ul>
50. Hydration assessment and monitoring	<ul style="list-style-type: none"> <li>To attend wards to promote the use of charts when to use and have a focus week</li> </ul>
51. An audit of follow-up times for audiological assessment in paediatric patients with meningitis (bacterial) and meningococcal	<ul style="list-style-type: none"> <li>To present results to staff</li> <li>To create process for flagging patients for post-meningitis assessment at point of referral</li> </ul>
52. Colorectal Patient Triggered Follow-up (PTFU) Audit	<ul style="list-style-type: none"> <li>To ensure weekly monitoring of patients who are overdue surveillance for Colonoscopy</li> <li>To communicate with Endoscopy Department to try and ensure patients are dated for procedure</li> </ul>
53. Prospective Clinical Audit of 5FU / Capecitabine Chemotherapy Toxicity in Adult Oncology Patients	<ul style="list-style-type: none"> <li>Funding to be sourced for routine dihydropyrimidine dehydrogenase (DPD) testing in all patients due to receive 5-FU / Capecitabine</li> </ul>
54. Major Trauma Secondary transfers from Isle of Wight (IoW)	<ul style="list-style-type: none"> <li>Wider dissemination of the Trauma Unit Bypass tool to be arranged amongst both ambulance and acute healthcare staff working in the Emergency Department (ED) at St. Mary's Hospital, IoW</li> <li>To discuss and plan the best way to form an education plan at the next HEMS Clinical Governance meeting</li> <li>Documentation to be completed and stored appropriately in line with the TARN data handling standards</li> <li>Data collection for audit should be transparent and timely. This to be addressed with education of pre-hospital health care professionals and ED staff at IoW</li> </ul>
55. The completion and prescribing of Venous thromboembolism (VTE)s in Cancer Care	<ul style="list-style-type: none"> <li>To complete further education for ANPs and doctors</li> <li>To present at cancer care audit forum</li> <li>To re-audit after actions have been completed</li> </ul>

Audit title	Actions
56. EVAR Surveillance Audit	<ul style="list-style-type: none"> <li>A designated person to be appointed to chase up EVAR follows up to ensure surveillance is being carried out at 3 months and at 1 year post-EVAR</li> </ul>
57. Surgical treatment of liver metastases from uveal melanoma	<ul style="list-style-type: none"> <li>To maintain the prospective database</li> <li>To collate the results from Interventional radiology, and oncology team to present the Southampton experience nationally, as well as internationally</li> <li>Abstract of surgical experience to be submitted to ALPS HPB meeting in 2021</li> </ul>
58. Are Fracture Neck of Femur Patients having Surgery in the Timely Manner with Current theatre Capacity	<ul style="list-style-type: none"> <li>Further discussion required regarding the weekend theatre list provision</li> </ul>
59. Investigation of Neurophysiology Outpatients 'Did Not Attend' Rates	<ul style="list-style-type: none"> <li>To undertake a patient survey to understand why patients do not attend</li> </ul>
60. Pharmacy compliance with UHS Controlled Drugs (CD) Policy	<ul style="list-style-type: none"> <li>To share the audit results with Lead Pharmacy Technician for Dispensary services at both UHS and RSH</li> <li>To review the standard operating procedure (SOP) for supplying non stock CDs to UHS wards</li> <li>To review the process for receiving signed copies of CD prescriptions from units off site</li> </ul>
61. Trauma theatre utilisation	<ul style="list-style-type: none"> <li>To reduce the timing of putting on protective equipment before surgery. All patients who test negative to go back to using pre-lockdown PPE</li> <li>For patients who test positive all PPE and precautions to be used</li> </ul>
62. Emergency Department (ED) Virtual Fracture Clinic (VFC) Referrals for Trauma Orthopaedics (T&O) who could be avoided	<ul style="list-style-type: none"> <li>On call team to establish a plan management on the day of referral for each patient</li> <li>To discuss with Consultants and identify referrals which could have been avoided</li> <li>To update the present Hand/wrist/elbow and Foot &amp; Ankle protocols held in ED minors</li> <li>A system to be devised that allows all new Registrars to know these protocols which are to be included in the Induction pack</li> </ul>
63. Assessing whether Oral Nutritional Supplements (ONS) are accurately recorded on Food Record Charts (FRC)	<ul style="list-style-type: none"> <li>A meeting with the ward manager will be organised in order to discuss whose responsibility it is to monitor the ONS on the FRC and ensure that this is made clear to the staff on the ward</li> <li>Training to be provided on the importance of ONS in the treatment of patients as well as the importance of monitoring ONS on the FRC</li> </ul>
64. Need for Hepatitis B screening prior to commencing Tyrosine kinase inhibitors in Chronic Myeloid leukaemia patients	<ul style="list-style-type: none"> <li>To test patients for infection with hepatitis B virus (HBV) before starting treatment with BCR-ABL tyrosine kinase inhibitors</li> </ul>

Audit title	Actions
65. A vertical audit of the Paediatric Vestibular Service in Audiology	<ul style="list-style-type: none"> <li>The results to be presented at the vestibular meeting for review and decision on actions if required</li> </ul>
66. Is acetabular reconstruction performed in a timely manner at a Major Trauma Centre? Comparison with BOAST guidelines	<ul style="list-style-type: none"> <li>To present the results to Pelvic team and trauma coordinators for review and discussion on actions if required.</li> </ul>
67. Naso-Gastric Tube (NG) check chart audit	<ul style="list-style-type: none"> <li>Consultant Gastroenterologist to discuss with radiology about improving documentation on chest x-ray reports</li> <li>To present the results at the NST governance meeting for discussion</li> <li>To explore whether this audit needs adding to regular ward audits</li> <li>To explore reformatting the NGT charts</li> <li>To send findings to Quality Governance Steering Group (QGSG)</li> <li>To collect further data from Metavision</li> <li>To hold a discussion with critical care around lack of pH testing</li> </ul>
68. Review of management of infants who are not independently mobile presenting to the emergency department with an actual or suspected bruise	<ul style="list-style-type: none"> <li>To share the Bruising Protocol audit at peer review, date to be confirmed</li> <li>A memo to go out to emergency department clinicians to remind them of the bruising protocol and application in practise</li> <li>Bruising Protocol training for emergency department clinicians</li> <li>When information sharing form received by paediatric liaison service, to review the cases of non-independently mobile infants where a bruise/mark has been noted to ensure social services has been contacted for all presentations. If not completed, social services to be contacted retrospectively</li> <li>For Paediatric liaison service to review all health visitor letter discharge summaries for under ones, and ensure an information sharing form has been completed where a bruise/mark is noted on the summary and take appropriate actions as per the Bruising Protocol</li> <li>To share audit results at safeguarding governance steering group</li> <li>To share audit results at division B governance group</li> <li>Audit report to be included in Q3 safeguarding report</li> <li>To re audit in 6 months</li> </ul>
69. Continuous electronic fetal monitoring audit	<ul style="list-style-type: none"> <li>To put findings in maternity mail to highlight importance</li> <li>To discuss findings and identify potential barriers to performing fresh eyes with midwives through 'survey monkey'</li> </ul>

## 2.2.3 Recruiting to research

The number of patients receiving relevant health services provided or subcontracted by UHS in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 11,828.

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

### 2.2.4 Commissioning for quality and innovation (CQUIN) payment framework

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

UHS income in 2020/21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the whole framework was suspended in response to COVID-19 without any detrimental impact on provider income. The letter 'Third Phase of NHS Response to COVID-19' dated 31 July 2020 set out the key principles of the financial framework for the period 1 October 2020 to 31 March 2021.

Block payments to NHS providers will be deemed to include CQUIN, but the practical operation of CQUIN (both CCG and specialised) for NHS providers was suspended until March 2021. NHS providers are not required to carry out CQUIN audits or submit CQUIN performance data, but commissioners and NHS providers are advised they should continue to pay regard to the good practice processes highlighted within CQUIN and make appropriate decisions on how to implement these alongside published clinical guidance.

Further details of the agreed goals for 2020/21 and for the following 12-month period are available electronically at:

<https://www.england.nhs.uk/wp-content/uploads/2020/09/C0768-finance-guidance-with-annex-3-added-23-september-2020-.pdf>

### 2.2.5 Statements from the Care Quality Commission (CQC)

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

The CQC has not taken enforcement action against UHS during 2020/21.

UHS has not participated in any special reviews or investigations by the CQC during the reporting period. The registration details are available on the CQC website.

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

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

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

Urgent and emergency care received an overall rating of 'good', with 'outstanding' scores for effective and caring services. Medicine, including medicine for older people, was rated 'good' overall with 'outstanding' for caring and responsive services.

Maternity received a 'good' rating overall and in all individual categories other than safety, which recorded a 'requires improvement' rating, while outpatient services were rated 'requires improvement' – both largely due to the quality and age of the estate and facilities.

Southampton Children's Hospital remains 'good' overall and 'outstanding' for care.

As part of the report, the CQC also published the Trust's UoR report, which is based on an assessment undertaken by NHS Improvement of how effectively and efficiently trusts are using resources.

UHS was rated as 'good' in the well-led category and for using its resources productively, with its combined UoR and quality rating now 'good'.

*'There is so much for us to celebrate across the organisation in this report given the challenges facing the NHS and our 'good' rating is testament to the quality and commitment of our staff, who continue to work tirelessly to provide the best possible services'* said Gail Byrne, chief nursing officer at UHS.

*'We are particularly pleased all of our services are now rated either good or outstanding in the effectiveness and caring domains and to receive such positive feedback regarding the culture across teams and departments'*

*'The inspection has highlighted some areas in need of improvement, particularly around the difficulties of an ageing estate and increasing volume of patients, but the report also acknowledges how our staff work hard to mitigate any risks presented.'*

Dr Nigel Acheson, the CQC's deputy chief inspector of hospitals for the south, said: *'Our inspectors found a strong patient-centred culture with staff committed to keeping their people safe, and encouraging them to be independent. Patients' needs came first and staff worked hard to deliver the best possible care with compassion and respect'*

*'Inspectors saw many areas of outstanding practice, with care delivered by compassionate and knowledgeable staff. Several teams led by example with a continuous focus on quality improvement'*

*'The Trust did face some challenges especially with the ageing estates. Some patient environments were showing significant signs of wear and tear – but again staff were doing their utmost to deliver compassionate care'*

Progress with the action plan from the inspection was closely monitored by the Trust's board and the Quality Governance Steering Group, augmented by visits by commissioners and NHS Improvement.

**Figure 11: Overall rating for UHS**

Overall rating for this Trust	Good	
Are services at this Trust safe?	Requires improvement	
Are services at this Trust effective?	Outstanding	
Are services at this Trust caring?	Good	
Are services at this Trust responsive?	Requires improvement	
Are services at this Trust well-led?	Good	

Routine CQC inspections have been suspended during the COVID-19 pandemic; however, an unplanned (focused) inspection of any service could be carried out in response to changes in CQC intelligence if serious concerns are identified.

We look forward to the next opportunity to have our other services re-assessed and our ratings updated. In the interim we have been working hard to keep the CQC updated on developments in all its key lines of enquiry during the COVID-19 period. We have used regular bulletins, sharing of information and documents, remote update meetings and monthly update and escalation reports. We have encouraged our staff to engage with the CQC 'Because we all care' campaign, sending feedback and comments about their experience and views about the Trust. Quarterly provider engagement meetings, paused during the first wave of the pandemic, have now restarted and we continue to value a collaborative relationship.

## 2.2.6 Registration with the CQC

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

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

### **Regulated activity:** Surgical procedures

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

### **Regulated activity:** Maternity and midwifery services

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

### **Regulated activity:** Diagnostic and screening services

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Royal South Hants Hospital, Brintons Terrace, Southampton SO14 0YG
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- New Forest Birth Centre, Ashurst Hospital, Lyndhurst Road, Ashurst, Southampton SO40 7AR

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

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

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

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD

UHS was registered with the CQC since its inception in 2010 and has maintained its registration without conditions or enforcement action ever since, including 2020/21.

## 2.2.7 Payment by results

UHS was not subject to the Payment by Results (PbR) clinical coding audit report for 2020/21 by the Audit Commission.

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

## 2.2.8 Data quality

Data quality refers to the tools and processes that result in the creation of the correct, complete and valid data required to support sound decision-making.

UHS submitted records between April 2020 and March 2021 to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

which included a valid NHS number was:

- 99.3% for admitted patient care;
- 99.8% for outpatient care; and
- 96.1% for accident and emergency care.

which included a valid General Medical Practice Code was:

- 99.9% for admitted patient care;
- 99.1% for outpatient care; and
- 96.3% for accident and emergency care.

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

- Generating clear responsibilities for data domains (e.g., customer, product, financial figures), as well as roles (data owner, operational data quality assurance / data stewards).
- Use benchmarking tools such as the Model Hospital data to compare performance against peers.
- Use of electronic white boards on wards benefitting data accuracy and patient flow.

## 2.2.9 Data Security and Protection Toolkit

The Data Security and Protection (DSP) Toolkit is the successor to the Information Governance Toolkit. This online tool enables the Trust to measure its performance against data security and information governance requirements mandated by the Department of Health and Social Care. UHS's DSP Toolkit assessment for 2020/21 was submitted by the revised deadline of 30 September 2020 due to the COVID-19 pandemic and met the required standards, with evidence for all 116 of the mandatory items provided and compliance with all 40 assertions confirmed.

## 2.2.10 Learning from deaths

During 2020/21 2,295 of UHS patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 575 in the first quarter; 525 in the second quarter; 546 in the third quarter; 649 in the fourth quarter.

**Figure 12: Patient deaths 2020/21**

Quarter	SGH	Paeds/ neonates	Total	CMH	Total reviewed
Q1	493	7+4	504	71	575
Q2	425	8+6	439	86	525
Q3	452	5+12	469	77	546
Q4	568	7+8	583	66	649
Total	1,486	57	1,995	300	2,295

By 31 March 2021, 2,295 case record reviews and 156 investigations have been carried out in relation to 2,295 of the deaths included in Figure 12.

300 of these were from Mountbatten Hampshire (formerly Countess Mountbatten Hospice) which was previously part of the Trust, and who we have continued to help review their deaths as the medical examiner roll-out continues into the community.

There have been 27 paediatric deaths all which were reviewed at the child death and deterioration group (CDAD). The medical examiner's office has reviewed a further 30 neonatal deaths which have been discussed with the team at the Princess Anne Hospital. Our approach with both paediatric and neonatal deaths is to have a 'light touch' on the cases as guided by the national medical examiner's office, as they are subjected to extensive reviews both internally and externally.

In 228 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 32 in the first quarter; 62 in the second quarter; 72 in the third quarter; 62 in the fourth quarter

- 80 (3.5%) were sent to sub-speciality morbidity and mortality groups (M&M) for further clarification/questions.
- 49 (2.1%) of cases went on to have a more detailed case notes review at the Trust's mortality review group (TMRG) using the nationally approved structured judgement review (SJR) methodology.
- 22 (0.9%) of cases were sent for an urgent case review (commonly known as a scoping meeting within the Trust) with the patient safety team.
- 27 cases have been reviewed at the CDAD group.
- 30 Neonates have been discussed with the medical examiners.
- 20 cases have been reviewed by the learning disabilities mortality group (LeDeR).



**Figure 13 Investigations 2020/21**

Quarter	M&M	TMRG	Scoping	CDAD	Neonates	LeDeR
Q1	12	1	2	7	4	6
Q2	22	15	7	8	6	4
Q3	23	17	7	5	12	8
Q4	23	16	6	7	8	2
Total	80	49	22	27	30	20

5 representing 0.22% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

**Figure 14 Care related deaths 2020/21**

Quarter	Amount	Percentage per Quarter
Q1	0	0
Q2	3	0.45%
Q3	2	0.85%
Q4	0	0

In relation to each quarter, this consisted of: none representing 0% for the first quarter; three representing 0.45% for the second quarter; two representing 0.85% for the third quarter; and none representing 0% for the fourth quarter.

These numbers have been estimated using the SJR and Root Cause Analysis (RCA) methodologies. In both types of review a multidisciplinary meeting takes place to examine the details of the case where a classification score is given. In the RCA process the next step is to set out the terms of reference, including:

- Key questions that need to be looked at for further investigation.
- Who needs to be interviewed or provide a statement.
- The appropriate support that needs to be offered to the patients, relatives and staff.
- That duty of candour has been observed.

Information is then gathered from people, documentation, equipment and the site of the incident for the investigation. This is documented in chronological order and problems identified. All issues that are identified are then analysed to see which had the most significant impact (the root causes are the most significant and fundamental of these issues), but there may be many significant contributory factors. From the root causes, solutions are identified and actions or preventative measures will need to be put in place to stop or mitigate the risk of recurrence of a similar incident

**Figure 15 Main causal gaps in RCAs**

Main causal gap in RCA's	No.
Ownership of care	3
Technical complications	2
Escalation of care	2
Advance care planning	2
Early recognition of sepsis	1
High harm falls	1
Communication	1
Pathway	1
Decision-making	1
Monitoring	1
Hydration	1

We send questions and cases to M&M specialities and TMRG so learning can be pulled from specific cases and be discussed in a multi-disciplined environment; these can be grouped into themes:

**Figure 16 Themes at M&M and TMRG meetings 2020/21**

Themes	M&M	TMRG
Pathway	24	5
Appropriate treatment	16	7
Missed opportunities	10	1
Decision-making	9	9
Procedure	8	0
Medication	8	5
Communication	7	2
Palliation/EOL	6	1
Discharge	6	3
Elective	5	4
Documentation	5	1
Monitoring	5	1
Unexpected death	3	5
Fluid management	2	4
Holistic care	2	3

29 (22.4%) of the questions/observations we ask fall within the category of a patient's pathway. This year it has proved to be an atypical year due to the COVID-19 pandemic, but we continue to highlight valuable learning.

13 (10%) of the questions asked come under the category of medication, the majority of which related to anti-coagulation. As our understanding of COVID-19 has developed, we now know that there is a pro-thrombotic element to the virus, so use of this question has helped to highlight this new learning.

The learning/impact from our RCAs indicates that our main causal gaps look very different this year. We are encouraged to see that communication has moved from being our top causal gap to our seventh. The remaining gaps are largely related to the challenges of the pandemic.

Where systems and processes are found to be the principal areas of concern learning focuses on improving these and introducing appropriate changes or developing new pathways, processes or guidelines to improve direct care and provide better safety netting for patients accessing our services.

The broad themes for actions are:

- Individual learning and reflection.
- RCAs to be shared at sub-specialities M&M meetings.
- RCAs to be shared with the divisional governance teams and named clinicians.
- Trust-wide learning.
- Clearer guidance.
- Development of pathways, processes and guidelines.

Trust-wide learning is shared through:

- Organisational wide learning newsletters (OWLs): a practical based article, addressing recurring safety issues e.g. delaying antibiotics for patients with sepsis.
- Patient safety alerts: actions that come from a serious adverse event case review or RCA which immediately needs implementation across the trust and requires notification of all clinical staff or relevant non-clinical staff.

6 case record reviews and 6 investigations completed after March 2020 which related to deaths which took place before the start of the reporting period.

1 representing 0.04% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured Judgement Review (SJR) and Root Cause Analysis (RCA) methodologies.

15 representing 0.7 % of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

Six cases (0.3%) of patients' deaths during this current reporting period are judged to have been due to problems in care provided to the patient.

In 2021 medical examiners teams are expected to start the roll-out nationally into the community to work with primary care professionals. Where we have previously been the forerunner in the field of mortality reviewing, there is a danger of slipping behind other trusts due to the restrictions we face being an independent team.

In the next year we aim to maintain our standards and improve the way we share learning points with relevant clinicians and morbidity and mortality leads so that they can feed back to as many colleagues as possible and achieve better triangulation between processes.

We will work to improve awareness in teams and implement additional safety checks of immediate improvement actions to mitigate risk and reduce recurrence with organisational awareness of key safety themes.

We will strengthen the oversight of our processes by encouraging scrutiny by the patient safety team and the trust's mortality review group. Quarterly update reports will continue to be submitted to QSGS and the Trust board.

### 2.2.11 Reporting against core indicators

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the trust by NHS Digital to enable the public to compare performance across organisations.

The tables below provide information against a number of national priorities and measures that, in conjunction with our stakeholders, form part of our key performance indicators which are reported monthly to the Trust's board.

These measures cover patient safety, experience and clinical outcomes. Where possible we have included national benchmarks or targets so that progression can be seen and performance compared to other providers.

All the core indicators are updated with the most recent publications from NHS Digital/NHS England and NHS Improvement/Gov.uk

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

Patient outcome indicators: groin hernia surgery and varicose vein surgery. In the past neither hernia repair or varicose vein surgery were reported on in the quality accounts because the low numbers being performed meant it was not statistically significant. This was confirmed by checking the registries through NHS Digital for hernia and varicose vein surgery for 2017/18 and continues to date. There were only small numbers for hernia repair and no data available for varicose veins. Varicose veins are treated at UHS, but they are dealt with at the independent treatment centre.

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

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at Trust level across the NHS in England. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers patients admitted to hospitals in England who died either while in hospital or within 30 days of discharge.

NB: UHS is part of the acute (non-specialist) cluster now (1 of 136 organisations) – the acute teaching trusts cluster ended in 2014 when the NRLS had an internal reconfiguration of how they benchmark organisations.

SHMI	July 19 – June 20		August 19 – July 20		Sept 19 – August 20	
	Value	OD banding	Value	OD banding	Value	OD banding
UHS	82.18	2	82.78	2	82.25	2
National Average	100	2	100	2	100	2
Highest Trust Score	120.7	1	118.8	1	118.2	1
Lowest Trust Score	67.6	3	69.1	3	69.5	3
	Oct 19 – Sept 20		Nov 19 – Oct 20		Dec 19 – Nov 20	
	Value	OD banding	Value	OD banding	Value	OD banding
UHS	81.82	2	81.78	2	81.56	2
National Average	100	2	100	2	100	2
Highest Trust Score	118	1	117.8	1	118.7	1
Lowest Trust Score	68.7	3	67.8	3	69.5	3

UHS considers that this data is as described for the following reasons: performance data is consistently gathered and data quality assurance checks made. Robust reporting and monthly scrutiny is carried out at multidisciplinary quality committees. We have reported a lower than expected SHMI ratio for the last three years.

UHS has taken the following actions to improve the SHMI indicator and so the quality of its services by: introducing, embedding and developing the IMEG processes described in the Learning from deaths section of this quality report.

