



Our COVID response

Mr Matthew Revell – Executive Medical Director & Consultant Orthopaedic Surgeon



Patients

- Elective orthopaedic services ceased at the ROH on 15th March 2020
- Trauma patients from University Hospitals Birmingham (UHB) transferred to ROH from end of March 2020 for surgery & after care
 - patients with fractured hips
 - hand trauma
 - upper & lower limb trauma
- The ROH maintained its Oncology, Spinal & emergency Arthroplasty services
- We expanded our emergency arthroplasty, cancer and spinal services for the region
- Ward 12 was designated for COVID positive patients
- All patients were screened and grouped (cohorted) to protect the most vulnerable

People

- ROH staff were redeployed within the hospital to support the increase in Trauma patients,
 - additional training
 - New working patterns for medical staff (24-hour medical cover)
- Staff were also identified for the Birmingham Nightingale Hospital
- Staff were challenged with caring for a more complex cohort of patients, with additional needs, including end of life
- Administrative staff were asked, where possible, to work from home requiring support by the IT team
- Increase in staff from teams across the hospital working together to address day to day challenges
- Sense of pride in Birmingham & Solihull units pulling together, and the wider NHS – pace and flexibility key to delivery

Partnerships

- NHS escalated to 'Level 4' incident, meaning that all trusts were required to work in partnership to respond to COVID on a national level
- ROH Consultant Anaesthetists provided Intensive Care Unit support at UHB
- Increased referral area for ROH spinal service, treating more complex patients as a result
- Worked closely with UHB Sarcoma Service, commencing joint retroperitoneal sarcoma surgery on the ROH site
- Joint working with surgeons from five hospitals across Birmingham and Solihull

Process

- From March 2020, a rigorous governance structure was implemented, with a dedicated COVID lead & ROH Trauma lead
- Meetings were held three times a day between ROH & UHB to address operational, strategic & tactical issues
- Multi-disciplinary meetings were held two times a day to plan for patients coming in the following day to be treated
- The ROH Incident Control Centre and Site office was established to provide daily reporting on a regional and national level
- Virtual multi-disciplinary team (MDT) meetings were set up between ROH & UHB to review Oncology patients
- National guidelines were updated on a daily/weekly basis, requiring teams to respond quickly in line with government recommendations

Performance

- National guidelines around Personal & Protective Equipment (PPE) were frequently updated or changed, resulting in challenges for all NHS Trusts
- Operating theatres were designated to treat COVID positive patients, and others kept for COVID negative patients
- Enhanced cleaning regime & portering service provision implemented across the whole hospital site
- Cancer targets maintained throughout
- Publications delivered – informing the national direction
- Planning in place to review patients who had been deferred and monitor appropriately
- Patient outcomes for Trauma patients were monitored and reported



Quality Report Highlights

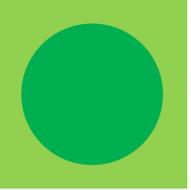
Garry Marsh, Executive Director of Nursing & Clinical Governance



Quality Priorities 2019/2020

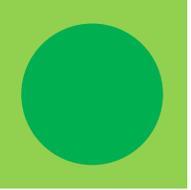
- Reduce the number of incidents of consent on the day, improving the quality of consent
- Staggered admission times for all patients attending ADCU, including those attending for diagnostics
- Improvement in acute pain management
- Embedding learning and improvements made relating to sepsis
- Ensure that all clinical and corporate policies are in date and have an appropriate audit plan
- Reduce the number of times patients Outpatient clinic appointments are rescheduled

Reduce the incidences of ‘consent on the day’



We have:

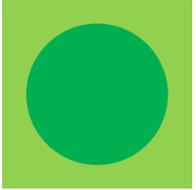
- Reviewed consent policy
- Agreed our consent Key Performance Indicators to ensure ongoing monitoring
- Revised our Consent form, providing a range of speciality specific consent forms addressing common issues
- Completed our Consent audit with reporting to our Quality and Safety Committee



Staggered admission times for all patients attending our Admissions and Day Case Unit (ADCU), including those attending for diagnostics

We have:

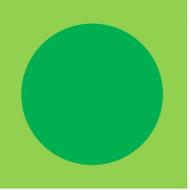
- Introduced a monthly dashboard and Key Performance Indicators for waiting times
- Introduced staggered admission times for diagnostic lists
- Introduced a monthly dashboard broken down by speciality showing average wait times for our patients
- Ensured all theatre lists use staggered admission times with compliance reviewed in a weekly planning meeting
- Seen a reduction in waiting times and a reduction in verbal complaints