## The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust since 2017

	Apr 17 – Mar 18	Jul 17 – Jun 18	Oct 17 – Sept 18	Jan 18 – Dec 18
UHS	51.6	52.2	53.2	54.9
National Average	32.5	33.1	33.8	34.7
Highest Trust Score	59.0	58.7	59.5	59.8
Lowest Trust Score	12.6	13.4	14.3	15.1

	Apr 18 – Mar 19	Jul 18 – Jun 19	Oct 18 – Sept 19	Jan 19 – Dec 19
UHS	54.7	52.9	51.2	50.0
National Average	35.1	35.6	36.2	36.9
Highest Trust Score	60.0	59.1	58.7	59.8
Lowest Trust Score	12.3	14.6	12.0	9.9

	Apr 19 – Mar 20	Jul 19 – Jun 20	Oct 19 – Sept 20	Jan 20 – Dec 20
UHS	50.2	45.8	45.0	42.9
National Average	37.2	36.8	36.8	36.6
Highest Trust Score	58.3	60.2	60.1	61.4
Lowest Trust Score	8.8	8.9	8.6	7.7

UHS considers that this data is as described for the following reasons: the data is reviewed by the palliative care team, interrogated in line with the key lines of enquiry identified by that group and have reporting and governance arrangements and progress reports to the board.

UHS has taken the following actions to improve the percentage of patient deaths with palliative care coded and so the quality of its services by: working with NHS Digital and the specialist palliative care coding team and by continuing to monitor palliative care coding against national best practice in order to ensure that the number of expected deaths is accurately recorded.

## Patient Reported Outcome Measures (PROMs)

PROMs describe the health gains after four operations using pre and post-operative surveys.

Hip replacement surgery

	2017/18	2018/19	2019/20
UHS	22.86	21.68	22.97
National Average (All Providers)	22.21	22.26	22.83
Highest Trust Score (All Providers)	25.04	25.38	25.68
Lowest Trust Score (All Providers)	18.00	18.65	18.25

Knee replacement surgery

	2017/18	2018/19	2019/20
UHS	17.43	17.04	17.16
National Average (All Providers)	17.10	17.20	17.45
Highest Trust Score (All Providers)	20.39	19.98	20.65
Lowest Trust Score (All Providers)	12.90	13.55	13.12

UHS considers that this data is as described for the following reasons: we have a process in place to collect, collate and calculate this information on a monthly basis which is then sent to NHS Digital. Data is compared to peers, highest and lowest performers, and our own previous performance. UHS continues to perform in line with expectations.

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

## **The percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period**

Age range	2018/19	2019/20	2020/21 (up to Nov 20)
0-15	10.35%	6.34%	6.40%
16+	11.66%	8.49%	13.25%

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: continuing to ensure we treat and discharge patients appropriately so that they do not require unplanned readmission, working to address long-standing pressures around demand, capacity and patient flow, working closely with system partners to ensure safe discharge practice.

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

	2017/18	2018/19	2019/20
UHS	68.3	69.2	67.0
Average (All Providers)	68.6	67.3	67.1
Lowest Score (All Providers)	60.5	58.9	54.4
Highest Score (All Providers)	85.0	85.0	84.2

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

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

## The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends

	2018	2019	2020
UHS	84.5%	83.9%	86.7%
Benchmark group average	71.0%	70.5%	74.3%
Benchmark group best	90.4%	90.5%	91.7%
Benchmark group worst	39.7%	39.8%	49.7%

UHS considers that this data is as described for the following reasons: We use nationally reported and validated data from the national staff survey and our results perform well in comparison to other acute trusts with improvement shown this year.

UHS has taken the following actions to improve the percentage of staff who would recommend the Trust as a care provider, and so the quality of its services by: continuing to encourage participation in this survey and by developing local action plans and responses to the feedback received. Consolidating our initiatives, while continuing to pay attention to priority areas of the staff survey: bullying and harassment and health and wellbeing.

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

Venous Thromboembolism (VTE) is a significant risk to hospitalised patients. Our VTE programme aims to reduce preventable harm to our patients by promoting timely and accurate VTE risk assessment and ensuring thromboprophylaxis is prescribed accurately and administered effectively when required.

	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
UHS	94.48%	93.47%	93.60%	92.78%
National Average (Acute Providers)	95.09%	95.19%	97.34%	95.18%
Highest Trust Score (Acute Providers)	100.00%	100.00%	100.00%	100.00%
Lowest Trust Score (Acute Providers)	51.38%	71.88%	76.08%	67.04%

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
UHS	93.13%	92.91%	92.49%	92.95%
National Average (Acute Providers)	95.62%	95.44%	95.65%	95.50%
Highest Trust Score (Acute Providers)	100.00%	100.00%	100.00%	100.00%
Lowest Trust Score (Acute Providers)	75.84%	68.67%	54.86%	74.03%



	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
UHS	92.37%	92.19%	95.99%	Data not available (affected by the suspension of the submission of data)
National Average (Acute Providers)	95.41%	95.28%	95.04%	
Highest Trust Score (Acute Providers)	100.00%	100.00%	100.00%	
Lowest Trust Score (Acute Providers)	69.76%	71.72%	71.59%	

\*2020/21 VTE submissions suspended due to COVID-19 pandemic

UHS considers that this data is as described for the following reasons: we use nationally reported and validated data published quarterly by NHS England, we have monitored VTE risk assessments on a monthly basis throughout the year and respond to deteriorating performance.

UHS has taken the following actions to improve the number of patients who are risk assessed for VTE, and so the quality of its services by: investing in patient education, introducing a more comprehensive e-learning education package for staff and continuing to challenge off track performance through the monthly divisional performance meetings. The Trust is committed to investigating and sharing knowledge in cases where an element of preventability has been found to drive improvement and has a clear governance structure to facilitate this.

## 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

	2017/18	2018/19	2019/20
UHS	8.9	10.6	12.3
National Average	13.7	11.71	13.2
Highest Trust Score	91	79.65	51
Lowest Trust Score	0	0	0
Lowest Trust Score (non-zero)	1.4	1.6	1.7

UHS considers that this data is as described for the following reasons: we use nationally reported and validated data; we monitor performance regularly through our Trust Infection Control Committees and daily and weekly taskforce meetings.

UHS has taken the following actions to improve the rate of C difficile infection, and so the quality of its services by: focusing on improving hand hygiene; adopting national and local campaigns including visual prompts and hand hygiene stations prominently positioned at entrances to the hospital and ward areas; raising the profile of infection prevention throughout the Trust and at board level; training staff on infection prevention and hand hygiene; focusing on high standards of cleanliness, screening of emergency and elective patients and focusing on effective antibiotic stewardship and ensuring that patients are effectively isolated and monitoring and feeding back on cases where inappropriate prescribing is a possible contributory factor.

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

	Apr-Sep 2017	Oct 2017-Mar 2018	Apr-Sep 2018	Oct 2018-Mar 2019	Apr-Sep 2019	Oct 2019-Mar 2020
<b>UHS</b>						
Rate Incidents per 1000 admissions	44.55	34.67	35.55	39.71	36.70	34.50
Number Incidents	8,364	6,712	6,631	7,249	6,909	6,373
Number Severe Harm	38	44	37	40	37	43
% Severe harm or death	0.45%	0.66%	0.56%	0.54%	0.54%	0.67%
<b>Highest Scores (Non-Specialist Trusts)</b>						
Rate Incidents per 1000 admissions	111.69	124.00	107.37	95.94	103.80	110.20
Number Incidents	10,016	11,325	9,467	8,289	11,620	11,787
Number Severe Harm	13	5	14	28	1	4
% Severe harm or death	0.13%	0.04%	0.15%	0.34%	0.01%	0.03%
<b>Lowest Scores (Non-Specialist Trusts)</b>						
Rate Incidents per 1000 admissions	23.47	24.19	13.10	16.90	26.30	15.70
Number Incidents	1,133	1,311	566	1,580	2,173	1,271
Number Severe Harm	19	0	3	15	26	19
% Severe harm or death	1.68%	0.00%	0.53%	0.95%	1.20%	1.49%
<b>National Ave (Non-Specialist Trusts)</b>						
Rate Incidents per 1000 admissions	42.84	42.55	44.52	46.06	49.80	50.66
Number Incidents	5,226	5,449	5,583	5,841	6,276	6,502
Number Severe Harm	18	19	19	19	19	20
% Severe harm or death	0.35%	0.35%	0.34%	0.32%	0.30%	0.31%

UHS considers that this data is as described for the following reasons: We use the nationally reported and verified data from the National Reporting and Learning System (NRLS); our individual incident reporting data is made available by the NRLS every six months.

UHS has taken the following actions to improve these indicators, and so the quality of its services by: continuing to encourage staff to report incidents of harm; the Trust routinely monitors incident rates and the proportion of incidents which result in severe death or harm.

## Other Information

Safety indicators	2018/19	2019/20	2020/21
Serious Incidents Requiring Investigation (SIRI)	49	48	90
Never Events	3	6	1
Healthcare Associated Infection MRSA bacteraemia reduction	1	2	1
Healthcare Associated Infection Census (as average of monthly %)	324%	326%	299%
Healthcare Associated Infection Clostridium difficile reduction	40	70	63
Avoidable Hospital Acquired Grade III and IV Pressure Ulcers	20	46	20
Falls - Avoidable Falls	0	19	2
Thromboprophylaxis (VTE) % Patients Assessed	92.56%	93.97%	96.05%

UHS considers that this data is as described for the following reasons: we use nationally reported and verified data from the NRLS.

UHS intends to take the following actions to improve this percentage of patient safety incidents reported that resulted in severe/major harm or extreme harm/death and so the quality of its services by: continuing to work to eliminate avoidable harm and improve outcomes.

Effectiveness indicators	2018/19	2019/20	2020/21
Emergency readmissions, within 28 days (as average of monthly %)	11.37%	11.76%	12.4%*
Hospital Standardised Mortality Rate (HSMR) University Hospital Southampton NHS Foundation Trust	86.60%	85.70%	83.0%**
Hospital Standardised Mortality Rate (HSMR) Southampton General Hospital	79.80%	83.10%	82.0%**
Hospital Mortality Rate (%)	1.5	1.3	1.5**
Patient Reported outcome measures. PROMS hip replacement data contributed	63.77%	No new data	No new data
Knee replacement data contributed	69.70%	No new data	No new data

\*Emergency readmission performance - April 2020 to February 2021

\*\*HSMR & Mortality rate April 2020 to January 2021

UHS considers that this data is as described for the following reasons: the Hospital Standardised Mortality Ratio (HSMR) is an additional check used to monitor death rates in a Trust. The HSMR is based on the routinely collected administrative data often known as Hospital Episode Statistics (HES). The HSMR is similar in concept to SHMI in that the expected number of deaths is calculated from a risk-adjusted model. For any given number of expected deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the Trust in question is considered to have a higher or lower HSMR than expected.

UHS has taken the following actions to improve this Hospital Standardised Mortality Ratio (HSMR) and so the quality of its services, by encouraging scrutiny by the patient safety team and the trust's mortality review group.

Patient experience indicators	2018/19	2019/20	2020/21
<b>National Friends &amp; Family Test Response Rate</b>			
Emergency Department	0.91%	0.04%	0%
Inpatients	12.71%	10.29%	5.67%
Maternity	34.97%	28.34%	40.78%
<b>Percentage of patients recommending UHS to their friends &amp; family</b>			
Emergency Department	92.81%	73.33%	No responses
Inpatients	96.98%	97.37%	97.61%
Maternity	97.04%	95.16%	83.51%
Same Sex Accommodation (Non clinically justified breaches)	828	114	*
Nutrition: % Patients with a care plan in place	91.68%	96.46%	96.22%

\*not captured due to COVID-19 pandemic

UHS considers that this data is as described for the following reasons: patients are invited to give feedback on their care and experience by answering one simple question – 'How likely is it that you would recommend this service to friends and family if they needed similar treatment?'

UHS has taken the following actions to improve this indicator and so the quality of its services, by: patients and carers continue to be involved and contribute to our culture and values work across the Trust and offer advice on a range of projects.

		2018/19	2019/20	2020/21
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway		86.6%	82.2%	61.2%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge		86.3%	75.9%	91.1%
All cancers – 62 day wait for first treatment from:	Urgent GP referral for suspected cancer	73.8%	74.6%	81.1%
	NHS Cancer Screening Service referral	81.5%	89.2%	94.2%
C.difficile variance from plan		-25.0%	+9.4%	-1.6%
Maximum 6-week wait for diagnostic procedure		97.9%	97.1%	63.5%

UHS considers that this data is as described for the following reasons: robust reporting and data interrogation.

UHS intends to take the following actions to improve this indicator, by: acknowledging the decision in mid-March 2020 by NHS England to cease all routine elective work to create capacity for COVID-19 patients has and will continue to impact heavily on the Trust's RTT performance and associated elective pathway metrics. The Trust is developing an extensive system wide approach to managing the backlog related to the pandemic.

## 2.2.12 Seven day hospital services

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

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

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

The Trust currently meets all four of these standards and delivers a comprehensive seven day service which helps keep patients safe and helps with flow through the hospital seven days a week. This has been particularly important during the COVID-19 pandemic.

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

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

In November 2019 UHS audited compliance and demonstrated we achieved the standard 95.52% of the time. On average patients waited 3 hours 17 minutes for an assessment, 3 hours 41 minutes on a weekday and 2 hours 20 minutes at the weekend.

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

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

- Within one hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients.

UHS consistently achieves this standard across seven days a week; all specialties provide consultant cover and interventions seven days a week:

- Within one hour for critical patients.
- Within 12 hours for urgent patients.
- Within 24 hours for non-urgent patients.

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

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

Due to radiology working practices and economies of scale UHS consistently achieves Clinical Standard 6 target across seven days a week for:

- Critical Care.
- Interventional radiology.
- Interventional endoscopy.
- Emergency surgery.
- Emergency renal replacement therapy.
- Urgent radiotherapy.
- Stroke thrombolysis. There is a plan to deliver 7 day mechanical thrombectomy cover from March 2021.
- Percutaneous coronary intervention.
- Cardiac pacing.

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

The Trust is meeting this standard by:

- Twice daily consultant reviews take place in admission areas, intensive and high care areas and once daily review in other inpatient wards. The Trust has doubled consultant ward rounds over the past two years and consistently achieves this target.
- UHS supported achieving this standard by implementing NEWS2 across all adult areas (excluding obstetrics). Patient acuity and needs are updated daily on the doctors' work list application. This provides detail on handover and to the on call team. Patients requiring urgent review are seen by the duty team as highlighted through the national early warning score (NEWS) or by the nursing team.

### 2.2.13 Freedom to speak up

FTSU promotes and encourages the raising of concerns by NHS workers, sub-contractors and volunteers to ensure patient safety is maintained at all times and to make the health service a better place to work.

UHS is committed to continuing to embed an open and transparent culture in which staff members and volunteers feel empowered and supported to raise concerns with confidence that those concerns will be acted upon and without fear of reprisal. We consider this culture to be vital as it helps us to keep improving our services for patients and for staff.

In 2017 UHS appointed a FTSU guardian as the central point of contact for staff who would like to raise a concern. The guardian is available on a dedicated mobile phone number and e-mail address and responds to all concerns within 48 hours.

Over the last three years we have also recruited 13 FTSU champions who are trained in FTSU practices. They provide another way of raising the profile for raising concerns and promoting speaking up. There is a particular focus on reaching vulnerable staff groups such as minority or vulnerable groups and agency staff.

The Trust has a dedicated FTSU helpline and raising concerns policy. The policy establishes clear lines of escalation for concerns to be raised, which are as follows:

- Raise the matter with your line manager.
- Contact the FTSU guardian or FTSU champion.
- Contact the executive director responsible for FTSU.
- Contact the non-executive director responsible for FTSU.
- Raise the concern externally.

The policy explains how staff will be supported through the process and how feedback will be given when the matter has been looked into and resolved. The raising concern (whistleblowing) steering group acts as the oversight group for all cases logged with the Trust. The group is chaired by the executive lead and attended by the FTSU guardian and senior HR and patient safety leads.

This year we have continued to develop and strengthen our processes and structures to support speaking up and ensure that all staff members demonstrate the values. At the start of the pandemic we were concerned staff would feel less able to speak out or may be worried it was inappropriate given the circumstances. Our FTSU guardian and FTSU champions launched a campaign in July 2020 to try to address this concern, actively encouraging staff to continue to speak out and re-emphasising the Trust's commitment to supporting this culture.

We have addressed the safety of meeting with staff by adapting our ways of meeting with the use of video platforms, and introduced some modifications to enhance local clinical practices based on recommendations from the Royal College of Nursing. We are encouraged to see that most concerns are now resolved through raising concerns with line managers which is a significant step forward.

During the year our FTSU guardian has continued to meet the chief executive officer on a monthly basis, meet bi-annually with the non-executive and executive director leads and met senior management as often as needed. FTSU data has been triangulated with data from the NHS staff survey results and incident reporting, which has in turn helped the organisation find solutions to wider issues and develop and review policies and take action as appropriate. Recommendations from FTSU investigations have been taken forward in clinical areas.

The FTSU guardian has also been meeting the 13 FTSU champions every six weeks to offer support and advice, and they can also contact her whenever they need to. The raising concern (whistleblowing) steering group that acts as the oversight group for all cases logged with the Trust has also continued to meet every six weeks. This group is chaired by the executive lead and attended by the FTSU guardian and senior HR and patient safety leads.

To keep the initiative live in uncertain times we are planning to increase the number of FTSU champions in 2021. We will look to recruit in different departments, across different levels and staff groups including agency, volunteers and temporary staff. We will also be asking other FTSU guardians in our region to audit and peer review our FTSU agenda, processes and practices to act as our critical friends and help us continue to drive this important agenda forward.

### What our staff have told us

“*‘Thank you so much - I could cry with relief! I was bit apprehensive but hopefully this will now work out ok’.*

“*‘Thank you for giving me a voice!’*

“*‘I am writing to you today as I wanted to let you know what a wonderful job the freedom to speak up guardian is doing and how this impacted on my working and personal life’.*

“*‘I was in a really bad place I started to come to work feeling demotivated and going home thinking about the problems at work, so decided to go to OH to see if they could help me. The suggested I contacted FTSU guardian. What a blessing that was!!!’*

“*‘The FTSU guardian has been a great person to talk to. She remained objective, reassured me and made me feel like someone cared and was interested in resolving this issue’.*

“*‘I felt I could talk about anything without been judged. She has kept checking on me and my wellbeing, she kept me informed about progress, advised me on how best tackle the issues and most importantly helped make changes. She has been my rock’.*

### 2.2.14 Rota gaps

UHS has a guardian of safe working who is responsible in ensuring that the working conditions are safe for doctors and patients.

The guardian also helps support the implementation and maintenance of the contract for doctors in training and has independent oversight of doctors working hours and also helps identify missing training opportunities.

The guardian provides a mechanism whereby safety concerns related to working hours and rota gaps can be identified, responded to and addressed.

A consolidated annual report is submitted to the Trust's board which includes updates on rota gaps and plans for improvement. Consultant recruitment is still controlled through business case approval. We take action each month to make sure that the rotas are filled, including proactive engagement with Health Education England so we can accurately plan targeted campaigns for hard to recruit specialties and the use of locums where necessary.

Junior doctor rotas maintained compliance during the first COVID-19 wave, redeploying 40 doctors, supported increases in hours for doctors working part-time, accommodated shadow rotas for specialties in need and supported 26 foundation interim year (FiY1s) to start new programmes. A medical staffing hub was created and supported the divisional medical coordinators with recording unavailability in real time. COVID-19 rotas were de-escalated in May 2020, and August 2020 rotations enabled. This model can be reproduced for any further COVID-19 surges.



## 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 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 have the opportunity to share their experiences and provide feedback regarding the support they have received. We continually work to improve safety in the Trust, learn from incidents and celebrate successes.**

In July 2019 the national patient safety strategy was launched by NHS England and NHS Improvement (NHSI), and UHS held a series of workshops to look at how we could implement this and use it to inform our own strategy. Some of the initiatives which came out of this work have had to be paused until the pressures of the COVID-19 pandemic lift, and the launch of our UHS patient safety strategy was delayed until September 2020.

When it was safe to consider a launch we chose to align it with the WHO patient safety day. Aidan Fowler, national director of patient safety in England and a deputy chief medical officer at the Department of Health and Social Care, joined us on a virtual platform, and we also had a virtual ministerial visit with Nadine Dorries MP, Minister for Patient Safety, Suicide Prevention and Mental Health.

The day celebrated UHS patient safety workstreams during the first wave of the COVID-19 pandemic, including the implementation of treatment escalation plans (TEPs) and the COVID ZERO initiative. We also focused on the importance of speaking up for patient safety with a session lead by the GMC along with our FTSU guardian.

We included the introduction and launch of the UHS patient safety incident response framework (PSIRF), sessions on infection prevention during the COVID-19 pandemic and patient safety and teamwork during the pandemic. There was a strong focus on staff wellbeing, speaking up and raising concerns and on the NHS patient safety strategy.

The national roll out of the new PSIRF was delayed due to the pandemic, but we worked during the year to complete a gap analysis against the framework with the aim of facilitating inquisitive examination of a



wider range of patient safety incidents. We conducted this in the spirit of reflection and learning rather than as part of a framework of accountability. The approach is more informed by feedback and draws on good practice from healthcare and other sectors. It supports a systematic, compassionate and proficient response to patient safety incidents which is anchored in the principles of openness, fair accountability, learning and continuous improvement. It also has a strong focus on improving patient and family involvement. The UHS Quality Governance Steering Group (QGSG) agreed that UHS will adopt many of the principles of the new framework ahead of the national roll-out, and we have formed a task and finish group who will be working to deliver this during the next year.

In 2020 for the first time we have nominated two patient safety specialists for the Trust (our head of patient safety and our medical lead for patient safety). Both have been actively involved in national meetings working to develop these posts, and have agreed to be part of the national pilot for all levels. Our specialists will work as patient safety experts, providing dynamic, senior leadership, visibility and support. In addition, they will support the development of our patient safety culture, safety systems and improvement activity. They will work in networks with patient safety specialists from other organisations to share good practice and learn from each other, making them fundamental to patient safety across the NHS in England.

### 3.2 Duty of candour

The duty of candour, set out in regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a statutory requirement for all providers registered with the CQC. It covers any patient safety incident that appears to have caused (or has the potential to cause) significant harm. It requires us to undertake an initial disclosure of the incident, provide a written account, and complete an investigation, share investigation findings and offer formal apologies.

At UHS we have worked hard to ensure that our staff are aware of their obligations under this regulation. Our 'Being open policy: a duty to be candid' 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. We also carry out regular monitoring through the relevant fields on our risk management system 'Ulysses' to monitor compliance. During 2020 an electronic alert was created notifying the patient safety team of any duty of candour forms being created through our electronic document management system to improve monitoring and assurance.

### 3.3 Our commitment to improve our patients' experience

The past year has required us to combine our long-term strategic aims to deliver a high quality experience for all while removing health inequalities with our pandemic response to COVID-19. As soon as we experienced the first wave we introduced visiting restrictions for safety reasons, but we worked hard to ensure that patients and their families remained connected.

Virtual visiting was introduced by the UHS digital team to help ensure patients and families could continue to communicate despite the visiting restrictions. This is a bookable service where families of patients can book a time to have a video call with their relative. iPads have been donated to all wards from the hospital charity to accommodate this, and ward staff help the patients, where required, to use the technology.

### What our patients and staff have told us:

“*This made all the difference to me when I was so low. I could talk to my son and see my grandchildren’.*

“*I was so upset I couldn’t visit my husband, but being able to see him most days on the screen meant I knew he was alright’.*

“*My parents haven’t been apart for years. I could help my mum use the iPad so she could talk to dad, and I got to see him too’.*

“*It’s been hard not having visitors on the ward. The patients really miss their families. This meant we could help them to talk to the people who were important to them. I really think it helped’.*

A patient property pod was quickly set up and run by volunteers to enable families and friends to drop off belongings, messages and small gifts for their relatives in hospital. During the pandemic this service extended its opening hours to seven days a week and proved to be an invaluable service, helping to keep patients connected to those they love.

In addition, our patient advice and liaison service (PALS) team ran a patient messaging service to deliver letters, photographs and poems to patients from their relatives. We made provision to enable visits on compassionate care grounds, and worked hard to support these visits safely.

### What our patients’ relatives have told us:

“*It meant I could send my dad his daily paper’.*

“*The staff were so kind and it made me feel closer to my wife sending her things in and knowing she’d be getting them’.*

“*My kids made presents for my dad and we could send them to him so he knew we were thinking about him even if we couldn’t visit’.*

“*The staff were a connection we wouldn’t have had otherwise’.*

The impact of COVID-19 on our more vulnerable and at risk patients highlighted a real need for a single point of contact for patients and carers to access information, support and resources during lockdown and shielding. We recognised some of the detrimental effects and practical difficulties caused by isolation and loneliness. We secured funding to establish a Patient Support Hub, designed to be a single point of access for patients that may need extra support either at home or when they visit our hospitals.

The Patient Support Hub offers a variety of services to patients, which include:

- Arranging for our volunteer chaperones to help show patients to their appointment;
- Ensuring there are wheelchairs and support for those with accessibility needs;
- Help with chaperoning, interpreting and support for those with communication needs.
- Specialist volunteer teams led by UHS clinicians who are available to support our patients after discharge with everything from collecting prescriptions, food shopping or simply just having a telephone call every few days to check in and have a friendly chat; and
- A recently launched transport service to and from the hospital for shielded patients.

## What our patients have told us:

“ ‘I get a phone call every couple of days. It’s the only time I speak to anyone. It’s made such a difference’.

“ ‘I was worried about having food in, but this solved the problem’.

“ ‘I wouldn’t have been able to get in for my appointment without this’.

We have now received funding from NHS Charities Together, national lottery and most recently from our sustainability and transformation partnership (STP) to deliver this enhanced support to patients with long-term health conditions within our region.. Ongoing services, including in-hospital volunteer companions (to help patients navigate through the hospital building and provide support at appointments) that supported 198 visits in the period and telephone befriending continue to increase in demand, while our responder volunteers support delivery of items to patients at home and manage the onsite patient property pod. We are proud that this Hub is the first to be established in the country, and we are now working to advise other trusts as they adopt the principles of our Hub

In March 2021 the Hub manager was honoured to speak with HRH The Duke of Cambridge as patron of NHS Charities Together to discuss the impact of the hub for patients and their families.



**PATIENT SUPPORT HUB**

**NHS**  
University Hospital  
Southampton  
NHS Foundation Trust

### Post Discharge follow up at UHS

We will be calling patients who have been discharged home to check in and see how they are. We will also signpost them to the correct service if they have any issues or need further support. **#WeAreUHS**

**What do you need to do?** Nothing! We will automatically call

**What we can do.....** Collect food shopping/prescriptions, food parcels if needed, weekly befriending calls, transport or companion support for follow up appointments.



**PATIENT SUPPORT HUB**

**SCiA**  
sciagroup.co.uk  
social care in action

**NHS**  
University Hospital  
Southampton  
NHS Foundation Trust

### Free transport for clinically vulnerable patients

A service to get your patient safely to their outpatient appointment and home again

**0800 484 0135**

We can also arrange for a companion volunteer to transfer the patient to and from the clinic

During the first wave of the COVID-19 pandemic NHS England put complaints processes on hold nationally. As soon as it was possible we restarted our processes with an extended, response timeframe from 35 working days to 55 working days due to the pressures on clinical staff who assist the department in their investigations. This extended timeframe allowed them to focus on their frontline duties without the additional pressure of contributing quickly to a complaint response.

Despite the difficulties we have continued the work of improving how we respond to complaints by building on feedback from our complaints panel and revising the way our responses are written, making them clearer, more accessible and more sensitive.

We have also made great strides in our 'We're Listening' programme, recruiting over 70 patients to participate in service and quality improvement work, focusing initially on ophthalmology and theatres. We have trained five of the experience of care team in co-design methodologies and agile project management to ensure that where we involve patients, we do so in a way that enables real change to be made.



Not all of our achievements have been connected to the pandemic. Our core services have continued to improve and evolve and during 2020 UHS worked towards joining a group of 53 NHS providers who have been accredited as exemplars of the best care for veterans. This initiative helps drive improvements in NHS care for people who serve or have served in the UK armed forces and their families. We received notice of our accreditation at the beginning of 2021 and we are delighted that the support we are able to provide to patients and families from the armed forces community has been deemed exemplary.

Services we now offer include: providing leaflets and posters to veterans and their families explaining what to expect, training relevant staff to be aware of veterans' needs and the commitments of the NHS under the Armed Forces Covenant, informing staff if a veteran or their GP has told the hospital they have served in the armed forces, ensuring that members of the armed forces community do not face disadvantage compared to other citizens when accessing NHS services, signposting to extra services that might be provided to the armed forces community by a charity or service organisation in the Trust and looking into what services are available in their locality, to which patients would benefit from being referred.

Another success story last year was being able to launch the sunflower hidden disabilities scheme at the Trust, and we went live with the scheme in July 2020. This national scheme enables people with disabilities (particularly hidden disabilities) to flag to staff that additional adjustment or considerations might be required. Our successful launch has resulted in nearly 700 lanyards being issued to date. Working closely with our OH department, we also wanted to ensure the scheme was available for UHS staff. Alongside the lanyards we launched a new Trust carer card to enable carers to identify themselves to staff and ensure involvement in care and treatment planning. We felt that the sunflower lanyard would act as a single identifier and staff are encouraged to ask 'How can I help you today?'.



In 2020 we launched our Carers Strategy working with our carers and local carer organisations to identify a range of objectives that the strategy sets out to deliver. This strategy is the culmination of significant engagement work and maps out the priority areas for improving the support our carers require. Key themes of the strategy are identifying carers, timely support with the right resources and working collaboratively with and for carers.

Work continues on identifying the best approach to provide interpreting and translation services. The team are currently working with a translation app developer as one of the first hospital pilots that could see staff have access to a reliable, functional, and cost effective app that provides immediate translation. A double pilot in ED and radiology is being planned for 2021.

Over the last few months we have been supporting teams to involve patients to help review and feedback on their services by helping promote and set up patient groups. So far we have recruited over 120 patients to support these projects. We have supported the following engagement projects:

- Older persons decision unit.
- Lung cancer innovation.
- Ophthalmology patient group.
- Targeted audience work for Maternity voices.
- Patient Safety partners.
- Diabetic Eye disease – Shared decision-making.
- Theatres engagement work.

Using our Trust patient survey system – Gather, we can also create targeted surveys for services. In this quarter we have developed 30 surveys which have generated nearly 1,300 responses on published surveys. Surveys include:

- Wessex TYA service.
- Caesarean births.
- Birth afterthoughts.
- Shared decision-making.
- Radiology.
- Dietetics.
- Staff surveys.
- Ophthalmology. These surveys are used by services to get specific patient feedback to evaluate, improve, or support ongoing projects.

Early in 2021 we saw a significant increase in activity for the bereavement team, with 603 deaths in the period and 3,530 family contacts made (telephone and email). The current visiting restrictions and shift away from onsite support has increased the amount of contacts being made to families significantly. The family feedback survey continues to produce extremely positive views about the service provided

We have no intention of stopping here and have ambitious plans to further develop our support and information resources.

## 3.4 Our commitment to improving the environment for our patients

We continue to be committed to caring for our patients with compassion and dignity in a clean, safe environment. Although we continue to invest in new buildings and upgrading of existing areas, we are aware that some of our estate is now old and the footfall through it is very high, which gives us many ongoing challenges.

In 2013 we introduced patient-led assessments of the care environment (PLACE) as an annual patient-led initiative to monitor and score our environment and help us to maintain a good level of quality. The assessments focus entirely on the care environment and do not cover clinical care provision or how well staff are carrying out their roles. The assessments provide a clear message from patients about how the environment or services might be improved or enhanced.

While formal PLACE reviews would normally be conducted as an annual appraisal, they had to be suspended during 2020 while it was unsafe for visitors to be on site. We did however continue to invest in and monitor the non-clinical aspects of the hospital and incorporated the principles of the PLACE evaluation into core business.

This work included evaluation of how the environment supported the provision of clinical care, assessing privacy and dignity, food, cleanliness and general building maintenance. More recently it also focused on the extent to which the environment is able to support the care of those with dementia or disabilities.

Environmental auditing during 2020 demonstrated robust compliance with cleaning standards. Figure 17 shows twelve continuous months of cleaning audit passes measured against the national cleaning standards. During 2020 we added additional enhanced touch point cleaning in public and clinical areas to reduce the threat of COVID-19.

**Figure 17 Cleaning Audits April 2020 - March 2021**



Patient satisfaction regarding cleanliness, service and dining experience is measured every month, with feedback now stable above 95%.

**Figure 18: Patient satisfaction survey 2019-2021**



With internal restrictions being relaxed, formal internal assessment of PLACE started again on a monthly basis in May 2021, providing a greater level of ongoing oversight rather than a single annual assessment.

Our estates improvement work has continued throughout the pandemic. Engagement between clinical and estates colleagues is well established, enabling refurbishment of clinical areas when wards or bays are vacated, and flooring replacement when areas are available. There have been times during the pandemic when access to clinical areas has been easier due to reconfigurations, and we have taken every opportunity to complete work when this has been the case.

The estates, facilities and capital development projects team have responded urgently to patient need over the past year, completing the development of a large critical care expansion, building a new oncology ward, expanding the ED and are currently building a new oncology outpatient department and aseptic suite development. All of these projects are jointly planned with clinical teams to ensure that the environment meets the needs and desired experience of the intended patient group and current standards.

## 3.5 Our commitment to staff

UHS is the eighth largest teaching hospital in the UK, and has a strong national and international reputation. It attracts staff locally, nationally and internationally and is one of the largest employers in Southampton. With over 12,000 staff and 1,000 volunteers working in a diverse range of healthcare related fields, we believe the Trust offers an exciting and rewarding place to work, but we are continually exploring ways to improve the quality of their experience.

To understand how staff feel about working for the Trust, and to continue to make improvements to our services, we use the results of the annual NHS staff survey and the staff friends and family test (staff FFT) to consider how we perform against the pledges set out in the NHS constitution and against other similar acute trusts.



Figure 19 Staff survey results (overview)



Based on the results from the 2020 NHS staff survey, the Trust performed better than the acute trust (Picker) average in seven out of the ten survey themes. Other results to celebrate were:

- Participation rate for the survey was 50.1% of staff, showing an ongoing engagement for staff feedback. This equates to 5,912 responses, including 1,798 registered nurses and midwives.
- Staff engagement at UHS has remained consistently high (7.3) compared to the acute trust (Picker) average (7).
- Staff advocacy of UHS is high (7.7) compared to the average (7.1), and staff involvement is higher than average (6.9, against an average of 6.7).

The areas where the Trust performed slightly below the average were two elements within the motivation theme. For the question Often/always enthusiastic about my job, the Trust scored 7.4 against an average of 7.5. For Time often/always passes quickly when I am working, the Trust scored 7.6 against an average of 7.7. However, the overall motivation section benchmarked exactly to the national average.

Unfortunately the 2020 staff survey results, which feed into the workforce race equality standards (WRES) and the WDES, show that experiences for staff from BAME backgrounds and those staff with long-term illnesses and disabilities have worsened in relation to bullying, harassment and discrimination over a 12 month period. There have however, been some successes, such as the significantly improved staff voice of these staff groups, and the relationships that have developed between staff network leads and very senior leaders as described above in section 'Priority Three - Clinical effectiveness: Always improving inclusion' of this report.

Like many organisations across the NHS, UHS accepts that there is still a lot to be done to achieve a more equitable experience for staff in these groups and these actions have been captured in individual improvement plans which are monitored through the People Board. Actions include overhauling the Trust's approach to managing violence and aggression towards staff, a review of the recruitment and selection process, an inclusive leadership programme and embedding performance on inclusion into the core way the Trust manages its business within operational divisions. The Trust's board are also keenly following progress with these improvement plans as part of a renewed commitment to tackling inequality in response to the lessons learnt throughout the pandemic and the Black Lives Matter movement.

The staff FFT test was not carried out in 2020/21 due to the ongoing impacts of the COVID-19 pandemic, with the exception of the third quarter which was incorporated into the annual survey.

The staff FFT asks whether a member of staff would recommend the Trust as a place for care or treatment and whether a member of staff would recommend the Trust as a place to work. In the latest results from the third quarter of 2020/21, the Trust achieved an 87% result for the first question (against an acute average of 73%) and a 77% result for the second question (against an acute average of 66%).

As always, we will continue to develop action plans against key themes from the NHS staff survey. Key issues or concerns identified will be reported to the Trust's board and a suitable action plan developed and implemented for every care group. We will use the feedback from the survey to support staff to improve the services we deliver and share our findings so that we can learn from our mistakes. This includes working with our trade union colleagues and networks to ensure views from all staff groups are taken into account.

This year the wellbeing of our staff has been even more important than ever as the pandemic has proved to be an extremely challenging time for healthcare workers. From the start of the first wave the organisation committed to considering staff wellbeing as one of the key priorities, and over the first few weeks and months we developed platforms for our staff to access.

These included 'StaffLine', staffed by clinical psychologists and chaplaincy offering support to teams around the hospital through coaching, group work, informal consultation, individual sessions, and education and debriefs. 'Safespace' was set up on our Workplace platform which offers access to confidential physical and mental health support and advice through our OH department. Psychological and financial advice has been available from the employee assistance programme all year, and TRiM support, pastoral and chaplaincy support continues with staff wellbeing groups being established.

During the second wave of the pandemic we introduced 'Start Well, End Well' which is a practical approach to supporting teams to do what matters to them by fostering a psychologically safe culture. We also introduced wellbeing conversations and an additional wellbeing day off will be supported as we come out of the pandemic.

We responded to staff feedback after the first wave by increasing the executive presence across the Trust with a rolling programme of walkabouts where the executive team and chief executive officer visit and spend time with staff, often shadowing or working alongside staff during shifts. Throughout this period we have asked the staff to consider 'What could you do more of to care for yourself more deeply?' and promoted an 'It's ok not to be ok - Find support that works for you' philosophy.

### What our staff have told us:

“*I rang staff line and it was the best thing I did. I prefer the ring pathway, as would have found it hard to form an email.*”

“*The boost boxes were a great idea. Morale boost all round. Thanks.*”

“*Knowing the Trust is putting staff well-being and resilience as a priority at the moment is really inspirational. Thank you for this platform.*”

“*Thank you for showing true leadership and concern.*”

The image below shows the comments from the 2020 NHS staff survey, which asked staff what worked well during the COVID-19 pandemic:



### 3.6 Our commitment to education and training

This year educators, training development and workforce planning have led and contributed to many initiatives and workstreams to ensure we still have the right workforce, fit for purpose to provide the highest quality patient care in a supportive and developmental working environment.

The teams have managed this in the context of the COVID-19 pandemic that has significantly impacted the ability of the organisation to support learners in the traditional way. We have had to adapt the way in which learners are taught and supported, and to do that at pace. We have also had to respond to the need to upskill staff to who have been redeployed to areas such as critical care to meet the needs of an unprecedented number of acutely ill patients, and the need of the organisation continuing to run as much of its usual activity as possible.

The detail below is a reflection of the considerable achievements of the organisation and its commitment to education and training during this pandemic.

## Apprenticeships

There are 271 apprenticeships in progress across the Trust. This includes 91 nursing degree and 23 nursing associate apprenticeships. The Trust's own apprenticeship centre has successfully completed the training for a number of apprentices this year in pharmacy Level 2 and senior healthcare support worker Level 3. Some of these apprentices have progressed to higher level programmes such as the pharmacy technician Level 3 or nurse degree apprenticeship. These apprenticeships have provided more participation opportunities for the support workers in the Trust, and is part of the Trust's approach to building a sustainable workforce.

Our talent management strategy has recruited four more graduates who are undertaking operations/departmental manager or data analyst apprenticeship to help develop their skills whilst rotating through various managerial roles in clinical divisions. Previous candidates have successfully completed their apprenticeships and have taken up substantive management posts in the Trust.

This year has also seen the addition of diagnostic radiotherapy, operating department practitioner and occupational therapy degree apprenticeships.

## Skills for Practice

The Skills for Practice (SfP) team have been exceptional in their flexibility and ability to rise to the challenges that this year has posed. As a team they have supported a number of central programmes within UHS as well as continuing to deliver on existing well-established programmes.

The team continues to deliver the Level 3 senior healthcare support worker apprenticeship and there have been 25 successful completions in the last 12 months. The team worked closely with the End Point Assessment organisation to ensure this could continue safely during the COVID-19 pandemic.

The SfP team have continued to support undergraduate medical student training and assessment and have been pivotal in ensuring that the student placements could continue safely by offering fit testing for FFP3 masks to all those placed at UHS.

The team were heavily involved in developing and delivering upskilling training sessions at the start of the pandemic. These sessions were well attended and meant that staff working clinically were able to refresh skills that they felt they were lacking. The team have also continued to deliver the Trust clinical skills training programme throughout the year. The SfP team have also been instrumental in developing the training for the vaccination programme and have supported this programme by volunteering time to assist in the hub.

This year also saw the roll-out of a revised healthcare assistant (HCA) induction programme which we were able to extend from three days to five. This is now delivered in a more timely way as the HCAs start in the organisation. Anecdotal evidence is that the HCAs are now arriving on the wards post their induction programme better equipped to begin their role having undergone a more robust training programme. The data regarding retention of HCAs is still being collated.

### **Support for Learners across UHS**

UHS continued to develop partnerships and new programmes with higher education institutions (HEIs) over the course of 2020/21 including:

- Pre-registration Child Nursing programme - University of Winchester.
- Pre-registration Nutrition and Dietetics Programme – University of Winchester.
- Pre-registration Diagnostic Radiology – University of the West of England.
- Pre-registration Radiotherapy – University of the West of England and AECC University College.

Over the COVID-19 pandemic first wave, UHS supported approximately 160 pre-registration non- medical students to access paid placements in line with national guidance.

Partnership working with universities and Health Education England (HEE) was paramount during this time and following the completion of paid placements, students either moved into employment as newly qualified staff, or moved back to supernumerary status to continue their studies. Feedback from students was positive following this experience and recruitment from this group has also been positive.

Since September 2020, non-medical students from all professions have returned to placements. UHS along with all other placement providers has been regularly reporting capacity information for students to HEE. This is to support the overall workstreams to maintain the pipeline of current students while supporting the increase in placements required due to increased recruitment to HEI programmes in 2020.

In 2020 the Trust launched the opportunity for advanced practitioners to pursue their training through an apprenticeship route. HEE funding was secured for a new placement model for pharmacy technician trainees with primary care networks starting in February 2021. The UHS September intake started the new apprenticeship with the University of East Anglia.

Pre-registration pharmacists were allowed to provisionally register in summer 2020 and sit their exam online in March 2021. All provisionally registered pharmacists have registered with the new Foundation Pharmacist Programme for support.

### **Medical Trainees**

The last 12 months have changed the nature of clinical medicine in many specialties and has made us move all forms of teaching to a virtual model. Whilst this has some advantages, it has made it more challenging to maintain a sense of community amongst our doctors at all grades, including trainees. We are proud of the way that many departments, particularly child health, have embraced this new way of delivering teaching.

Our GMC survey results for the last year were reassuringly positive overall, and the vast majority of trainees were having a good experience, and many departments were commended for being rated very highly.

There had been concerns at the start of the pandemic around the safety and wellbeing of all healthcare workers in the hospital, and we are pleased that our GMC survey results overall were really positive in this regard, and that the vast majority of our trainees felt that communication and support had been good throughout this really difficult time. Our doctors' development unit successfully provided a wealth of resources to doctors at all levels, to ensure that they had access to support for their health and wellbeing should they need it.

We have continued to run our in house educational supervisor refresher courses, and have now moved to a virtual delivery model. They continue to get excellent feedback and allow us to positively influence the educational culture and faculty of educators in UHS. They remain oversubscribed, and going forward we will endeavour to run more dates in-house.

We have had a number of changes in our Department of Medicine for Older People team in the last 12 months, and have recently appointed three new leads for our Trust fellowship programme, a programme which has been running successfully since 2015. We have also recently appointed a new joint support and guidance to associate specialist, staff grade and specialty doctors (SAS) tutor to provide educational leadership for our SAS and locally employed doctors who are not on the Trust fellowship programme.

Despite the challenges that we face we are pleased to report that we have made good progress on a number of areas of concern that have been highlighted in previous years. We remain optimistic that we can continue to provide high quality postgraduate education for all doctors in training in the future.

### **Advanced Clinical Practice**

Advanced Clinical Practitioners are a key part of the integrated workforce need as we see increasing complexity of patient pathways.

The Trust has continued to support the development of advanced clinical practice across a range of professional groups.

Increasing numbers of non-medical professionals are now supported to gain the additional skills to independently support a wide range of patient groups.

An advanced practice steering group was established in 2020 which coordinates the growth and development across these roles ensuring consistency of policy and practice. A regional advanced practice faculty has now been established and the Trust is an active partner in this.

### **Leadership and Management**

The onset of the COVID-19 pandemic resulted in the suspension of much of our usual development activities for the greater part of 2020/21. Our focus has been on the provision of health and wellbeing support for managers and leaders. Our interventions have included:

- Delivery of leadership support circles centred on a leadership theme identified as being pivotal during COVID-19 by a working group of leading psychologists working in the NHS and at Sandhurst Military Academy.
- An online module on managing and leading teams remotely.
- More bespoke reflective sessions for leadership teams around the process of reset, review, and reflect and restore.
- Individual wellbeing conversations with leaders at all levels of the organisation.
- Our clinical leaders programme, involving several different cohorts at various stages of completion, has been transformed into a virtual supportive circle during the most recent wave of the pandemic.