Improvement in acute pain management

We have:

- Developed our Acute Pain Guidelines providing a Trust approved and agreed analgesic ladder for prescribers
- Incorporated into our electronic prescribing system a range of pain scoring tools to support management and monitoring of pain
- Invested in PgCert level education on pain management for our Rapid Response Team (RRT)
- Completed work with nursing staff to the adjust response/urgency of staff in managing pain as a medical emergency
- Developed patient education literature explaining the analgesia available and our expectations for their pain management
- Noted that pain is no longer a theme noted in the complaints and PALS concerns we receive

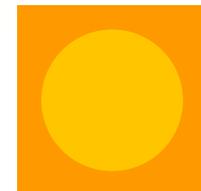


Embedding learning and improvements made relating to sepsis

We have:

- Reviewed and Launched our Deteriorating Adult Patient Policy
- Undertaken NEWS2 (National Early Warning Scores) training and sepsis training for our medical and nursing staff
- Agreed key performance indicators with reporting into our deteriorating patient group

Ensure that all clinical and corporate policies are up-to-date and have an appropriate audit plan



To be carried forward to 2020/21 as a Quality Priority

In 2019/2020 we have:

- Undertaken a Review of our policies with clear review dates and authors/executive leads being completed, alongside the alignment to the appropriate groups and committees.
- Launched the Allocate Assure Policy Module which will support the regular review and notification to authors around policy maintenance (from March 2020), with reporting of policy metrics to appropriate groups and committees.
- Been Partially successful with initiatives completed but greater compliance needed by allocated authors.

2016/2017	78
2017/2018	22
2018/2019	52
2019/2020	42

In 2020/2021 we will:

- Focus on supporting policy authors to review/complete policies within Division
- Strengthen the use of the Allocate system to report compliance into relevant groups and committees.

Reduce the number of times patients Outpatients clinic appointments are rescheduled

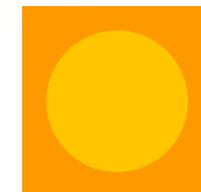
To be carried forward to 2020/21 as a Quality Priority

In 2019/2020 we have:

- Clearly identified that the Rescheduling of appointments continues to be a key theme in our PALs and complaints data;
- Launched a new electronic clinic rescheduling process and tool was developed and rolled out that built in an operational authorisation process.
- Continued to introduce information technology solutions.
- Continued to monitor our Key Performance Indicators around outpatients appropriate groups and committees;

In 2020/2021 we will:

- Embed the roll out of 'partial booking' to all specialities.
- Continue the Implementation of the software solutions such as the DrDoctor system.
- Monitor the rescheduling Key Performance Indicators (KPIs) for improvement.



Quality Priorities 2020 / 2021

- Priority 1:** Reduce the number of incidents of consent on the day, improving the quality of consent.
- Priority 2:** Ensure that all clinical and corporate policies are in date and have an appropriate audit plan.
- Priority 3:** Reduce the number of times patients Outpatient clinic appointments are rescheduled.

- NEW Priority 4:** Reduce Patient Harms in the Trust – Falls (indicator to be sponsored by the Council of Governors);
- NEW Priority 5:** Improving Experience for Patients, Carers and Service Users
- NEW Priority 6:** Patient Wellbeing (including Spiritual Health)

Learning from Deaths

During 2019/2020 22 deaths occurred which met the Learning from Deaths criteria:

- 2 Deaths were reported as in-hospital deaths at the Trust
- 20 deaths occurred within 30 days of being discharged from the Trust

We found that:

- All of these deaths were deemed unavoidable
- There were no deaths associated with Mental Health or Learning Disabilities patients



COVID-19

- Throughout the COVID pandemic the Trust has adhered to national guidance issued by Public Health England and NHS England & Improvement. We have also adhered to the legislative requirements of the Hygiene Code.
- At no point have staff not had the access to the required Personal Protective Equipment (PPE) nor have they been required to reuse PPE.