During the period between the first and second waves we launched our fourth series of inclusive leadership, again in partnership with People Opportunities. This time we had two cohorts, advancing leaders (those already in senior leadership positions) and emerging leaders (individuals at Band 4-6). The programme is now paused but feedback has been very positive to date and the mentoring relationships are continuing.

2020 saw the launch of UHS doctors' development unit, aimed at supporting consultants, with a particular a focus on new consultants. A monthly programme exploring professional issues was started in September 2020 alongside 1:1 coaching for all new consultants at UHS. Uptake was almost 50% in the first three months of the offer. In 2021 we plan to extend the offer to all consultants or associate specialists in transition into new leadership roles. Coaches are UHS consultants who have all undertaken coaching training.

The cohorts for the foundation management skills and intermediate management skills programmes that were due to start in February 2021 have been cancelled due to COVID-19 and capacity. It is hoped these programmes will be rescheduled for May 2021 and the programmes from April 2021 will be delivered virtually. Management short courses have been cancelled for January and February 2021 to allow delegates to focus on their work priorities; it is hoped to recommence from April 2021 with virtual delivery.

### Workforce Systems

In 2020, UHS further embedded systematic evidence-based and triangulated methodological approaches to reviewing staffing levels six monthly linked to budget setting.

Workforce and workforce planning are reported monthly to the trust executive committee (TEC) in line with our governance requirements, highlighting any risk areas. A monthly staffing status report is submitted, although this was temporarily stood down between April and November 2020 due to COVID-19 and restarted in December 2020.

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

Successful recruitment of registered nurses and doctors increased significantly this year, particularly overseas nurse recruitment:

- Junior doctors increased by 81 full-time equivalents (FTE).
- Medical consultants by 43 FTE.
- Recruitment drives for registered nurses resulted in 102 extra nurses and reduced our vacancy rate to 13.9%.

Consolidation took place on focused work to fill remaining gaps in rotas through transfer to the NHS Professionals (NHSP) bank platform rather than expensive agency providers. UHS use of high cost agency registered nurses has reduced and a greater proportion of consistent bank staff are now used, giving a more cost-effective alternative.

Our focus on retaining our European colleagues led to a fall in leavers from the European Economic Area during 2020, from 2.6% to 2.3%. This monitoring will continue with novel UK working relationships now forming with the European Union.

We contribute to various workforce returns for external NHS agencies, such as the annual operating plan for NHS England and NHS Improvement and for Health Education England. We work collaboratively with NHS organisations at sustainability and transformation partnership (STP) level and beyond on regional workforce issues. These include levels of attainment in electronic rostering, staff retention and supply issues.

Work has continued in embedding good use of workforce technology to ensure we deploy and utilise all of our staff in the most effective way. Electronic staff systems and electronic rosters are being developed to capture the contribution of all staff and to link more effectively the patient acuity and dependency and the staff required. The rostering policy and consultant job planning guidance has been updated and is at the consultation stage.



UHS completed and returned a self-assessment for NHS England and NHS Improvement levels of attainment, and an options paper was prepared to the trust investment group (TIG) for medic rostering and job planning to achieve compliance. Additionally this will improve the workforce capacity and planning for all staff groups, identify gaps in service through accurate recording of activities delivered and identify income generated from activities to contribute to financial planning and objectives.

In 2020, we participated in a number of projects looking at the effectiveness of staff planning, rostering practices and support for COVID-19. During the pandemic, rostering has been a particular focus to keep track of specific activity such as redeployment of staff, fit mask testing rotas, training, skills, set up of vaccination hubs, staff testing programmes, recording and reporting of staff and ward moves, capturing staff risk and COVID-19 age profiles. This enabled quick operational decisions and robust strategic workforce planning using health roster to inform, plan, record and report.

### 3.7 Our commitment to clinical research

When the pandemic hit we moved faster than ever before to find ways of detecting and preventing coronavirus infection, and treating COVID-19. Together with the people and patients of Southampton the Trust has been part of a huge national research effort that has delivered new drugs, vaccines and tests in record time.

Our research teams worked tirelessly to keep open studies involving the most vulnerable patients, and those for whom trial treatments were the only treatments. As frontline pandemic pressures ebbed we reopened other non-COVID-19 studies, to keep advancing care across health and disease during the pandemic.

Critical to the research response, our NIHR Southampton Biomedical Research Centre (BRC) and Clinical Research Facility led several key initiatives including the establishment of the ACCORD (Accelerating COVID-19 drug Development) national drug trial platform, early phase vaccine trial delivery and pioneering rapid coronavirus infection diagnostics. They also leveraged expertise and resources to accelerate development and implementation of the innovative PeRSo respirator for frontline clinical staff, and pioneered at home saliva self-sampling as a method for regular COVID-19 testing to contain transmission and keep schools open.

As COVID-19 hospital admissions rose exponentially in March 2020, UHS moved to self-fund and open in just two weeks a trial refocusing our world-leading Point of Care Testing (POCT) research on faster coronavirus diagnoses. Two months later, that 500 patient study demonstrated a cut in diagnosis times from 21 hours to 70 minutes, massively reducing the time take to isolate COVID-19 patients and cutting the risk of transmission to staff and other patients. So compelling were the results that the technology was immediately implemented as the hospital's frontline testing method for all admissions and has remained an essential part of the Trust's diagnostic strategy during the second wave of the pandemic.

The lead for this work, Dr Tristan Clark was subsequently seconded to a Department of Health and Social Care (DHSC) working group tasked with implementing POCT across all acute NHS trusts, and by January 2021 all acute trusts had access to rapid testing in time for the most severe pandemic pressures yet.

The speed of that POCT trial was mirrored across our therapy work, including flipping trials of the antiviral inhaled interferon beta from its use in chronic lung conditions to treating hospitalised coronavirus patients. By May 2020 early phase data indicated that the Southampton-developed therapy gave COVID-19 patients 80% odds of avoiding intensive care and doubled their odds of recovering inside two weeks.

That study sat alongside our contribution to major national trials, including the RECOVERY trial which has delivered two therapies for severe COVID-19, including dexamethasone, which cuts death by a third in the most severely affected patients. To date over 100 UHS patients have joined RECOVERY, a huge achievement echoed in the 85+ Southampton intensive care patients enrolled into the REMAP-CAP trial. This large-scale trial has now shown that two common rheumatoid arthritis anti-inflammatories reduce relative risk of death by a further 24%, in addition to the effects of dexamethasone.

Speeding promising drugs into RECOVERY was the focus of the national ACCORD collaborative, led by NIHR Southampton BRC respiratory research lead Professor Tom Wilkinson. Begun and launched with incredible speed during April 2020, it provided a structure for rapidly channelling promising drugs towards RECOVERY. It centred on the NIHR Respiratory Translational Research Consortium, which combines the expertise of ten NIHR BRCs nationwide, partnered with Public Health England and pharmaceutical industry research teams.

With expert trial design input from the University of Southampton clinical trials unit, a commercial research delivery partner and with four initial drugs on trial, ACCORD influenced and spurred the UK's COVID-19 therapy development strategy and activities. Three additional early phase multi-trial platforms were established following its launch, and all four are now combined in a collaborative early phase COVID-19 therapeutic pipeline for the UK. The platform was paused during the summer and autumn of 2020, but restarted trials in the 2020/21 winter seasons, enabling immediate enrolment into three treatment trials.

UHS has had a major role in testing the vaccines that will help us out of the pandemic. Over the space of a few days in March 2020, our NIHR Southampton Clinical Research Facility relocated staff, kit and systems to open a dedicated, offsite vaccine centre at the University of Southampton's Jubilee sports hall. That site saw us provide critical early data for the Oxford University-AstraZeneca vaccine, including all of the initial safety and immune response results for over-70s. The people of our city and region have continued to step forward as UHS played its part in the NIHR Wessex Vaccine Hub, trialling several more candidate vaccines that are the means of protecting people across the UK and worldwide.

The Wessex Vaccine Hub has involved a massive, rapid collaboration across our region, recruiting and re-training the workforce needed and rapidly repurposing clinical spaces at University Hospitals Dorset NHS Foundation Trust and the Royal South Hampshire hospital in Southampton as dedicated research hubs. In addition to the volcanology and the first-in-human trial expertise of our NIHR Southampton Clinical Research Facility, UHS has taken on the overall governance, contractual and clinical trials pharmacy responsibility for delivering the vaccine clinical trials and contributed research communications and HR expertise to establishing the hub, which has rapidly delivered data helping at least three vaccines to progress to emergency licensing.

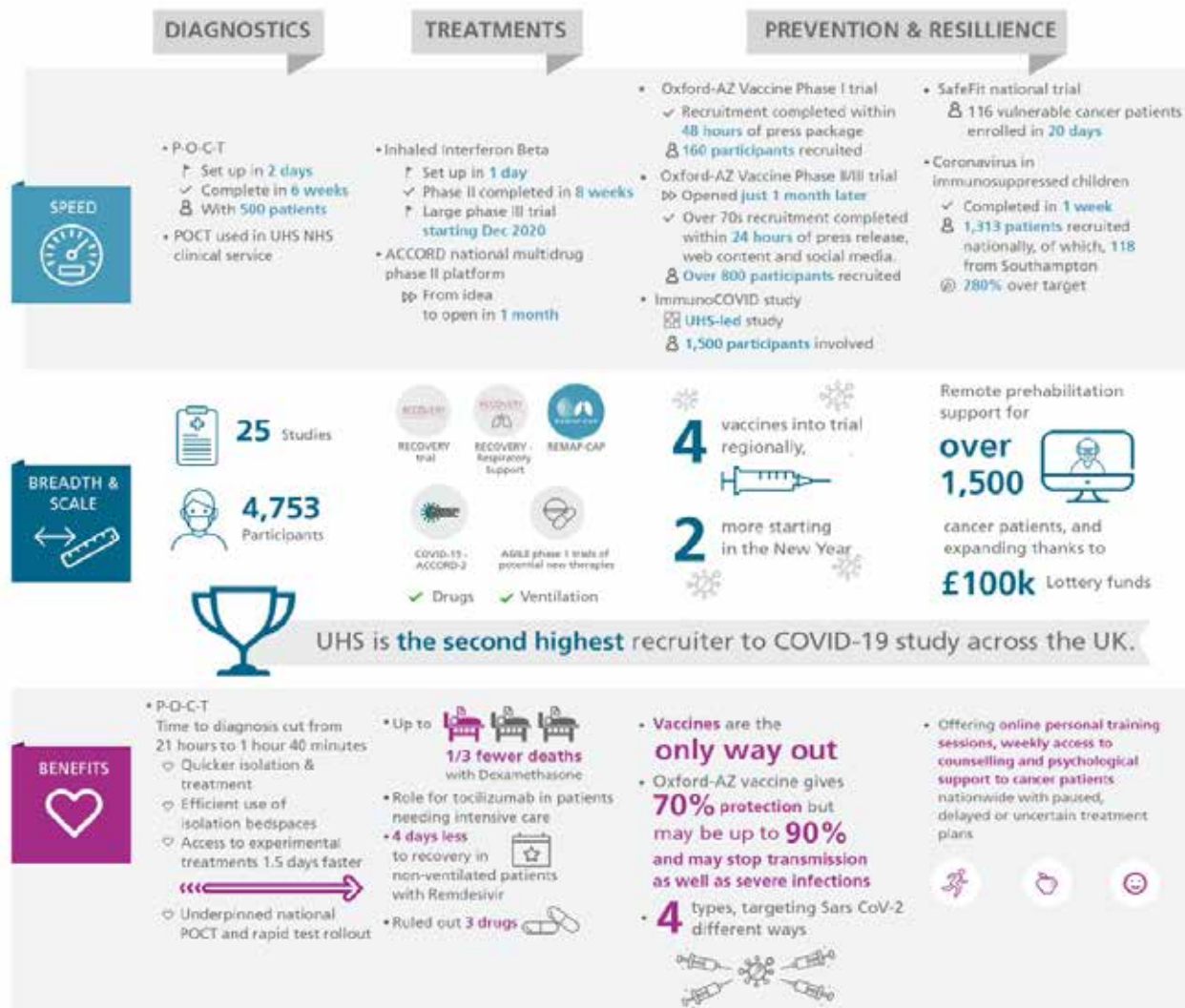
UHS's research has also supported the most vulnerable through the pandemic, both directly and through evidence underpinning decisions about supporting key groups. National decisions on care and vaccinations for immuno-compromised children have been informed by data from our ImmunoCOVID-19 study, monitoring COVID-19 and its impacts in immuno-compromised children and their families. Launched early in the pandemic it has used online questionnaires to monitor infection rates and symptoms in over 1,400 children and families throughout the pandemic, giving vital insights into the frequency and severity of COVID-19 in this group.

Initiated similarly quickly, the SafeFit trial has provided hundreds of those living with a cancer or suspected cancer diagnosis with physical, nutritional and emotional support through the pandemic. An immediate response by our ground-breaking prehabilitation research team to a pandemic-enforced pause of the national WesFit study, in December 2020 it gained National Lottery funding to expand the service-as-a-trial that has helped patients take control of their diagnosis amidst the treatment delays and uncertainties of the pandemic.

Throughout the pandemic, UHS research and development nursing teams have worked tirelessly to keep open vital non-COVID-19 studies of urgent treatments or interventions, without which patients could come to harm. These included studies giving access to potential treatments otherwise unavailable to the patient, such as the RiVa study combining two immunotherapy drugs to treat resistant or relapsed lymphoma. Study lead Dr Sean Lim first developed the combination through her research in the University of Southampton cancer immunology centre on the UHS site, exemplifying our hospital-university partnership's ability to take discoveries from laboratory to bedside.

It is clear UHS's contribution to fighting COVID-19 through research has been both extraordinary and is something the Trust is hugely proud of. That contribution turned entirely on having dedicated facilities and world-leading expertise developed over decades, and a professional, committed research workforce able to rapidly pivot to face the coronavirus challenge. We will now look to build on these experiences to ensure the Trust continues to grow the research that helps meet our patients' needs, both in crises and in more normal times.





## 3.8 Our commitment to technology to support quality

The Trust is committed to using modern technology to help improve the quality of care, safety and patient experience. In 2017 UHS was one of sixteen trusts awarded the status of acute Global Digital Exemplar (GDE), having been recognised as one of the more digitally advanced healthcare organisations in the country and we have continued to strive for innovation ever since.

In 2020/21 we concentrated on using information technology (IT) in a number of initiatives and supported a response to the COVID-19 pandemic which introduced many initiatives but adjusted previously set priorities.

During the last year we worked to reduce the burden of ward rounds on clinicians and staff. Ward rounds are an essential part of inpatient care where patients are reviewed by consultants, junior doctors, senior nurses and other clinical staff. The care for the rest of the day is decided here including how clinicians assess the patient's health, decisions on further investigations, and whether the patient is ready to go home, but they are often time-consuming and it can be difficult to collate all the information required for decision-making.

DigiRounds is a project which provides a solution that allows clinical teams to see the patient information they need during the ward round. This is presented in a format that is concise and quick to use using a

handheld mobile device with an adapted touch screen user interface for the specific uses. DigiRounds has been developed in-house between clinical staff and UHS digital and is designed to be a digital window at the end of the bed. The data is presented in a way doctors 'learnt to be a doctor' and allows pattern recognition and problem-solving. DigiRounds has been especially useful during COVID-19 with the ability to view the data from home, a practice that will continue to benefit patients and staff.

eWhiteboards are present on every ward. This touch screen technology displays information taken directly from a patient's electronic record including clinical alerts such as existing medical conditions, length of admission and estimated date of discharge. It also acts as a tracking system to identify what is preventing discharge when patients are medically ready to leave hospital. Previously this information was handwritten on boards when patients were admitted or moved. This required staff to take time out to interpret and re-write a patient's notes and increased the risk of inaccuracies during translation. The solution includes a site view which can be used to get a real-time perspective of the bed state across the whole hospital.

One of our goals is to ensure fast easy access to information. Our clinical handover and record treatment system (CHARTS) is the Trust's electronic patient record (EPR) system which has continued to be developed to provide more tools to help staff work more effectively and safely. With CHARTS the outpatient work list has been shown to save 14 minutes per outpatient clinic for clinicians and it also improves patient safety and quality by enabling clinicians to be able to check tests ahead of clinic. There is a regular release cycle for CHARTS and many of the developments through 2020 have helped the COVID-19 response including improvements to the test requesting process.

The updated discharge summary rolled out in February 2020 improved the way that clinical staff document discharge information for patients. This is a great example of co-design with clinical teams and will help all those that need the information to understand and assimilate it quickly. We will continue to enhance this development.

The Trust has a complete digital record (called Metavision) in all of its critical care units which is used by all doctors, nurses and therapy staff. This solution has delivered improvements for patient safety as the doctor's targets for the patient are at the top of the screen and instantly viewable for nursing staff. Links to guidance are included to ensure that users are directed to clinical standards and protocols. Delivering complete digital records across a service has improved care as the whole clinical team is now viewing one digital record. During COVID-19, the digital record in critical care greatly enhanced the care that our clinicians were able to give to patients, including remote access to all of the data.

My Medical Record, which is a patient online service developed and operated by our Trust, has undergone a major upgrade in 2020 allowing more generic functionality across all areas. The service has been designed to support patients whilst they are away from the hospital and is an ideal tool in the management and support of patients with long-term conditions. The patient can access their records and information anywhere, anytime, but the real power of the service is its ability to support the transformation of the way we provide clinical services. There are now more than 60,000 registered patients across fifteen hospital sites. The wider rollout of My Medical Record now includes cancer, paediatric nephrology, paediatric cardiology, cystic fibrosis, multiple sclerosis, sleep teams (adult and paediatric), inflammatory bowel disease and rheumatology. There were specific developments that helped during COVID-19 for remote monitoring of respiratory patients and for virtually seeing patients in an outpatient setting.

These systems and the way clinicians and patients interact are delivering significant improvements in care provision.

In 2019 we introduced Attend Anywhere and we grew this extensively through the COVID-19 pandemic, being one of the largest secondary care users for virtual clinics, and also for allowing relatives to "visit" patients on wards. The system was also introduced to allow consultation for nursing homes so that patients did not need to be transferred.

## What our patients and staff told us:

“*‘It was such a relief not to have to go to the hospital while coronavirus is about’.*

“*‘I was able to have as good a conversation with my doctor as if I was there’.*

“*‘I liked not having to travel and deal with the parking’.*

“*‘I had a really good appointment. I could ask everything I wanted to know and it was great doing it from my own home’.*

“*‘I thought it might not be as good as going to the clinic, but it turned out to be less stressful and I didn’t have to think about child care’.*

“*‘My patients have said that they have found our video consultations useful as they do not have to attend the hospital. They prefer it to a telephone call’*

In 2020 we introduced the patient hub, and this has helped to streamline the booking service with the ability to quickly rearrange appointments. Additionally this system is now being used to communicate with patients about their plan, and allows the Trust to improve data quality to treat patients safely. It is simple to use and there are no login details to remember. Once logged in, patients can view all their appointments, letters and messages. The patient hub is extremely secure, and patients can customise the way they receive and manage their appointments reminders e.g. text, email or post to suit their needs.

To help improve patient safety we further rolled out Sample 360 which is an electronic digital blood sample system used on an iPod. Using the handheld device clinical care teams can positively identify the patient at the bedside and safely take the blood sample. The blood test can be traced from the patient to the laboratory and the results. Formerly blood sample requests were processed without any positive patient identification. This paper process was prone to mistakes and could lead to delays in patient care because of wrong information and lost samples. Sample 360 was developed by doctors, nurses, phlebotomists, and laboratory and informatics staff. Safety has been shown to be improved and there have been no ‘wrong blood and tube’ events since introduction. The system eliminates the risk of patients being bled unnecessarily or receiving the wrong set of results due to misidentification. The service is delivered through mobile technology on the wards.

Safetrack is a digital patient acuity monitoring system used across all general wards throughout the Trust. This solution enables nursing and medical staff to record patient observations and some assessments without the need for paper charts. In addition to providing nurses and doctors with accurate and real-time information to review a patient’s progress, the system automatically calculates early warning scores to alert staff to patients who may require urgent intervention to prevent their conditions worsening. This early warning score is now based upon the National Early Warning Score (NEWS2) protocol which is recommended for use throughout the NHS – standardising on a single protocol reduces risks.

During 2020 we have introduced electronic cabinets into our acute medical unit (AMU) for the automated dispensing of drugs. The cabinets use biometric security access, electronic controlled drug registers and automated patient alerts from our electronic prescribing medication system. The cabinets increase patient safety, with clinical staff having more time available for care. Cases are being examined to expand the use of this technology.

UHS has now developed the e-consent form with clinical stakeholders to provide a simplified process for consenting patients prior to them having a procedure. The e-consent form pre-populates all the data such as the patient demographics and the patient signs using their finger. Improving consenting is a key action relating to assisting reporting for morbidity and mortality management. The project also aims to improve the patient experience through a consistent, standardised and comprehensive consenting process. E-consent links to national best practice to inform patients of risks. The new consent form is user-friendly, clear and concise.

In line with the national initiative to “purge the pager” UHS has continued to work with Medxnote to replace the inefficient and old-fashioned bleep system. Through integration with clinical systems this has the ability to exchange information with the electronic patient records. Using Medxnote staff can send and receive secure messages including result data to individuals, groups and roles in real time. Staff using Medxnote can receive notifications of new referrals and view the latest observation chart for their patients. During 2020 this service was transferred to delivery through Microsoft Teams, which is now available to all Trust users, and the roll-out has therefore enhanced the service delivery including a channel for COVID-19 results that has been a part of the digital response to the pandemics.

Digital pathology has been introduced in the histopathology service. Digitising the workflow makes the process more efficient and therefore faster. Measuring is much more accurate on digital images than on physical slides, and can also be annotated much more extensively and easily. Digital pathology images can be viewed together with the radiology image, which improves the diagnostics for both departments and enables pathologists to work flexibly.

During 2020/21 we started to introduce speech implementation which will reduce the turnaround time it takes for a patient to receive a letter.

### **What our staff have told us:**

“*‘I regularly use data to understand my performance and where there are opportunities for improvement’.*”

# Annex 1:

## Statements from relevant clinical commissioning groups, local Healthwatch organisations and overview and scrutiny committees

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

**NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG) welcomes the opportunity to comment on University Hospital Southampton NHS Foundation Trust's Quality Account for 2020/21.**

The CCG would like to offer its thanks to the Trust and all the staff, students and volunteers for their ongoing efforts and contributions to supporting the system-wide response to the COVID-19 pandemic. This includes the resilience of staff, the responsiveness and adaptability of services to best support our local populations. Despite the challenges, staff have continued to review and evaluate the quality of patient care, including the impact of new ways of working, with continued focus on learning and always improving.

The report outlines the Trust's original priorities set for 2020/21 and clearly describes where in-year adjustments were made to meet the new demands of the COVID-19 pandemic. We support the adjusted operational plan covering the period September 2020 to June 2021, which will ensure a continued focus on responding to COVID-19 alongside restoration and recovery. Despite the challenges of the last year, which affected the delivery of planned objectives, it is of note that the Trust has reported progress with a number of its improvement plans and identified areas for continued improvement during 2021/22. The report continues to provide details and transparency of the learning from deaths reviews undertaken and results of local clinical audit initiatives.

Among the achievements reported for 2020/21, the CCG would like to draw particular attention to the implementation of virtual clinics and visiting, continuing with the promotion of a safety and learning culture, and improving the experiences of patients and their families with the establishment of the Patient Support Hub offering a variety of services and support. The pandemic has demonstrated the crucial role that technology can play in supporting patients to access services. The CCG looks forward to receiving updates regarding the impact of new innovations on patient experience, particularly the quality of communication with patients who are waiting for care.

The information in the account reflects that shared and discussed with CCG colleagues throughout the past year.

Whilst a very challenging year, throughout it the CCG has continued working with the Trust as part of the local health system, in monitoring the quality of care provided to the local populations, and in identifying areas for improvement and system-wide learning. For example, the Trust played a key role in the

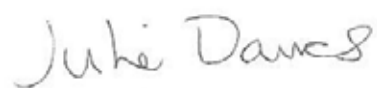
development of a harm review process for patients on the Referral to Treatment (RTT) pathway and remains an influential member of the COVID-19 Hampshire and Isle of Wight Sharing and Learning Network.

The CCG is supportive of the four quality priorities for 2021/22, including the focus on staff wellbeing and recovery as well as the engagement of patients and carers, which will shape the Trust's quality and improvement agenda. The CCG will continue to support the Trust with the delivery of the priorities including the ongoing challenge of managing risk and the wellbeing of patients delayed for tests and/or treatment as further exacerbated by the COVID-19 pandemic.

The CCG also looks forward to working with the Trust on the delivery of the Patient Safety Strategy and implementation of the objectives within the Patient Safety Incident Response Framework.

It is clear that 2021/22 will continue to bring new challenges from the ongoing impact of the COVID-19 pandemic and the development of the Hampshire, Southampton and Isle of Wight Integrated Care System. As such, the CCG looks forward to working together to build on the quality initiatives developed as part of our system learning with priorities to include reducing health inequalities, improving accessibility for all and further progress to continue to improve the quality, timeliness and safe discharge or transfer of care for all patients.

Yours sincerely



**Julie Dawes**  
**Chief Nurse**

cc: Stephanie Ramsey – Managing Director – Southampton  
Carol Alstrom – Interim Director of Quality and Nursing – Southampton  
Matthew Richardson, Acting Director of Quality and Nursing – South West Hampshire



## Response to the Quality Report from Healthwatch Southampton

**Healthwatch Southampton is pleased once again to comment on the quality account of the Trust for the year. The account is well laid out and generally, easy to read.**

The year under review has been extraordinary in every way. The whole country has applauded the efforts of the NHS and the pandemic has brought the efforts of its staff into sharp focus. From reports, and comments made to Healthwatch Southampton, citizens of Southampton have reason to be particularly grateful for the work of UHS and the University. They have participated in ground-breaking research into vaccines and treatments. Inevitably, not everything was perfect and despite pressures, when Healthwatch Southampton had occasion to contact UHS for comment or query, the trust responded promptly and efficiently with a full, honest, and open response. As far as we can judge, this quality account has been written with a similar open and honest format and is complete and accurate with no serious omissions. The welcome by the Chief Executive is professionally written, pertinent, and a valuable introduction to the quality account.

We are pleased that the Trust was recognised as one of the best performing trusts for coping, with associated good outcomes, notably within the intensive care department. The trust continued to maintain high standards and sought to learn from this difficult period. We were impressed with the report that examined hospital acquired COVID-19 deaths and duty of candour. Healthwatch Southampton is pleased that the trust has continued to place emphasis on duty of candour.

Given the enormous pressures of COVID-19, we understand that many of the objectives set for this period were not achieved but consider that the modifications made were well considered and executed. The report deals very well with the progress against the 2020/21 priorities with the changes made because of Covid laid out very clearly with clear statements about what was achieved.

For priority one – patient experience, the new intensive care unit coming on stream and being able to assist other trusts from across a large part of the country by expanding the capability still further, is a great credit to staff and management. The fact that the ED department was reorganised to deal with COVID-19 and non-COVID-19 patients and still performed at the higher end of major teaching trusts in England is very creditable. Changes necessary for dealing with outpatients using new virtual technology has been successful with patients commenting positively. However, it is important to note that this does not suit all patients. It is reassuring that the trust was able to show improving and consistently strong performance against the 31 and 62-day cancer treatment standards during 2020/21.

The priorities for operational improvement in this section, are all supported. However, whilst we appreciate the need to reduce the number of inpatients in the hospital over 7 and 21 days and increase the number of patients who go home before lunch, we remain concerned that this needs to be achieved with due consideration for patients' home situation, especially carers.

Patient safety is important under all circumstances but especially so with COVID-19, so it is not surprising that the trust had to respond by amending the priorities to reflect the changing situation. Kindness and civility are certainly important factors for patient safety, and we are pleased that this will be pursued and made part of 'culture cafés' and that it will be embedded in a safety education syllabus. The involvement of patients in the design of safety initiatives is welcomed. We consider that the trust already has an open culture and are pleased that freedom to speak up is again given high priority.

The TRiM initiative is good to see, and we are pleased that the trust is concentrating on staff wellbeing. It is good that the increase in staff disclosing disabilities and long-term illnesses through ESR has been recognised as best practice. The hospital charity fundraising appeals to the public resulted in several initiatives aimed at improving staff welfare. COVID-19 obviously highlighted BAME and other inequality issues which have

been addressed by the trust. The introduction of the sunflower lanyard has been well received and is a good initiative. Efforts of the trust to mitigate the problems associated with mask wearing for deaf patients is also welcomed but Healthwatch Southampton has received comments that some consultants are not responsive; this may be a minority, but it is a pity that a clear initiative by the trust has not been universally adopted. The trust has made great efforts to assist patients that are clearly in fear, isolated, or lonely and the use of iPads and other support initiatives is most welcome. The property pod and the patient messaging service were both good initiatives and the patient support hub is particularly valuable for patients that require extra support.

We are particularly pleased that the report makes it clear that the priorities for improvement for 2021/22 must be realistic in view of the potential ongoing problems with the pandemic and the increased number of patients waiting. Healthwatch Southampton was consulted on the priorities and supports them. The addition of a fourth priority under the domain of well-led makes good sense.

Section 3 of the report is interesting reading, and it is particularly good to see the trust is committed to education and training. Excellent achievements resulted from the trust's commitment to clinical research.

Clearly, PLACE inspections could not take place in 2020 but we hope that they can be re-introduced as soon as it is safe to do so and Healthwatch stands ready to take the lead once again on this important aspect of the care improvement. As mentioned by the chief executive, the clinical accreditation scheme could not continue involving patient representatives; we hope their involvement can also be resumed once it is considered safe.

Healthwatch Southampton will continue to work with the Trust to maintain and improve patient experience.

**H F Dymond MBE**  
**Chair Healthwatch Southampton**



### Response to the Quality Report from our lead governor on behalf of the Council of Governors

I have read the draft Quality report and am satisfied with the content, in that it reflects an accurate summation of the activities and outcomes.

**Bob Purkiss MBE**  
Lead Governor

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

**The Southampton Health Overview and Scrutiny Panel (HOSP) welcomes the opportunity to comment on the University Hospital Southampton NHS Foundation Trust Quality Account for 2020/21.**

Facing unprecedented challenges the Panel recognise the enormous contribution the Trust has made to the system-wide response to the COVID-19 pandemic. The Panel appreciate how UHS staff, students and volunteers have risen to these challenges to meet the health requirements of our population in the most testing of circumstances.

The resilience of UHS staff throughout the pandemic has been admirable and the adaptability of the Trust to change services and pathways to enable patients to continue to be treated demonstrates what can be achieved when there is less of a focus on organisational boundaries and rigid processes.

The Panel are keen for providers to build upon the innovative new ways of working that were adopted during the health emergency and to continue to work closely with partners across the system to ensure that the health needs of the population are at the forefront of collective decision making, and, that patients experience seamless transitions between the various health and care providers in Southampton.

The Panel understands that the pandemic had a significant impact on the Trust's ability to achieve the stated objectives for 2020/21 and needed to adopt different objectives to meet the aforementioned challenges. The HOSP is supportive of the four quality priorities for 2021/22. In particular the Panel is encouraged by the inclusion of an objective that focusses on staff wellbeing and recovery. This is sensible given the demands placed on staff over the previous 12 months.

We are understandably concerned about the impact of the pandemic on the health of the population and the significant backlog for treatments it has created. The Southampton HOSP looks forward to working closely with UHS over the coming year to explore how the Trust will be addressing the backlog, how it will, as part of the wider system, learn from the COVID-19 crisis, and how it intends to work as part of the developing Integrated Care System to ensure that the quality of health services for Southampton residents continues to improve.

Yours sincerely



**Cllr Sarah Bogle**  
Chair of the Health Overview and Scrutiny Panel 2020-2021 Southampton City Council

# Annex 2:

## Statement of directors' responsibilities for the quality report

**The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.**

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2020/21 and supporting guidance Detailed requirements for quality reports 2019/20.
- The content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2020 to 25 June 2021.
  - papers relating to quality reported to the Board over the period April 2020 to 25 June 2021.
  - feedback from commissioners dated 1 June 2021.
  - feedback from governors dated 19 May 2021.
  - feedback from local Healthwatch organisations dated 8 May 2021.
  - feedback from overview and scrutiny committee dated 24 May 2021.
  - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated June 2019.
  - the 2019 national adult inpatient survey dated 2 July 2020.
  - the 2020 national staff survey published on 11 March 2021.
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated 21 June 2021.
  - the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered.
  - the performance information reported in the quality report is reliable and accurate.
  - there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
  - the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
  - the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board



**Peter Hollins**  
**Chair**

28 June 2021



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

28 June 2021

# ANNUAL ACCOUNTS

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## Statement from the chief financial officer

**When we look back at 2020/21 we will remember the tragic losses felt across the country, and the huge changes to our everyday lives. At UHS we have felt the full impact of the COVID-19 pandemic, and we have changed rapidly to adapt, from re-deploying staff into areas most stretched such as critical care, to transforming the way we deliver care with the use of virtual outpatient appointments. The year will therefore also be remembered as a year of change, as well as the immense courage and dedication of our staff.**

For the finances for the Trust, it was also a year where the financial architecture of the NHS rapidly changed. For the first half of the year all costs were covered retrospectively, meaning we had sufficient funding from government to support our response to the pandemic. In the second half of the year, the Trust was given a fixed block of funding, including an additional allowance to manage COVID-19 related cost pressures. The target from NHS England and NHS Improvement also changed, with all organisations required to achieve a break-even position.

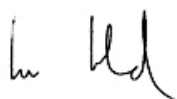
Our financial performance for the year achieved the required position, delivering a surplus of £21k from a revenue position of over £1bn, once items deemed as “below the line” by NHS England and NHS Improvement, such as impairments to the valuation of our fixed assets, were removed.

Despite the COVID-19 pressures, it was also a year of record investment on infrastructure for the Trust with spend of over £80m. This included the opening of our new General Intensive Care Unit, and a new cancer ward. We also started building four new theatres, set to open in summer/autumn 2021, as well as major improvements to our Emergency Department and the creation of a new Endoscopy suite.

Looking ahead the focus inevitably moves to recovery of our activity levels. The NHS as a whole has a structural demand deficit as a result of reduced elective and diagnostic capacity during the pandemic. We are aiming to recover capacity to pre COVID-19 levels and beyond, to ensure we are meeting demand levels and our patients are not waiting too long for their care. Whilst acknowledging that ambition, we are also focused on the wellbeing of our staff, following the significant impact the COVID-19 pandemic has had on our workforce.

From a financial perspective, whilst there is some uncertainty regarding future funding levels, we are starting from a good position. We are hopeful that funding will continue for additional elective and outpatient activity. We are aiming to continue to deliver efficiencies and keep our finances stable, which enables us to carry on our ambitious plans for investment in both additional capacity and improving our existing infrastructure.

We are sure that these investments will make a positive difference for the benefit of both our patients and our staff for many years to come.



**Ian Howard**  
**Interim Chief Financial Officer**

# Independent auditor's report to the Council of Governors of University Hospital Southampton NHS Trust

## Report on the Audit of the Financial Statements

### Opinion on the financial statements

We have audited the financial statements of University Hospital Southampton NHS Foundation Trust (the 'Trust') and its subsidiaries (the 'group') for the year ended 31 March 2021, which comprise the Consolidated Statement of Comprehensive Income, the Consolidated Statement of Financial Position, the Consolidated Statement of Changes in Taxpayers Equity, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

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 2021 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 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group 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 2020 to 2021 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United

Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust and the group and Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Accounting Officer with respect to going concern are described in the 'Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements' section of this report.

## **Other information**

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report<sup>1</sup>, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

## **Other information we are required to report on by exception under the Code of Audit Practice**

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2020/21 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

## **Opinion on other matters required by the Code of Audit Practice**

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.



## **Matters on which we are required to report by exception**

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

## **Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements**

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2020/21, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

The Audit and Risk Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the group and Trust's financial reporting process.

## **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## **Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud**

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:



- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).
- We enquired of management and the Audit and Risk Committee, concerning the group and Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, and the Audit and Risk Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:
  - journal entries that altered the group and Trust's financial performance for the year;
  - potential management bias in determining accounting estimates, especially in relation to:
    - the calculation of the valuation of the Group and Trust's land and buildings; and
    - accruals of income and expenditure at the end of the financial year.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - using data analytics to consider all journal entries against specific criteria to identify entries we considered to be of higher risk of fraud. Such criteria included journals with unusual values, journals posted after the year end, journals with a material impact on the surplus/deficit for the year and journals created by senior managers;
  - testing of how management made the significant accounting estimates in respect of property, plant and equipment valuations and challenging assumptions and judgements made by management in making the estimate;
  - substantive procedures to confirm the completeness and occurrence of income and operating expenditure with a particular emphasis on year end accruals and transactions recorded close to and after 31 March 2021; 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. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations and fraud included the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to the valuations of the Group and Trust's land and buildings.

- Assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the group and Trust operates
  - understanding of the legal and regulatory requirements specific to the group and Trust including:
    - the provisions of the applicable legislation
    - NHS Improvement's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - the group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.

## **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 2021.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

### **Responsibilities of the Accounting Officer**

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

### **Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

## **Report on other legal and regulatory requirements – Delay in certification of completion of the audit**

We cannot formally conclude the audit and issue an audit certificate for University Hospital Southampton NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

## **Use of our report**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

**Iain Murray**

**Key Audit Partner**

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

28 June 2021

# Independent auditor's report to the Council of Governors of University Hospital Southampton NHS Trust

In our auditor's report issued on 28 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2021, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.

## Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 28 June 2021 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2021 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

## Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

### Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in respect of the above matter.

### Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

### Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the

arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

### **Report on other legal and regulatory requirements – Audit certificate**

We certify that we have completed the audit of University Hospital Southampton NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

### **Use of our report**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

**Iain Murray**

**Key Audit Partner**

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

20 September 2021

# Foreword to the Accounts

These accounts for the period to 31 March 2020 have been prepared by University Hospital Southampton NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the NHS Act 2006, and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.



**David French**  
**Chief Executive**  
28 June 2021

# ANNUAL ACCOUNTS

## CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2021

	NOTE	Group		Trust	
		Year ended 31 March 2021 £000	Year ended 31 March 2020 £000	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Operating income from patient care activities	2.1	859,200	779,013	859,200	779,013
Other operating income	2.1	181,017	132,881	178,400	132,709
Operating income from continuing operations		1,040,217	911,894	1,037,600	911,722
Operating expenses of continuing operations	3	(1,050,443)	(889,984)	(1,047,248)	(890,169)
<b>OPERATING (DEFICIT)/ SURPLUS</b>		<b>(10,226)</b>	21,910	<b>(9,648)</b>	21,553
<b>FINANCE COSTS</b>					
Finance income	7	149	644	725	817
Finance expenses	8	(2,104)	(2,175)	(2,533)	(2,175)
Public Dividend Capital dividend payable		(5,918)	(7,854)	(5,918)	(7,854)
<b>NET FINANCE COSTS</b>		<b>(7,873)</b>	(9,385)	<b>(7,726)</b>	(9,212)
Share of (losses)/ profits of joint ventures/associates accounted for using the equity method		(52)	65	(51)	65
Other gains/ (losses)		236	(83)	0	(83)
<b>(DEFICIT)/ SURPLUS FOR THE YEAR</b>		<b>(17,915)</b>	12,507	<b>(17,425)</b>	12,323
<b>Other comprehensive income</b>					
<b>Will not be reclassified to income and expenditure:</b>					
Impairments charged to reserves	10	0	(14,131)	0	(14,131)
Revaluations	10	3,762	513	3,762	513
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>(14,153)</b>	(1,111)	<b>(13,663)</b>	(1,295)

### Note on NHS Improvement Performance reconciliation – additional to Statement of Comprehensive Income

A reconciliation of the reported position according to to NHS Improvement regulations to the (deficit)/surplus for the year is as follows:

	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Surplus/(deficit) for the period/year including PSF and Top-Up	(17,915)	12,507
Less: Provider Sustainability Funding (PSF)	0	(9,157)
Remove net impact of consumables donated from other DHSC bodies	(839)	0
Add: Net "below the line" items - impairments, capital grants and charity position	18,775	490
<b>Surplus for the year according to NHS Improvement regulations</b>	<b>21</b>	<b>3,840</b>

In 2019/20 the Trust earned additional Provider Sustainability Funding income, supporting an overall surplus position.

In 2020/21 all NHS organisations were asked to deliver an overall break-even position as part of a revised funding framework during the pandemic. Certain items were deemed by NHS Improvement to be excluded as "below the line" items. These included impairments, certain grants and charitable donations.

The notes on pages 195 to 232 form part of these accounts.

# ANNUAL ACCOUNTS

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION AT 31 MARCH 2021

	NOTE	Group		Trust	
		31 March 2021	31 March 2020	31 March 2021	31 March 2020
		£000	£000	£000	£000
<b>Non-current assets</b>					
Intangible assets	11	18,874	17,919	18,874	17,919
Property, plant and equipment	12	396,497	357,308	394,488	349,732
Investment property	13.1	180	123	0	0
Investments in joint ventures and associates	13	64	116	64	116
Other Investments	13.2	3,176	2,997	15,041	14,041
Trade and other receivables	15	3,972	5,784	36,778	33,171
<b>Total non-current assets</b>		<b>422,763</b>	<b>384,247</b>	<b>465,245</b>	<b>414,979</b>
<b>Current assets</b>					
Inventories	14	14,744	15,227	13,925	14,387
Trade and other receivables	15	67,366	71,940	63,739	71,600
Cash and cash equivalents	17	134,065	101,319	127,783	97,255
<b>Total current assets</b>		<b>216,175</b>	<b>188,486</b>	<b>205,447</b>	<b>183,242</b>
<b>Current liabilities</b>					
Trade and other payables	18	(143,182)	(104,663)	(135,894)	(116,905)
Borrowings	19	(11,801)	(10,806)	(12,542)	(10,806)
Provisions	22.1	(7,992)	(2,776)	(7,992)	(2,776)
Other liabilities	21	(22,056)	(11,800)	(21,994)	(11,800)
<b>Total current liabilities</b>		<b>(185,031)</b>	<b>(130,045)</b>	<b>(178,422)</b>	<b>(142,287)</b>
<b>Total assets less current liabilities</b>		<b>453,907</b>	<b>442,688</b>	<b>492,270</b>	<b>455,934</b>
<b>Non-current liabilities</b>					
Trade and other payables	18	(555)	(658)	(41,762)	(21,686)
Borrowings	19	(44,874)	(44,901)	(49,326)	(44,901)
Provisions	22.1	(4,128)	(3,487)	(4,128)	(3,487)
Other liabilities	21	(13,632)	(14,104)	(13,632)	(14,104)
<b>Total non-current liabilities</b>		<b>(63,189)</b>	<b>(63,150)</b>	<b>(108,848)</b>	<b>(84,178)</b>
<b>Total assets employed</b>		<b>390,718</b>	<b>379,538</b>	<b>383,422</b>	<b>371,756</b>
<b>Financed by</b>					
<b>Taxpayers' equity</b>					
Public Dividend Capital		246,041	220,708	246,040	220,708
Revaluation reserve		23,976	20,214	23,974	20,214
Income and expenditure reserve		113,960	131,942	113,408	130,834
Charitable fund reserves		6,741	6,674	0	0
<b>Total taxpayers' equity</b>		<b>390,718</b>	<b>379,538</b>	<b>383,422</b>	<b>371,756</b>

The financial statements on pages 191 to 232 were approved by the Board on 23 June 2021 and signed on its behalf by:



**David French**  
**Chief Executive**  
28 June 2021



# ANNUAL ACCOUNTS

## CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2021

Group	NHS Charitable Funds Reserves	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve (Restated)	Total
	£000	£000	£000	£000	£000
Taxpayers' and Others' Equity at 1 April 2020	6,674	220,708	20,214	131,942	379,538
Surplus/ (deficit) for the year	67	0	0	(17,982)	(17,915)
Revaluations	0	0	3,762	0	3,762
Public Dividend Capital received	0	25,333	0	0	25,333
<b>Taxpayers' and Others' Equity at 31 March 2021</b>	<b>6,741</b>	<b>246,041</b>	<b>23,976</b>	<b>113,960</b>	<b>390,718</b>
Taxpayers' and Others' Equity at 1 April 2019	6,674	210,981	33,832	119,435	370,922
Surplus/ (deficit) for the year	0	0	0	12,507	12,507
Impairments	0	0	(14,131)	0	(14,131)
Revaluations - property, plant and equipment	0	0	513	0	513
Public Dividend Capital received	0	9,727	0	0	9,727
<b>Taxpayers' Equity at 31 March 2020</b>	<b>6,674</b>	<b>220,708</b>	<b>20,214</b>	<b>131,942</b>	<b>379,538</b>

Trust	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total
	£000	£000	£000	£000
Taxpayers' and Others' Equity at 1 April 2020	220,708	20,214	130,834	371,756
Surplus for the year	0	0	(17,425)	(17,425)
Revaluations	0	3,762	0	3,762
Public Dividend Capital received	25,332	0	0	25,332
Other reserve movements	0	(2)	(1)	(3)
<b>Taxpayers' and Others' Equity at 31 March 2021</b>	<b>246,040</b>	<b>23,974</b>	<b>113,408</b>	<b>383,422</b>
Taxpayers' and Others' Equity at 1 April 2019	210,981	33,832	118,511	363,324
Surplus/ (deficit) for the year	0	0	12,323	12,323
Impairments	0	(14,131)	0	(14,131)
Revaluations - property, plant and equipment	0	513	0	513
Public Dividend Capital received	9,727	0	0	9,727
<b>Taxpayers' and Others' Equity at 31 March 2020</b>	<b>220,708</b>	<b>20,214</b>	<b>130,834</b>	<b>371,756</b>

The notes on pages 195 to 232 form part of these accounts.

# ANNUAL ACCOUNTS

## CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2021

	NOTE	Group		Trust	
		Year ended 31 March 2021	Year ended 31 March 2020	Year ended 31 March 2021	Year ended 31 March 2020
		£000	£000	£000	£000
<b>Cash flows from operating activities</b>					
Operating (deficit)/ surplus		(10,226)	21,910	(9,648)	21,553
<b>Operating (deficit)/ surplus</b>		(10,226)	21,910	(9,648)	21,553
Depreciation and amortisation	11/12.1	26,362	23,636	27,168	23,042
Impairments	10	21,875	1,158	21,875	1,159
Impairments and reversals	10	0	0	0	0
Losses on disposal	3	0	0	0	0
Non-cash donations/grants credited to income		(4,264)	(2,092)	(4,264)	(2,092)
(Increase) in Trade and Other Receivables	15	10,417	29,976	5,944	15,222
(Increase) in Inventories	14	483	1,277	462	1,301
Increase in Trade and Other Payables	18	35,517	3,504	17,099	15,530
Increase in Other Liabilities	21	7,310	4,425	9,722	1,951
Increase in Provisions	22	5,925	2,851	5,925	2,851
Movements in charitable fund working capital		1,296	0	0	0
<b>Net cash generated from operations</b>		<b>94,695</b>	<b>86,645</b>	<b>74,283</b>	<b>80,517</b>
Interest received	7	27	644	725	817
Purchase of financial assets		0	(50)	(1,000)	(8,550)
Purchase of intangible assets	11	(4,235)	(5,568)	(4,235)	(5,568)
Purchase of Property, Plant and Equipment	12	(61,256)	(35,859)	(44,767)	(20,143)
Sales of Property, Plant and Equipment	9	0	0	0	0
Receipt of cash donations to purchase capital assets		43	2,092	4,264	2,092
NHS Charitable funds - net cash flows from investing activities		122	0	0	0
<b>Net cash (used in) investing activities</b>		<b>(65,299)</b>	<b>(38,741)</b>	<b>(45,013)</b>	<b>(31,352)</b>
Public dividend capital received		25,333	9,727	25,332	9,727
Loans repaid to the Department of Health	19	(3,089)	(3,089)	(3,089)	(3,089)
Other loans repaid	19	(432)	0	(433)	0
Capital element of finance lease rental payments		(8,274)	(7,799)	(7,924)	(7,799)
Capital element of Private Finance Initiative Obligations		(401)	(390)	(2,411)	(390)
Interest on DHSC loans	8	(261)	(316)	(261)	(316)
Interest on other loans	8	(19)	(25)	(19)	(24)
Interest element of finance lease	8	(1,856)	(1,766)	(1,832)	(1,766)
Interest element of Private Finance Initiative obligations	8	(43)	(67)	(496)	(67)
Public Dividend Capital dividend paid		(7,608)	(8,385)	(7,608)	(8,385)
Cash flows from (used in) other financing activities		0	1	(1)	0
<b>Net cash (used in) financing activities</b>		<b>3,350</b>	<b>(12,109)</b>	<b>1,258</b>	<b>(12,109)</b>
<b>Increase in cash and cash equivalents</b>		<b>32,746</b>	<b>35,795</b>	<b>30,528</b>	<b>37,056</b>
<b>Cash and Cash equivalents at 1 April</b>		<b>101,319</b>	<b>65,524</b>	<b>97,255</b>	<b>60,199</b>
<b>Cash and Cash equivalents at 31 March</b>		<b>134,065</b>	<b>101,319</b>	<b>127,783</b>	<b>97,255</b>

The notes on pages 195 to 232 form part of these accounts.

# Notes to the Accounts

## 1 Accounting Policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC Group Accounting Manual 2020/21, issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FRM) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

### 1.1 Going concern

The Foundation Trust's annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

### 1.2 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

### 1.3 Basis of consolidation

In addition to the Trust itself, the Trust has consolidated into its group accounts the following entities: Southampton Hospital Charity, UHS Pharmacy Limited and UHS Estates Limited. The Trust and subsidiary accounts are prepared separately and then intra-group transactions are manually netted off.

### NHS Charitable Fund

Southampton Hospital Charity (SHC) is a registered charity. University Hospital Southampton NHS Foundation Trust (the Trust) is the sole trustee of SHC. The Trust has determined that SHC is a subsidiary of the Trust because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with SHC and has the ability to affect those returns and other benefits through its power over SHC. However, as trustee of SHC the Trust is legally obliged to act exclusively in the interests of the charity's beneficiaries - NHS patients – and not (insofar as they diverge) in the interests of the Trust itself or its staff. The balance of funds of SHC at 31 March 2021 was £2.723m (restricted) and £3.951m (unrestricted). The most significant transaction that the Charity funded in-year was an additional £565k related to the Children's Hospital building project.

SHC's accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to SHC's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

## Other Subsidiaries

The Trust wholly owns UHS Pharmacy Ltd and UHS Estates Ltd which form part of the consolidated accounts. UHS Pharmacy Ltd provides outpatient pharmacy services. Its turnover for the period ended 31 March 2021 was £19.2m and its gross assets at 31 March 2021 totalled £2.308m. UHS Estates Ltd provides building management services to the Trust for buildings that the company develops. Completed developments include Minerva House, Compton House and the Children's Hospital and it is now working on the GICU development. Its turnover for the period ended 31 March 2021 was £1.407m and its gross assets at 31 March 2021 totalled £55.188m.

Entities over which the Trust has the power to exercise control are classified as subsidiaries and are consolidated. The Trust has control when it has the ability to affect the variable returns from the other entity through its power to direct relevant activities. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to non-controlling interests are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where subsidiaries' accounting policies are not aligned with the Trust or where the subsidiaries' accounting dates are not coterminous. The amounts consolidated are drawn from the financial statements of Southampton Hospital Charity, UHS Pharmacy Ltd and UHS Estates Ltd. Intra-entity balances, transactions and gains/losses are eliminated in full on consolidation.

## 1.4 Joint arrangements

Arrangements over which the Trust has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the Trust is a joint operator it recognises its share of assets, liabilities, income and expenses in its own accounts.

A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

The Trust has two joint ventures: Southampton CEDP LLP, which is a commercial partnership with Partnering Solutions (Southampton) Limited for undertaking various developments, the latest of which relates to a new multi-storey car park due to open in 2021/22; and Wessex NHS Procurement Ltd, 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 Ltd. Southampton CEDP LLP broke even for the year up to 31 December 2020; Wessex NHS Procurement Ltd made a loss of £102k for the year to 31 March 2021.

## 1.5 Revenue

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office 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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

### **2020/21**

The main source of income for the Trust is contracts with commissioners for healthcare services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Sustainability and Transformation Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

### **For 2020/21 and 2019/20**

(1) As per paragraph 121 of IFRS15, the Trust does not disclose information regarding performance obligations of a contract that has an original expected duration of one year or less. (2) The Group Accounting Manual (GAM) does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard, where the right to consideration corresponds directly with value of the performance completed to date. (3) The GAM has mandated the exercise of the practical expedient offered in C7A of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

## **Revenue from research contracts**

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

## **NHS injury cost recovery scheme**

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department 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.

## **Revenue from other contracts**

Where other contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation

over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some income alternatively falls within the provisions of IAS 20 for government grants.

## 1.6 Other forms of income

### Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

### Apprenticeship service income

The value of the benefit received when accessing funds from the government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit. The Trust used £1.032m of the sum available within its account for the financial year 2020/21.

## 1.7 Expenditure on employee benefits

### Short-term employee benefits

Salaries, wages and employment-related payments including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

### Pension costs

#### NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

## 1.8 Other expenses

Other operating expenses are recognised when and to the extent that the goods or services have been received. They are measured at the fair value of the consideration payable.

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the Trust recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

## 1.8.1 Value Added Tax

Most of the activities of the Trust are outside the scope of value added tax (VAT). Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## 1.8.2 Corporation Tax

Section 148 of the Finance Act 2004 amended section 519A of the Income and Corporation Taxes Act 1988 to provide power to HM Treasury to make certain non-core activities of foundation trusts potentially subject to corporation tax. This legislation became effective in the 2005/06 financial year. In determining whether or not an activity is likely to be taxable a three-stage test may be employed:

- The provision of goods and services for purposes related to the provision of healthcare authorised under section 14(1) of the Health and Social Care Act 2003 (HSCA) is not treated as a commercial activity and is therefore tax exempt;
- Trading activities undertaken in-house which are ancillary to core healthcare activities are not entrepreneurial in nature and not subject to tax. A trading activity that is capable of being in competition with the wider private sector will be subject to tax;
- Only significant trading activity is subject to tax. Significant is defined as annual taxable profits of £50,000 per trading activity.

The majority of the Trust's activities are related to core healthcare and are not subject to tax. However, the Trust's commercial subsidiaries are subject to corporation tax. UHS Pharmacy Ltd incurred £53k corporation tax due to a revised amount related to prior years. UHS Estates Ltd incurred an estimated sum of £354k corporation tax for 2020/21 and a revision of earlier years' calculations. These increased sums reflected the reclassification of equipment supplied by UEL as part of its service as finance leases.

## 1.9 Property, plant and equipment

### Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

### Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

### Measurement

#### Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it



to be capable of operating in the manner intended by management. Assets are measured subsequently at valuation. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided. The site used for the Trust's valuation is adjacent to the M27. A full revaluation was last carried out at 31 March 2020, as is required every 5 years. A desktop valuation has been completed for the current year.

The freehold property known as the University Hospital Southampton estate was valued at 31 March 2021 by the Trust's external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2020 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (Frame). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's estate on the basis the construction would be completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

## *Depreciation*

Freehold land, assets under construction or development, investment properties and assets held for sale are not depreciated/amortised.



Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 12.1.

## *De-recognition*

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

## **1.10 Investment properties**

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

## 1.11 Donated assets

Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

## 1.12 Government grant funded assets

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

## 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

### *Trust as lessee*

#### **Finance leases**

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment. The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

#### **Operating leases**

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities in the Statement of Financial Position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

### **Imaging Infrastructure Support Service (IISS)**

During 2012/13 the Trust entered an agreement for the provision of a comprehensive replacement and maintenance service contract for all major radiology imaging equipment. The contract term is 13 years with a fixed unitary payment covering asset replacement and ongoing maintenance. The asset replacements are treated as finance leases and accounted for as above. Where the element of the unitary payment relating to asset replacement is made in advance of the actual asset acquisition that payment is treated as a prepayment. The element of the unitary charge relating to maintenance is charged to the Statement of Comprehensive Income.

## **Leases of land and buildings**

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

### ***The Trust as lessor***

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

## **1.14 Private Finance Initiative (PFI) transactions**

PFI transactions that meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17 the underlying assets are recognised as property, plant and equipment at their fair value together with an equivalent finance lease liability.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

### **Services received**

The cost of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

### **PFI Assets, liabilities and finance costs**

PFI, LIFT and other transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

When a service concession asset is being constructed or developed, where the Trust considers it probable that the future economic benefits associated with the asset will be received and the cost can be measured reliably, a work-in-progress service concession asset and associated liability are recognised. If not and any contributions are made to the operator in advance of use, the Trust would account for these as prepayments.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

## **Lifecycle replacement**

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

## **Assets contributed by the Trust to the operator for use in the scheme**

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

## **Other assets contributed by the Trust to the operator**

Other assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, where these are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. When the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

## **1.15 Intangible assets**

### **Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably and the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

### **Measurement**

Intangible assets acquired separately are recognised initially at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations and impairments are treated in the same manner as for property, plant and equipment.

An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

## Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

### 1.16 Inventories

Inventories are valued at the lower of cost and net realisable value, using the weighted average cost method.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

### 1.17 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 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.

### 1.18 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

## **Clinical negligence costs**

NHS Resolution (formerly the NHS Litigation Authority) operates a risk pooling scheme under which the Trust pays an annual contribution, and in return NHS Resolution settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust.

The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 22.3 but is not recognised in the Trust's accounts.

## **Non-clinical risk pooling**

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they became due.

## **1.19 Financial assets and liabilities**

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a finance income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

## **Held to maturity investments**

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and where there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

## **Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method.

## **Available for sale financial assets**

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value, other than impairment losses, taken to Other comprehensive income. Accumulated gains or losses are recycled to the Statement of Comprehensive Income on de-recognition.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

## **Financial assets at fair value through other comprehensive income**

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

## **Financial assets at fair value through profit and loss**

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

## **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

## **Financial liabilities**

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged – that is, the liability has been paid or has expired.

Loans from the Department of Health and Social Care are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

## **Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.



## **Public Dividend Capital (PDC) and PDC dividend**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received. A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

## **1.20 Carbon Reduction Commitment scheme (CRC)**

The CRC scheme is a mandatory cap and trade scheme for non-transport CO<sub>2</sub> emissions. The Trust is registered with the CRC scheme, and would normally be required to surrender to the Government an allowance for every tonne of CO<sub>2</sub> it emits during the financial year. However, the Trust (along with other NHS organisations) has been granted an exemption from the requirements of managing and trading allowances.

The carrying amount of the liability at the financial year end will therefore reflect the CO<sub>2</sub> emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

## **1.21 Contingent liabilities and contingent assets**

A contingent liability is:

- a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or
- a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.

Contingent liabilities are not recognised, but are disclosed at note 23, unless the possibility of a payment is remote.

A contingent asset is a possible asset arising from past events whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the Trust's control. Contingent assets are not recognised as assets, but are disclosed in note 23 where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

## **1.22 Foreign currencies**

The Trust's functional currency and presentational currency is pounds sterling, and figures are presented in thousands of pounds unless expressly stated otherwise.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March.



Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in the Statement of Comprehensive Income in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

## **1.23 Third party assets**

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts.

## **1.25 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

## **1.25 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

## **1.26 Critical accounting judgements and key sources of estimation uncertainty**

In the application of the Trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

### **Critical judgements in applying accounting policies**

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

### **VAT on building valuations**

HM Treasury adapts IAS 16 Property, Plant and Equipment to state that assets held for their service potential and which are in use must be measured at current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the asset's remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. The Trust's judgement is that the cost of replacing the service potential of its operational buildings would exclude VAT. The Trust's buildings have been valued on a modern equivalent asset basis and net of recoverable VAT based on the Trust's assessment that if its buildings required replacement that it would use its subsidiary, UHS Estates Ltd, to construct and manage these buildings, as it has done with all other major projects since the inception of the subsidiary. UHS Estates Ltd invoices the Trust on the basis of a combined charge for the management

and construction of buildings over a contract length of 30-40 years and the Trust is able to recover this VAT under the Contracted Out Service rules for NHS organisations. Therefore, the asset value should be stated net of recoverable VAT. See Note 12 Property, Plant and Equipment.

## Asset lives and residual values

Property, plant and equipment is depreciated over its useful life taking into account residual values, where appropriate. The actual lives of the assets and residual values are assessed annually and may vary depending on a number of factors. In reassessing asset lives, factors such as technological innovation and maintenance programmes are taken into account. Residual value assessments consider issues such as the remaining life of the asset and projected disposal values. Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the tables below.

The range of asset lives for intangible assets is as follows:

	Min Life Years	Max Life Years
Software	5	10

The ranges of asset lives for property, plant and equipment are as follows:

	Min Life Years	Max Life Years
Buildings excluding dwellings	4	80
Dwellings	46	52
Plant & Machinery	3	20
Transport Equipment	5	7
Information Technology	5	10
Furniture & Fittings	7	15

## Classification of leases

New leases are considered against the criteria in IAS 17 to determine whether substantially all the risks and rewards of ownership have been transferred to the Trust.

Whether a lease is a finance lease or an operating lease depends on the substance of the transaction rather than the form of the contract. Examples of situations that individually or in combination would normally lead to a lease being classified as a finance lease are:

- (a) the lease transfers ownership of the asset to the lessee by the end of the lease term;
- (b) the lessee has the option to purchase the asset at a price that is expected to be sufficiently lower than the fair value at the date the option becomes exercisable for it to be reasonably certain, at the inception of the lease, that the option will be exercised;
- (c) the lease term is for the major part of the economic life of the asset even if title is not transferred;
- (d) at the inception of the lease the present value of the minimum lease payments amounts to at least substantially all of the fair value of the leased asset; and
- (e) the leased assets are of such a specialised nature that only the lessee can use them without major modifications.

The Trust takes a prudent view of tests (b), (c) and (d) in particular, and as a result treats the majority of leases as finance leases. More detail can be found at Note 26.

## 1.27 Other accounting judgements and sources of estimation uncertainty

### Impairment of assets

At each balance sheet date, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

Intangible assets not yet available for use are tested for impairment annually. From 2015/16, the Trust has adopted a basis of valuation for building assets which excludes VAT from the cost of rebuilding assets.

### Sources of estimation uncertainty

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

The Trust seeks professional advice from its valuers annually in determining the value of its land and buildings. The values in the valuer's report have been used to inform the measurement of property assets at valuation in these financial statements. The valuer exercised his professional judgement in providing the valuation and it remains the best information available to the Trust. However, the valuer uses informed assumptions regarding obsolescence, rebuild rates and the area of the sites required to accommodate modern equivalent assets with the same service potential which could change and have a material impact on the valuation.

Whilst the pandemic and measures taken to tackle COVID-19 continue to affect economies and real estate markets globally, at the valuation date property markets are mostly functioning again. The March 2021 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 2021 of the Trust's Property Plant & Equipment valued by professional valuers and reflected in these financial statements is £298.0m.

A reduction in the estimated values would result in reductions to the Revaluation Reserve and / or a loss recorded as appropriate in the Statement of Comprehensive Income. If the value of land and buildings were to reduce by 10% this would result in a charge to the Statement of Comprehensive Income of approximately £44.8m and a reduction in the Revaluation Reserve of £0.6m. Depreciation of the assets in 2021/22 would be £1.0m lower.

An increase in estimated valuations would result in an increase to the Revaluation Reserve of approximately £9.0m and reversals of previous negative revaluations to the Statement of Comprehensive Income of approximately £2.4m. Depreciation of the assets in 2021/22 would be £1.0m higher.

## 1.28 Accounting Standards that have been issued but not adopted

### IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022.

The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the Statement of Financial Position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

## 2.1 Operating Income by activity

	Group		Trust	
	Year ended 31 March 2021	Year ended 31 March 2020 (Restated)	Year ended 31 March 2021	Year ended 31 March 2020 (Restated)
	Total	Total	Total	Total
	£000	£000	£000	£000
<b>Income from patient care activities</b>				
Block contract / system envelope income	705,282	645,524	705,282	645,524
High cost drugs income from commissioners	116,361	94,832	116,361	94,832
Other NHS clinical income	198	0	198	0
Private patient income	2,739	5,579	2,739	5,579
Additional pension contribution central funding	23,022	21,302	23,022	21,302
Other clinical income	11,598	11,776	11,598	11,776
Total income from patient care activities	<u>859,200</u>	<u>779,013</u>	<u>859,200</u>	<u>779,013</u>
<b>Other operating income</b>				
Research and development	25,934	20,649	25,934	20,649
Education and training	38,984	36,493	38,984	36,493
Donated equipment from DHSC for COVID response (non-cash)	3,201	0	3,201	0
Donated equipment from NHSE for COVID response (non-cash)	1,020	0	1,020	0
Cash donations for the purchase of capital assets - received from other bodies	43	2,092	43	2,092
Charitable and other contributions to expenditure - received from other bodies	118	221	118	221
Non-patient care services to other bodies	16,120	15,893	15,215	15,794
Contributions to expenditure - receipt of equipment donated from DHSC for COVID response below capitalisation threshold	422	0	422	0
Reimbursement and top up funding	45,002	0	45,003	0
Provider Sustainability Fund income	0	16,447	0	16,447
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	8,648	0	8,648	0
NHS Charitable Funds: Incoming Resources excluding investment income	3,092	0	0	0
Car parking	1,119	3,552	1,119	3,552
Staff accommodation rentals	21	39	21	39
Crèche services	1,484	1,556	1,484	1,556
Clinical excellence awards*	1,519	3,690	1,519	3,690
Other	34,290	32,249	35,669	32,176
<b>Total other operating income</b>	<u>181,017</u>	<u>132,881</u>	<u>178,400</u>	<u>132,709</u>
<b>TOTAL OPERATING INCOME</b>	<u>1,040,217</u>	<u>911,894</u>	<u>1,037,600</u>	<u>911,722</u>

\*In months 1 to 6 Clinical Excellence Awards income was included in "block contract / system envelope income" as per national guidance.

Of total operating Income, £821.643m was for commissioner requested services (2019/20: £756.737m), and £215.492m was for non-commissioner requested services (2019/20: £153.115m). As per the terms of the Trust's NHS provider licence, commissioner requested services are based upon income from NHS England and clinical commissioning groups. Total operating income from non-NHS sources totalled £37.4m (2019/20: £49.4m). As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

# ANNUAL ACCOUNTS

## 2.2 Analysis of income from activities by source

	Group		Trust	
	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
NHS Foundation Trusts	174	212	174	212
NHS Trusts	24	82	24	82
NHS England	438,837	402,818	438,837	402,818
Clinical Commissioning Groups	405,828	353,919	405,828	353,919
Local Authorities	1	321	1	321
Non NHS: Private patients	2,739	5,579	2,739	5,579
NHS injury cost recovery scheme	791	1,359	791	1,359
NHS injury scheme (was RTA)	975	2,947	975	2,947
Devolved administrations and Channel Islands	9,831	11,776	9,831	11,776
<b>Total income from patient care activities</b>	<b>859,200</b>	<b>779,013</b>	<b>859,200</b>	<b>779,013</b>

## 2.3 Overseas Visitors

	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Income recognised this year	791	1,359	791	1,359
Cash payments received in-year (relating to invoices raised in current and previous years)	464	996	464	996
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	265	232	265	232
Amounts written off in-year (relating to invoices raised in current and previous years)	558	108	558	108

## 2.4 Fees and charges - aggregate of all schemes that, individually, have a cost exceeding £1m (Group and Trust)

	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Income	1,217	4,438
Full cost	(1,956)	(2,142)

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## 3 Operating expenditure

	Group		Trust	
	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Purchase of healthcare from NHS and DHSC bodies	13,973	10,306	13,973	12,048
Purchase of healthcare from non-NHS and non-DHSC bodies	11,162	16,820	11,162	16,820
Staff and executive directors costs	596,972	531,629	596,261	531,039
Non-executive directors	147	142	136	142
Supplies and services – clinical (excluding drugs costs)	96,138	93,240	96,138	93,240
Supplies and services - general	27,278	19,883	26,921	19,648
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	7,809	0	7,809	0
Supplies and services - general: notional cost of equipment donated from DHSC for COVID response below capitalisation threshold	422	0	422	0
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	134,936	111,000	136,439	112,086
Inventories written down (net including drugs)	0	95	0	0
Consultancy	977	897	977	897
Establishment	8,209	5,034	8,053	4,994
Premises - business rates collected by local authorities	3,426	3,325	3,431	3,312
Premises - other	36,684	29,617	36,533	28,758
Transport (business travel only)	0	1	0	1
Transport - other (including patient travel)	1,757	2,737	1,757	2,737
Depreciation	23,082	21,153	23,886	20,560
Amortisation	3,280	2,483	3,282	2,483
Impairments net of (reversals)	21,875	1,158	21,875	1,158
Movement in credit loss allowance: contract receivables/assets	6,458	4,660	6,458	4,660
Change in provisions discount rate	183	206	182	206
Audit services - statutory audit	109	75	99	63
Other auditor remuneration (payable to external auditor only)	0	9	0	9
Charitable fund audit	12	0	0	0
Internal audit - non-staff	110	131	110	131
Clinical negligence - amounts payable to NHS Resolution (premium)	22,048	19,078	22,048	19,078
Legal fees	646	507	646	490
Insurance	702	665	702	664
Research and development - non-staff	14,970	7,975	14,970	7,975
Education and training - non-staff	2,798	2,226	2,798	2,226
Operating lease expenditure (net)	2,418	2,549	2,419	2,549
Redundancy costs - non-staff	64	92	64	92
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	1,177	1,164	1,177	1,164
Car parking and security	765	823	765	823
Other losses and special payments - non-staff	4	10	4	10
Other services (e.g. external payroll)	497	566	497	566
Other NHS charitable fund resources expended	3,371	0	0	0
Other	5,984	(272)	5,254	(460)
<b>TOTAL</b>	<b>1,050,443</b>	<b>889,984</b>	<b>1,047,248</b>	<b>890,169</b>

The audit fees with Grant Thornton UK LLP for the group also include £10k for the joint venture with Wessex NHS Procurement Ltd. The joint venture with Southampton CEDP LLP did not require auditing, although this is not part of the scope of Grant Thornton's work.

### 3.1 Group and Trust Losses and Special Payments

	Year ended 31 March 2021		Year ended 31 March 2020	
	Cases by number and value			
Included within note 3 are:				
LOSSES:				
Bad debts and claims abandoned	173	570	137	123
a. private patients	37	5	24	1
b. overseas visitors	87	558	38	108
c. other	49	7	75	14
Total Losses	173	570	137	123
SPECIAL PAYMENTS:				
Ex gratia payments	26	16	24	7
a. loss of personal effects	26	16	24	7
Total Special Payments	26	16	24	7
Total Losses and Special Payments	199	586	161	130

## 4.1 Employee Expenses

	Group		Trust	
	Year ended 31 March 2021	Year ended 31 March 2020	Year ended 31 March 2021	Year ended 31 March 2020
	Total £000	Total £000	Total £000	Total £000
Salaries and wages	444,691	401,578	444,220	400,988
Social security costs	45,253	41,090	45,253	41,090
Apprenticeship levy	1,989	1,989	1,989	1,989
Pension cost - Employers contributions to NHS Pensions	52,837	48,639	52,837	48,639
Pension cost - other contributions	68	59	68	21,302
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	23,022	21,302	23,022	59
Temporary staff - external bank	35,348	27,156	35,120	27,156
Temporary staff - agency/contract staff	10,140	7,648	10,128	7,648
Recoveries from Other bodies in respect of staff cost netted off expenditure	(13,856)	(13,807)	(13,856)	(13,807)
<b>Total Net Staff Costs</b>	<b>599,492</b>	<b>535,654</b>	<b>598,781</b>	<b>535,064</b>
Costs capitalised as part of assets	2,520	4,025	2,520	4,025
Analysed into Operating Expenditure (Note 4)				
Employee Expenses - Staff	596,972	531,629	596,261	531,039
<b>Total Employee benefits excluding capitalised costs</b>	<b>596,972</b>	<b>531,629</b>	<b>596,261</b>	<b>531,039</b>

The difference between net staff costs and total employee benefits relates to capitalised staff costs. Total remuneration paid to executive directors for the year ended 31 March 2021 (in their capacity as directors) totalled £1,304k (2019/20 £1,369k). 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 2021 totalled £129k (2019/20 £160k). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was 7 (2019/20 6).

## 4.2 Average number of employees (WTE basis)

	Group		Trust	
	Year ended 31 March 2021	Year ended 31 March 2020	Year ended 31 March 2021	Year ended 31 March 2020
	Total Number	Total Number	Total Number	Total Number
Medical and dental	1,786	1,649	1,786	1,649
Ambulance staff	13	11	13	11
Administration and estates	2,431	2,269	2,431	2,269
Healthcare assistants and other support staff	1,909	1,770	1,909	1,770
Nursing, midwifery and health visiting staff	3,593	3,411	3,593	3,411
Scientific, therapeutic and technical staff	1,242	1,248	1,242	1,248
Healthcare science staff	226	193	226	182
<b>Total</b>	<b>11,200</b>	<b>10,551</b>	<b>11,200</b>	<b>10,540</b>
Number of Employees (WTE) engaged on capital projects	70	85	70	85

## 4.3 Early retirements due to ill health

From April 2020 to March 2021 there were 7 (Apr 2019-Mar 2020: 1) early retirements from the organisation agreed on grounds of ill health. The estimated additional pension liabilities of these ill health retirements is £364k (Apr 2019- Mar 2020: £38k). The cost of these ill health retirements will be borne by the NHS Business Services Authority-Pensions Division.



## 4.4 Analysis of Termination benefits

Reporting of other compensation schemes- exit packages	Group and Trust	
	Number of other departures	Value of other departures
Exit package cost band (including any special payment element)	Number	£000
There were no compulsory departures in the year ended 31 March 2021		
<b>Year ended 31 March 2020</b>		
£10,001 - £25,000	1	18
£50,001 - £100,000	2	146
Total	3	164
	Number of other departures	Value of other departures
	Number	£000
<b>Year ended 31 March 2021</b>		
£50,001 - £100,000	2	154
Total	2	154

These two exit packages related to contractual payments in lieu of notice (£94k) and redundancy (£60k). There were no other departures in the year ended 31 March 2020.

## 5 Pensions

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### b) Full actuarial (funding) valuation

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of

pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

The government introduced automatic enrolment of staff into a workplace pension in April 2013 (although staff can continue to opt out again after enrolment). In general the Trust's staff are enrolled into the NHS Pension Scheme. However, there is a small group of staff who cannot be enrolled into the NHS scheme; for example, where they have already started drawing their NHS pension. These staff are auto-enrolled into the National Earnings Savings Trust (NEST) scheme managed by the NEST corporation which is a non-departmental public body accountable to the Department for Work and Pensions. NEST is a defined contribution pension scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. The employer contribution rate for NEST adopted by the Trust currently stands at 1.2% of annual earnings between £5,824 and £43,000 (this is the minimum rate stipulated). This rose to 4% in April 2019. At 31 March 2021 the Trust had 151 members in NEST (31 March 2020:136) and had made total contributions for 2020/21 of £68k (2019/20: £59k).

## 6.1 Operating leases

	Group and Trust	
	Year ended 31 March 2021	Year ended 31 March 2020
	£000	£000
Minimum lease payments	2,418	2,549
<b>TOTAL</b>	<b>2,418</b>	<b>2,549</b>

## 6.2 Arrangements containing an operating lease

	Group and Trust			Year ended 31 March 2020		
	Year ended 31 March 2021			Year ended 31 March 2020		
	£000	£000	£000	£000	£000	£000
	Buildings	Plant & Machinery	Total	Buildings	Plant & Machinery	Total
<b>Group and Trust</b>						
Future minimum lease payments due						
- not later than one year	2,161	283	2,444	2,377	184	2,561
- later than one year and not later than five years	8,643	226	8,869	7,031	136	7,167
- later than five years.	27,908	0	27,908	24,731	0	24,731
<b>Total</b>	<b>38,712</b>	<b>509</b>	<b>39,221</b>	<b>34,139</b>	<b>320</b>	<b>34,459</b>

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## 7 Finance revenue

	Group		Trust	
	Year ended 31 March 2021	Year ended 31 March 2020	Year ended 31 March 2021	Year ended 31 March 2020
	£000	£000	£000	£000
Interest on bank accounts	27	644	22	644
Interest on other investments / financial assets	0	0	703	173
NHS charitable fund investment income	122	0	0	0
<b>Total</b>	<b>149</b>	<b>644</b>	<b>725</b>	<b>817</b>

## 8 Finance expenses

	Group		Trust	
	Year ended 31 March 2021	Year ended 31 March 2020	Year ended 31 March 2021	Year ended 31 March 2020
	£000	£000	£000	£000
Capital loans	254	308	254	308
Interest on other loans	19	29	19	29
Interest on finance lease obligations	1,856	1,763	2,285	1,763
Private Finance Initiative finance costs	43	67	43	67
<b>Total interest expense</b>	<b>2,172</b>	<b>2,167</b>	<b>2,601</b>	<b>2,167</b>
Unwinding of discount on provisions	(68)	8	(68)	8
<b>Total Finance expenses</b>	<b>2,104</b>	<b>2,175</b>	<b>2,533</b>	<b>2,175</b>

Interest paid on capital loans in the Statement of Cash Flows reflects a movement on interest payable of £7k (2019/20: £8k).

## 9 Other gains and losses

	Group and Trust	
	Year ended 31 March 2021	Year ended 31 March 2020
	£000	£000
Losses on disposal of property, plant and equipment	0	(83)
<b>Total gains/(losses) on disposal of assets</b>	<b>0</b>	<b>(83)</b>
Fair value gains/(losses) on charitable fund investments and investment properties	236	0
<b>Total other gains/(losses)</b>	<b>236</b>	<b>(83)</b>

## 10 Impairments

Group and Trust	Year ended 31 March 2021			Year ended 31 March 2020		
	Net impairment £000	Impairments £000	Reversals £000	Net impairment £000	Impairments £000	Reversals £000
Diminution from normal operations	0	0	0	513	513	0
Other	0	0	0	14,131	14,131	0
Changes in market price	21,875	21,875	0	645	3,486	(2,841)
<b>Total Impairments</b>	<b>21,875</b>	<b>21,875</b>	<b>0</b>	<b>15,289</b>	<b>18,130</b>	<b>(2,841)</b>

All off the amount above was debited to the Statement of Comprehensive Income. In addition, £3.762m was credited to the Revaluation Reserve. In 2019/20 £1.158m was debited to the Statement of Comprehensive Income and £14.131m to the Revaluation Reserve.

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## 11 Intangible assets

	Movements for year ended 31 March 2021		Movements for year ended 31 March 2020	
Group and Trust	Software licences (purchased) £000	Total £000	Software licences (purchased) £000	Total £000
Valuation/Gross Cost at 1 April 2020	0	0	0	0
Additions - purchased / internally generated	4,235	4,235	5,568	5,568
Impairments charged to operating expenses	0	0	(3,486)	(3,486)
<b>Valuation/Gross cost at 31 March</b>	<b>37,156</b>	<b>37,156</b>	<b>32,921</b>	<b>32,921</b>
Amortisation at 1 April 2020	15,002	15,002	12,519	12,519
Provided during the year	3,280	3,280	2,483	2,483
<b>Amortisation at 31 March</b>	<b>18,282</b>	<b>18,282</b>	<b>15,002</b>	<b>15,002</b>
<b>Net Book Value at 31 March</b>	<b>18,874</b>	<b>18,874</b>	<b>17,919</b>	<b>17,919</b>

## 12.1 Property, plant and equipment for year ended 31 March 2021 - Group

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
Group	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April 2020	28,111	251,051	1,826	19,016	126,787	792	10,297	22	437,902
Additions - purchased	4,230	25,133	11	21,009	8,108	0	4,458	0	62,949
Additions - leased	0	0	0	0	13,171	0	0	0	13,171
Additions - equipment donated from DHSC for COVID response (non-cash)	0	0	0	0	3,201	0	0	0	3,201
Additions - equipment donated from NHSE for COVID response (non-cash)	0	0	0	0	0	0	1,020	0	1,020
Additions - grants / donations of cash to purchase assets	0	0	0	0	24	0	19	0	43
Impairments charged to operating expenses	0	(21,875)	0	0	0	0	0	0	(21,875)
Revaluations credited to the revaluation reserve	3,009	753	0	0	0	0	0	0	3,762
Revaluations	0	(9,484)	(37)	0	0	0	0	0	(9,521)
Reclassifications	0	15,317	0	(15,814)	287	0	210	0	0
<b>Valuation/Gross cost at 31 March 2021</b>	<b>35,350</b>	<b>260,895</b>	<b>1,800</b>	<b>24,211</b>	<b>151,578</b>	<b>792</b>	<b>16,004</b>	<b>22</b>	<b>490,652</b>
Accumulated depreciation at 1 April 2020	0	84	0	0	73,270	673	6,547	20	80,594
Provided during the year	0	9,390	37	0	11,925	48	1,681	1	23,082
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0
Depreciation written out on revaluation	0	(9,484)	(37)	0	0	0	0	0	(9,521)
Reclassifications	0	10	0	0	(10)	0	0	0	0
<b>Accumulated depreciation at 31 March 2021</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>85,185</b>	<b>721</b>	<b>8,228</b>	<b>21</b>	<b>94,155</b>
<b>Net Book Value at 31 March 2021</b>	<b>35,350</b>	<b>260,895</b>	<b>1,800</b>	<b>24,211</b>	<b>66,393</b>	<b>71</b>	<b>7,776</b>	<b>1</b>	<b>396,497</b>

## 12.2 Property, plant and equipment for year ended 31 March 2020 - Group

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
Group	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April 2019	38,491	291,338	1,418	7,214	115,352	792	9,117	22	463,744
Additions - purchased	0	12,414	33	11,988	8,065	0	1,180	0	33,680
Additions - leased	0	0	0	0	9,086	0	0	0	9,086
Additions - grants / donations of cash to purchase assets	0	0	0	1,759	333	0	0	0	2,092
Impairments charged to the revaluation reserve	(10,380)	(3,751)	0	0	0	0	0	0	(14,131)
Reclassifications	0	1,945	0	(1,945)	0	0	0	0	0
Revaluations	0	(50,895)	375	0	0	0	0	0	(50,520)
Disposals	0	0	0	0	(6,049)	0	0	0	(6,049)
<b>Valuation/Gross cost at 31 March 2020</b>	<b>28,111</b>	<b>251,051</b>	<b>1,826</b>	<b>19,016</b>	<b>126,787</b>	<b>792</b>	<b>10,297</b>	<b>22</b>	<b>437,902</b>
Accumulated depreciation at 1 April 2019	0	43,277	109	0	69,368	593	5,402	19	118,768
Provided during the year	0	10,030	29	0	9,868	80	1,145	1	21,153
Impairments charged to operating expenses	0	513	0	0	0	0	0	0	513
Reversal of impairments credited to operating expenses	0	(2,841)	0	0	0	0	0	0	(2,841)
Revaluations	0	(50,895)	(138)	0	0	0	0	0	(51,033)
Disposals	0	0	0	0	(5,966)	0	0	0	(5,966)
<b>Accumulated depreciation at 31 March 2020</b>	<b>0</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>73,270</b>	<b>673</b>	<b>6,547</b>	<b>20</b>	<b>80,594</b>
<b>Net Book Value at 31 March 2020</b>	<b>28,111</b>	<b>250,967</b>	<b>1,826</b>	<b>19,016</b>	<b>53,517</b>	<b>119</b>	<b>3,750</b>	<b>2</b>	<b>357,308</b>

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## 12.3 Property, plant and equipment for year ended 31 March 2021 - Trust

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Trust</b>									
Valuation/Gross cost at 1 April 2020	28,111	250,869	1,965	16,077	121,400	496	10,057	16	428,991
Additions - purchased	4,230	25,133	11	21,010	7,627	0	4,458	0	62,469
Additions - leased	0	0	0	0	20,024	0	0	0	20,024
Additions - equipment donated from DHSC for COVID response (non-cash)	0	0	0	0	3,201	0	0	0	3,201
Additions - equipment donated from NHSE for COVID response (non-cash)	0	0	0	0	0	0	1,020	0	1,020
Additions - grants / donations of cash to purchase assets	0	0	0	0	24	0	19	0	43
Impairments charged to operating expenses	0	(21,875)	0	0	0	0	0	0	(21,875)
Revaluations credited to the revaluation reserve	3,010	750	0	0	0	0	0	0	3,760
Revaluations	0	(9,372)	(176)	0	0	0	0	0	(9,548)
Reclassifications	0	15,317	0	(15,815)	288	0	210	0	0
<b>Valuation/Gross cost at 31 March 2021</b>	<b>35,351</b>	<b>260,822</b>	<b>1,800</b>	<b>21,272</b>	<b>152,564</b>	<b>496</b>	<b>15,764</b>	<b>16</b>	<b>488,085</b>
Accumulated depreciation at 1 April 2020	0	0	139	0	72,390	377	6,337	16	79,259
Provided during the year	0	9,362	37	0	12,775	48	1,664	0	23,886
Depreciation written out on revaluation	0	(9,372)	(176)	0	0	0	0	0	(9,548)
Reclassifications	0	10	0	0	(10)	0	0	0	0
<b>Accumulated depreciation at 31 March 2021</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>85,155</b>	<b>425</b>	<b>8,001</b>	<b>16</b>	<b>93,597</b>
<b>Net Book Value at 31 March 2021</b>	<b>35,351</b>	<b>260,822</b>	<b>1,800</b>	<b>21,272</b>	<b>67,409</b>	<b>71</b>	<b>7,763</b>	<b>0</b>	<b>394,488</b>

## 12.4 Property, plant and equipment for year ended 31 March 2020 - Trust

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Trust</b>									
Valuation/Gross cost at 1 April 2019	38,491	289,159	1,419	4,275	111,318	496	8,877	16	454,051
Additions - purchased	0	12,332	33	11,988	6,712	0	1,180	0	32,245
Additions - leased	0	0	0	0	9,086	0	0	0	9,086
Additions - grants / donations of cash to purchase assets	0	0	0	1,759	333	0	0	0	2,092
Impairments charged to the revaluation reserve	(10,380)	(3,751)	513	0	0	0	0	0	(13,618)
Revaluations	0	(48,816)	0	0	0	0	0	0	(48,816)
Reclassifications	0	1,945	0	(1,945)	0	0	0	0	0
Disposals	0	0	0	0	(6,049)	0	0	0	(6,049)
<b>Valuation/Gross cost at 31 March 2020</b>	<b>28,111</b>	<b>250,869</b>	<b>1,965</b>	<b>16,077</b>	<b>121,400</b>	<b>496</b>	<b>10,057</b>	<b>16</b>	<b>428,991</b>
Accumulated depreciation at 1 April 2019	0	41,143	110	0	69,041	297	5,202	15	115,808
Provided during the year	0	10,001	29	0	9,315	80	1,135	1	20,561
Reversal of impairments credited to operating expenses	0	(2,328)	0	0	0	0	0	0	(2,328)
Disposals	0	0	0	0	(5,966)	0	0	0	(5,966)
Revaluations	0	(48,816)	0	0	0	0	0	0	(48,816)
<b>Accumulated depreciation at 31 March 2020</b>	<b>0</b>	<b>0</b>	<b>139</b>	<b>0</b>	<b>72,390</b>	<b>377</b>	<b>6,337</b>	<b>16</b>	<b>79,259</b>
<b>Net Book Value at 31 March 2020</b>	<b>28,111</b>	<b>250,869</b>	<b>1,826</b>	<b>16,077</b>	<b>49,010</b>	<b>119</b>	<b>3,720</b>	<b>0</b>	<b>349,732</b>

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## 12.5 Property, plant and equipment financing

	Land	Buildings excluding dwellings	Dwellings	Assets Under Construction and Payments on Account	Plant & machinery	Transport equipment	Information Technology	Furniture & fittings	Total
Group	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned	35,350	224,602	1,800	24,211	31,572	9	6,517	1	324,062
Finance Lease	0	7,451	0	0	29,626	0	0	0	37,077
On-balance-sheet PFI contracts	0	3,754	0	0	0	0	0	0	3,754
Donated	0	25,088	0	0	974	62	1,259	0	27,383
Owned - equipment donated from DHSC and NHSE for COVID response	0	0	0	0	4,221	0	0	0	4,221
<b>NBV Total at 31 March 2021</b>	<b>35,350</b>	<b>260,895</b>	<b>1,800</b>	<b>24,211</b>	<b>66,393</b>	<b>71</b>	<b>7,776</b>	<b>1</b>	<b>396,497</b>

Net book value at 31 March 2020

Owned	28,111	218,040	1,826	17,257	23,663	10	3,735	2	292,644
Finance Lease	0	7,652	0	0	27,704	14	0	0	35,370
On-balance-sheet PFI contracts	0	3,764	0	0	0	0	0	0	3,764
Donated	0	21,511	0	1,759	2,150	95	15	0	25,530
<b>NBV Total at 31 March 2020</b>	<b>28,111</b>	<b>250,967</b>	<b>1,826</b>	<b>19,016</b>	<b>53,517</b>	<b>119</b>	<b>3,750</b>	<b>2</b>	<b>357,308</b>

<b>Trust</b>									
Owned	35,351	224,533	1,800	24,213	31,095	8	6,502	0	0
Finance Lease	0	7,451	0	0	21,519	0	0	0	0
On-balance-sheet PFI contracts	0	3,754	0	0	6,658	0	0	0	0
Donated	0	25,088	0	0	974	62	1,259	0	0
Owned - equipment donated from DHSC and NHSE for COVID response	0	0	0	0	4,221	0	0	0	0
<b>NBV Total at 31 March 2021</b>	<b>35,351</b>	<b>260,826</b>	<b>1,800</b>	<b>24,213</b>	<b>64,467</b>	<b>70</b>	<b>7,761</b>	<b>0</b>	<b>394,488</b>

Owned	28,111	217,942	1,826	14,318	15,781	10	3,705	0	281,693
Finance Lease	0	7,652	0	0	27,704	14	0	0	35,370
On-balance-sheet PFI contracts	0	3,764	0	0	0	0	0	0	3,764
Donated	0	21,511	0	1,759	2,150	95	15	0	25,530
<b>NBV Total at 31 March 2020</b>	<b>28,111</b>	<b>250,869</b>	<b>1,826</b>	<b>16,077</b>	<b>45,635</b>	<b>119</b>	<b>3,720</b>	<b>0</b>	<b>346,357</b>

## 13.1 Investment property

**NHS Charitable funds: Investment property**  
NHS Charitable funds: Investment property

### Group

Movements for year ended 31 March 2021	Movements for year ended 31 March 2020
£000	£000
Carrying value at 1 April	123
Additions	57
Carrying value at 31 March	180

Carrying value at 1 April  
Additions  
Carrying value at 31 March

The Trust has no investment property.

## 13.2 Other Investments/financial assets (non-current)

Group	Trust
Movements for year ended 31 March 2021	Movements for year ended 31 March 2020
£000	£000
Carrying value at 1 April	2,997
Additions	0
Fair value gains (taken to I&E)	179
Carrying value at 31 March	3,176

Carrying value at 1 April  
Additions  
Fair value gains (taken to I&E)  
Carrying value at 31 March

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## 13.3 Investments in joint ventures and associates

	Group and Trust	
	Movements for year ended 31 March 2021	Movements for year ended 31 March 2020
	£000	£000
Carrying value at 1 April	116	1
Additions	0	50
Share of profit/(loss)	(52)	65
Carrying value at 31 March	64	116

## 14 Inventories

	Group		Trust	
	Total	Total	Total	Total
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Drugs	3,491	5,080	2,672	4,240
Consumables	10,414	10,147	10,414	10,147
Consumables donated from DHSC group bodies	839	0	839	0
<b>Total</b>	<b>14,744</b>	<b>15,227</b>	<b>13,925</b>	<b>14,387</b>

## 15 Trade and other receivables

	Group		Trust	
	Total	Total	Total	Total
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Contract receivables (IFRS 15): invoiced	35,304	53,723	35,998	54,817
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	18,697	7,055	15,696	6,436
Allowance for impaired contract receivables / assets	(8,784)	(9,407)	(8,784)	(9,407)
Prepayments (revenue) (non-PFI)	15,192	17,194	14,904	17,191
PDC dividend receivable	2,582	892	2,582	892
VAT receivable	4,375	2,350	3,343	1,671
NHS charitable funds: trade and other receivables	0	133	0	0
<b>Total Current</b>	<b>67,366</b>	<b>71,940</b>	<b>63,739</b>	<b>71,600</b>
<b>Non-Current</b>				
Contract receivables (IFRS 15): invoiced	4,889	4,587	4,889	4,588
Allowance for impaired contract receivables / assets	(1,506)	(937)	(1,506)	(937)
Clinician pension tax provision reimbursement funding from NHSE	589	2,134	589	2,134
Loans receivable	0	0	32,806	27,386
<b>Total Non-Current</b>	<b>3,972</b>	<b>5,784</b>	<b>36,778</b>	<b>33,171</b>
<b>Total Trade and other Receivables</b>	<b>71,338</b>	<b>77,724</b>	<b>100,517</b>	<b>104,771</b>

## 16 Allowances for credit losses (doubtful debts)

	Group	Trust
	Movements for year ended 31 March 2021	Movements for year ended 31 March 2021
	£000	£000
Allowance for credit losses at 1 April	10,344	10,344
New allowances arising	10,309	10,309
Reversals of allowances (where receivable is collected in-year)	(3,851)	(3,851)
Utilisation of allowances (where receivable is written off)	(6,512)	(6,512)
Total allowance for credit losses at 31 March	10,290	10,290

## 17 Cash and cash equivalents

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
At 1 April	101,319	65,524	97,255	60,199
Net change in year	32,746	35,795	30,528	37,056
Total cash balance at 31 March	134,065	101,319	127,783	97,255
Cash at commercial banks and in hand	6,310	4,178	28	114
Cash with the Government Banking Service	127,755	97,141	127,755	97,141
Cash and cash equivalents as in Statement of Financial Position	134,065	101,319	127,783	97,255

# ANNUAL ACCOUNTS

## 18 Trade and other payables

	Group		Trust	
	Total	Total	Total	Total
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Trade payables	55,658	48,951	57,456	67,340
Capital payables (including capital accruals)	6,171	4,343	6,171	4,281
Accruals (Revenue costs only)	20,697	13,117	13,340	7,602
Annual leave accrual	10,642	2,495	10,644	0
Social Security costs	6,229	5,692	6,229	5,692
Other taxes payable	5,657	4,867	5,657	4,876
Other payables	36,406	24,639	36,397	27,114
NHS Charitable funds: Trade and other payables	1,722	559	0	0
<b>Total Current</b>	<b>143,182</b>	<b>104,663</b>	<b>135,894</b>	<b>116,905</b>
<b>Non-current</b>				
Capital payables (including capital accruals)	472	564	41,357	21,281
Other payables	83	94	405	405
<b>Total Non Current</b>	<b>555</b>	<b>658</b>	<b>41,762</b>	<b>21,686</b>
<b>Total Trade and other payables</b>	<b>143,737</b>	<b>105,321</b>	<b>177,656</b>	<b>138,591</b>

## 19 Borrowings

	Group		Trust	
	Total	Total	Total	Total
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Capital Loans from Department of Health	2,630	3,141	2,630	3,141
Other loans (non-DHSC)	154	243	154	243
Obligations under finance leases	8,587	7,012	8,582	7,012
Obligations under Private Finance Initiative contracts	430	410	1,176	410
<b>Total Current</b>	<b>11,801</b>	<b>10,806</b>	<b>12,542</b>	<b>10,806</b>
<b>Non-current</b>				
Capital Loans from Department of Health	8,368	10,953	8,368	10,953
Other loans (non-DHSC)	159	503	159	503
Obligations under finance leases	35,891	32,568	35,096	32,435
Obligations under Private Finance Initiative contracts	456	877	5,703	1,010
<b>Total Non Current</b>	<b>44,874</b>	<b>44,901</b>	<b>49,326</b>	<b>44,901</b>
<b>Total Borrowings</b>	<b>56,675</b>	<b>55,707</b>	<b>61,868</b>	<b>55,707</b>

The Foundation Trust has the following loans with the Department of Health:

	Original Loan	Balance outstanding at 31 March 2021	Balance outstanding at 31 March 2020	Interest Rate
	£000	£000	£000	%
Original Advance Date				
September 2010	8,000	2,393	2,927	2.74%
October 2011	10,000	500	1,500	1.57%
September 2012	5,000	552	1,108	0.76%
June 2013	15,000	7,507	8,506	1.91%
Total balance outstanding		10,952	14,041	
Repaid in year		3,089		



# ANNUAL ACCOUNTS

## 20.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2020/21	Loans from				
	DHSC £000	Other loans £000	Finance leases £000	PFI schemes £000	Total £000
Carrying value at 1 April - brought forward	14,094	746	39,580	1,287	55,707
Financing cash flows - principal	(3,089)	(432)	(8,274)	(401)	(12,196)
Financing cash flows - interest (for liabilities measured at amortise)	(262)	(20)	(1,856)	(43)	(2,181)
Additions	0	0	13,172	0	13,172
Interest charge arising in year (application of effective interest rate)	255	19	1,856	43	2,173
Carrying value at 31 March	10,998	313	44,478	886	56,675

Group - 2019/20	Loans from				
	DHSC £000	Other loans £000	Finance leases £000	PFI schemes £000	Total £000
Carrying value at 1 April - brought forward	17,191	746	38,290	1,678	57,905
Financing cash flows - principal	(3,089)	0	(7,799)	(390)	(11,278)
Financing cash flows - interest (for liabilities measured at amortise)	(316)	(25)	(1,513)	(69)	(1,923)
Additions	0	0	9,086	0	9,086
Interest charge arising in year (application of effective interest rate)	308	25	1,516	68	1,917
Carrying value at 31 March	14,094	746	39,580	1,287	55,707

## 20.2 Reconciliation of liabilities arising from financing activities (Trust)

Trust - 2020/21	Loans from DHSC	Other loans	Finance leases	PFI and service concession schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April - brought forward	14,094	746	39,580	1,287	55,707
Financing cash flows - principal	(3,089)	(432)	(7,932)	(2,411)	(13,864)
Financing cash flows - interest (for liabilities measured at a	(262)	(20)	(1,823)	(496)	(2,601)
Additions	0	0	11,724	8,301	20,025
Interest charge arising in year (application of effective inter	255	19	274	2,053	2,601
Carrying value at 31 March	10,998	313	41,823	8,734	61,868

Trust - 2019/20	Loans from DHSC	Other loans	Finance leases	PFI and service concession schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April - brought forward	17,191	746	38,290	1,678	57,905
Financing cash flows - principal	(3,089)	0	(7,799)	(390)	(11,278)
Financing cash flows - interest (for liabilities measured at a	(316)	(25)	(1,513)	(69)	(1,923)
Additions	0	0	9,086	0	9,086
Interest charge arising in year (application of effective inter	308	25	1,516	68	1,917
Carrying value at 31 March	14,094	746	39,580	1,287	55,707

## 21 Other liabilities

	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Deferred income	22,056	11,800	21,994	11,800
<b>Total Current</b>	<b>22,056</b>	<b>11,800</b>	<b>21,994</b>	<b>11,800</b>
Deferred income	13,632	14,104	13,632	14,104
<b>Total Non-current</b>	<b>13,632</b>	<b>14,104</b>	<b>13,632</b>	<b>14,104</b>
<b>Total Other liabilities</b>	<b>35,688</b>	<b>25,904</b>	<b>35,626</b>	<b>25,904</b>

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## 22.1 Provisions for liabilities and charges

Group and Trust	Current	Current	Non-current	Non-current
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Pensions- Early departure costs	61	63	532	583
Pensions - Injury benefits	175	158	3,007	2,904
Other legal claims	463	421	0	0
Clinician pension tax reimbursement	0	2,134	589	0
Other	7,293	0	0	0
<b>Total</b>	<b>7,992</b>	<b>2,776</b>	<b>4,128</b>	<b>3,487</b>

The movement in provisions on the cash flow differs from this movement by £68k, 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 primarily to a provision for a contractual obligation relating to a major contract.

## 22.2 Movements in Provisions for liabilities and charges

Group and Trust	Pensions- Early departure costs	Other legal claims	Clinician pension tax reimbursement	Pensions - Injury benefits	Other	Total
	£000	£000	£000	£000	£000	£000
<b>At 1 April 2020</b>	646	421	2,134	3,062	0	6,263
Change in the discount rate	13	0	0	170	0	183
Arising during the year	58	165	0	355	7,293	7,871
Utilised during the year - cash	(98)	(18)	0	(354)	0	(470)
Reversed unused	(9)	(105)	(1,545)	0	0	(1,659)
Unwinding of discount	(17)	0	0	(51)	0	(68)
<b>At 31 March 2021</b>	<b>593</b>	<b>463</b>	<b>589</b>	<b>3,182</b>	<b>7,293</b>	<b>12,120</b>
- not later than one Year	61	463	0	175	7,293	7,992
- later than one year and not later than five years	244	0	0	700	0	944
- later than five years	288	0	589	2,307	0	3,184
<b>Total</b>	<b>593</b>	<b>463</b>	<b>589</b>	<b>3,182</b>	<b>7,293</b>	<b>12,120</b>

## 22.3 Clinical Negligence liabilities

Group and Trust	31 March 2021	31 March 2020
	£000	£000
Amount included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Foundation Trust	407,825	325,827

## 23 Contingent liabilities

Group and Trust	31 March 2021	31 March 2020
	£000	£000
Other	62	98
Gross value of contingent liabilities *	62	98
Net value of contingent liabilities *	62	98

## 24.1 Related Party transactions

University Hospital Southampton NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health. It falls within the Department of Health and Social Care's (DHSC) consolidation boundary. DHSC is regarded as a related party. The DHSC is the parent department of the Trust. During the year University Hospital Southampton NHS Foundation Trust has had a number of material transactions with the Department and with other entities for which the department is regarded as the parent Department as listed below:

- NHS Foundation Trusts
- NHS Trusts
- Department of Health
- Public Health England
- Health Education England
- CCGs and NHS England
- Special Health Authorities
- Non - Departmental Public Bodies
- Other Department of Health and Social Care bodies

The Trust has taken advantage of the exemption provided by IAS 24 'Related Party Disclosures', where the parent's own financial statements are presented together with the consolidated financial statements and any transactions or balances between group entities have been eliminated on consolidation.

During the year none of the board members or members of senior management or parties related to them has undertaken any material transactions with the Group.

The Group comprises the Trust, UHS Pharmacy Ltd, UHS Estates Ltd and Southampton Hospital Charity. The Trust has £1,790k (£1,017k at 31 March 2020) receivables with Southampton Hospital Charity. It has share capital of £841k (£841k at 31 March 2020), receivables of £184k (£90k at 31 March 2020) and payables of £70k (£11k at 31 March 2020) with UHS Pharmacy Ltd, and share capital of £14.2m (£13.2m at 31 March 2020), and receivables of £34.731m (£28.343m at 31 March 2020) and payables of £41.683m (£19.780m at 31 March 2020) and borrowings of £6.641m (£0 at 31 March 2020) with UHS Estates Ltd. Transactions with related parties are on a normal commercial basis and are outlined below.

	Year ended 31 March 2021		Year ended 31 March 2020	
	Income	Expenditure	Income	Expenditure
	£000	£000	£000	£000
Transactions with UHS Estates Ltd	724	3,350	354	3,839
Transactions with UHS Pharmacy Ltd	219	1,429	257	1,087
Transactions with Southampton Hospital Charity	2,477	0	2,954	0

The largest transaction with Southampton Hospital Charity was their support of the Children's Hospital building project (£565k).

## 24.2 Related Parties - Joint Ventures

As referred to in Note 1.4 of the accounts, the Trust has two joint ventures. The first is jointly controlled by the Trust and Partnering Solutions (Southampton) Ltd. The latter is a wholly owned subsidiary of Prime Partnering Solutions Ltd. The Trust received £0k (2019/20 £0k) and was charged £0k (2019/20 £0k) from its joint venture for services rendered. The second is jointly controlled by the Trust and Hampshire Hospitals Foundation Trust. The Trust received £200k and was charged £2,611k for services rendered.

## 25 Capital Commitments

	Group and Trust Total	Total
	31 March 2021	31 March 2020
	£000	£000
Property, Plant and Equipment	4,717	16,367
Imaging Infrastructure Support Service	20,423	15,173
<b>Total</b>	<b>25,140</b>	<b>31,540</b>

## 26 Finance Lease obligations

	Group Total	Total	Trust Total	Total
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Gross buildings lease liabilities	18,653	15,905	18,653	15,905
of which liabilities are due:				
- not later than one year	2,404	1,089	2,404	1,089
- later than one year and not later than five years	7,070	4,246	7,070	4,246
- later than five years	9,179	10,570	9,179	10,570
Finance charges allocated to future periods	(4,170)	(3,023)	(4,170)	(3,023)
Net buildings lease liabilities	14,483	12,882	14,483	12,882
of which liabilities are due:				
- not later than one year	1,929	930	1,929	930
- later than one year and not later than five years	5,631	3,653	5,631	3,653
- later than five years	6,923	8,299	6,923	8,299
Gross other lease liabilities	42,966	34,972	41,850	34,972
of which liabilities are due:				
- not later than one year	9,041	7,546	9,009	7,546
- later than one year and not later than five years	25,465	23,367	25,316	23,367
- later than five years	8,460	4,059	7,525	4,059
Finance charges allocated to future periods	(12,971)	(8,274)	(12,655)	(8,274)
Net other lease liabilities	29,995	26,698	35,188	26,698
of which liabilities are due:				
- not later than one year	6,658	6,082	6,654	6,082
- later than one year and not later than five years	18,137	16,610	18,128	16,610
- later than five years	5,200	4,006	4,413	4,006

## 27 On-SOFP PFI, LIFT and other service concession arrangements

The Trust identifies the following as service concession arrangements:

(1) The PFI boiler heating scheme entered into in 2003 with Veolia plc; (principally for steam heat and management of emergency generators). This agreement consists of a fixed unitary element of £1.6m per annum, with the remainder variable due to fluctuations in energy prices. This agreement runs to 2023.

(2) The various schemes entered into with its subsidiary, UHS Estates Ltd, for the building and subsequent management of self-contained properties. These contracts are normally for 40 years. Cash flows are likely to be most affected by any decisions made about additional equipment to be incorporated into the building and then to be charged through the unitary charge. These are all buildings used for Trust services.

The buildings include some major items of equipment which the Trust accounts for as embedded finance leases.

The buildings have been accounted for as Trust assets and therefore within Property, Plant and Equipment financed by capital payables. These capital payables are then written down against a portion of the unitary charge. These are accounted for as owned assets. The major pieces of clinical equipment within the buildings are accounted for as embedded leases within a service concession arrangement.

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## 27.1 Imputed Finance Lease obligations

Group	Group		Trust	
	Total	Total	Total	Total
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Gross service concession liabilities of which liabilities are due:	<b>940</b>	1,376	<b>7,581</b>	1,376
- not later than one year	<b>470</b>	459	<b>1,299</b>	459
- later than one year and not later than five years	<b>470</b>	917	<b>3,896</b>	917
- greater than five years	<b>0</b>	0	<b>2,386</b>	0
Finance charges allocated to future periods	<b>(54)</b>	(89)	<b>(702)</b>	(89)
<b>Net PFI obligation</b>	<b>886</b>	1,287	<b>6,879</b>	1,287
- not later than one year	<b>430</b>	410	<b>1,176</b>	410
- later than one year and not later than five years	<b>456</b>	877	<b>3,550</b>	877
- greater than five years	<b>0</b>	0	<b>2,153</b>	0
	<b>886</b>	1,287	<b>6,879</b>	1,287

## 27.2 Total on-SOFP, LIFT and other service concession arrangements

Total future obligations under these on-SoFP schemes are as follows:

	Group		Trust (restated)	
	Total	Total	Total	Total
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Within one year	<b>1,621</b>	1,621	<b>6,731</b>	3,087
2nd to 5th years (inclusive)	<b>1,621</b>	3,242	<b>22,062</b>	9,108
More than 5 years	<b>0</b>	0	<b>172,665</b>	48,463
	<b>3,242</b>	4,863	<b>201,458</b>	60,658

Four new facilities operated by UHS Estates Ltd came into use in year, the new Children's Hospital, GICU, Oncology Ward and Linear Accelerator F Radiotherapy Unit.

## 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator.

	Group		Trust (restated)	
	Total	Total	Total	Total
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Unitary payments payable to service concession operator:	<b>1,621</b>	1,621	<b>6,007</b>	3,912
Consisting of:				
- Interest charge	<b>43</b>	67	<b>739</b>	234
- Repayment of finance lease liability	<b>401</b>	390	<b>480</b>	457
- Service element: chargeable to SOCI	<b>1,177</b>	1,164	<b>3,871</b>	2,945
- Service element: repayment re capital	<b>0</b>	0	<b>917</b>	276

# ANNUAL ACCOUNTS

## 28.1 Imaging Infrastructure Support Service commitments

### Group and Trust

	31 March 2021			31 March 2020		
	Service and maintenance £000	Finance lease interest and repayments £000	Total £000	Service and maintenance £000	Finance lease interest and repayments £000	Total £000
- not later than one year	4,888	4,538	9,426	3,436	5,129	8,565
- later than one year and not later than five years	17,107	15,884	32,991	13,744	20,516	34,260
- later than five years	0	0	0	1,718	2,565	4,283
Total	21,995	20,422	42,417	18,898	28,210	47,108

## 28.2 Other Financial Commitments

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements), analysed by the period during which the payment is made:				
not later than 1 year	6,850	7,382	6,850	7,382
after 1 year and not later than 5 years	10,689	14,469	10,689	14,469
payable thereafter	281	597	281	597
<b>TOTAL</b>	<b>17,820</b>	<b>22,448</b>	<b>17,820</b>	<b>22,448</b>

## 29 Post balance sheet events

There have been no significant post balance sheet events requiring disclosure.

## 30 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Audit and Risk Committee. The Trust's treasury activity is subject to review by the Trust's internal auditors.

### Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. It has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

### Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability. The borrowings are for 5-15 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 2021 are in receivables from customers, as disclosed in the trade and other receivables note.

### Liquidity risk

The Trust's operating costs are incurred under contracts with commissioners, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated funds together with funds obtained from external government borrowing when necessary, along with commercial sources through its finance lease and PFI arrangements.

## 30.1 Carrying value and fair value of financial assets

	Group Total	Trust Total
	31 March 2021	31 March 2021
	£000	£000
Trade and other receivables (excluding non financial assets)		
- with NHS and DHSC bodies	19,109	19,109
Trade and other receivables (excluding non financial assets)		
- with other bodies	22,924	20,616
Other investments / financial assets	3,241	15,106
Cash and cash equivalents at bank and in hand	134,065	127,783
<b>Total</b>	<b>179,339</b>	<b>182,614</b>

All financial assets are held at amortised cost, other than £3.176m of charitable investments which are held at fair value through i&e.

## 30.2 Carrying value and fair value of financial liabilities

	Group Total	Trust Total
	31 March 2021	31 March 2021
	£000	£000
DHSC loans	10,998	10,998
Other borrowings excluding finance lease and PFI liabilities	313	313
Obligations under finance leases	44,478	49,671
Obligations under PFI, LIFT and other service concession contracts	886	886
Trade and other payables (excluding non financial liabilities) - with NHS and DHSC bodies	12,377	12,377
Trade and other payables (excluding non financial liabilities) - with other bodies	108,274	142,749
IAS 37 provisions which are financial liabilities	6,650	6,650
NHS Charitable funds: financial liabilities	559	0
<b>Total</b>	<b>184,535</b>	<b>223,644</b>

## 30.3 Maturity of Financial liabilities

	Group 31 March 2021 £000	Trust 31 March 2021 £000
In one year or less	142,786	116,244
In more than one year but not more than five years	39,487	48,747
In more than five years	20,224	76,005
<b>Total</b>	<b>202,497</b>	<b>240,996</b>

## 31 Limitation on auditor's liability

The liability of the Trust's external auditor Grant Thornton, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.