Financial Review and Annual Accounts Highlights

Steve Washbourne, Executive Director of Finance & Performance

Alison Gray, Fundraising Manager

Financial Performance

- Operating Deficit £9,832k
- Retained Deficit £10,854k
(as per Statement of Comprehensive Income (SOCl))
- Control Total Deficit £10,214k
- Contains a number of exceptional items including; cancellation of elective surgery (COVID-19) in March, transfer of Paediatric Services in July, and costs of Phase 1 Theatre Expansion
- Balance Sheet Change: NHSE/I announced our long term loans (debt) would be converted into equity known as Public Dividend Capital (PDC) ~ £19m

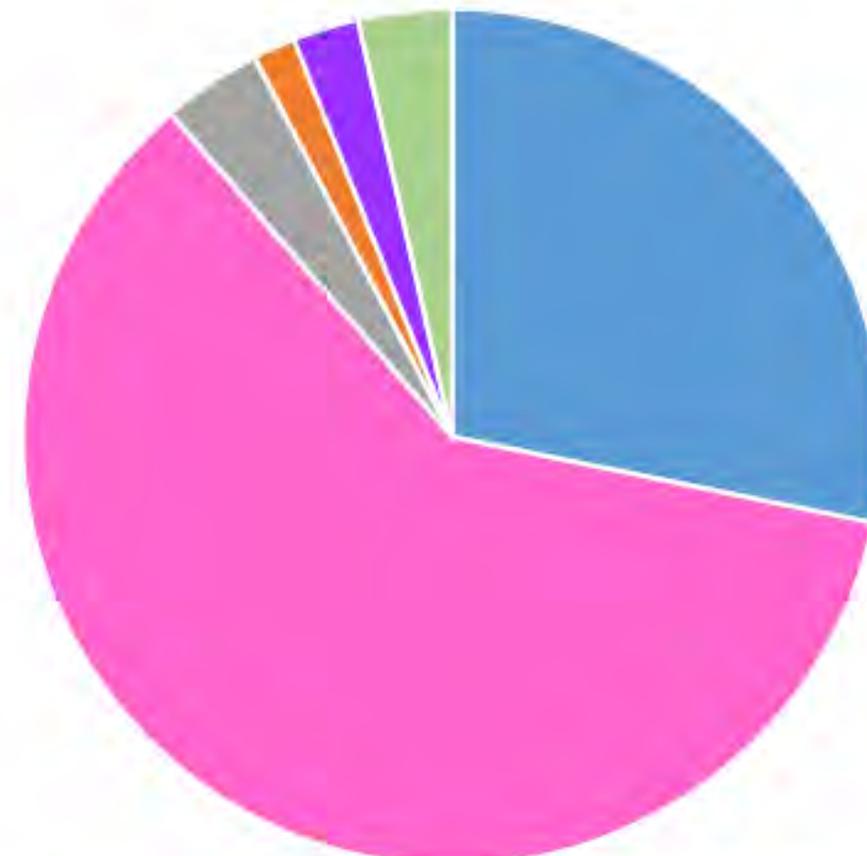
£000s	2019/20	2018/19	2017/18
Operating Income (inc PSF)	87,937	87,460	81,979
Operating Expenses	(97,167)	(90,089)	(85,169)
Net impairment	(602)	(783)	1,554
Operating Surplus / (Deficit)	(9,832)	(3,412)	(1,636)
Net Finance Costs / Other gains and losses	(1,022)	(1,102)	(1,292)
Retained deficit for the year (per SOCl)	(10,854)	(4,514)	(2,928)
Control Total Adjustments:			
CQUIN risk reserve (16/17)			(232)
Reversal of impairments	(602)	783	(1,554)
Consolidation of charities	196	352	51
Donated assets	(158)	(272)	61
Control Total Deficit	(10,214)	(3,651)	(4,602)
FRF / PSF	-	(2,464)	(1,844)
Control Total Deficit (exc FRF/ PSF)	(10,214)	(6,115)	(6,446)
Control Total	(5,312)	(6,615)	(6,619)

PSF Provider Sustainability Funding

FRF Financial Recovery Funding

Analytical Review: Income 2019/20

	£m		
	2019/20	2018/19	2017/18
NHS England	24.8	24.9	24.6
CCGs	53.1	50.5	48.7
Other Patient Care	3.3	2.9	1.3
Private Patients	1.4	1.7	0.9
R&D / Education	2.2	2.3	2.5
PSF / STF	-	2.5	1.8
Other	3.1	2.7	2.2
	87.9	87.5	82.0



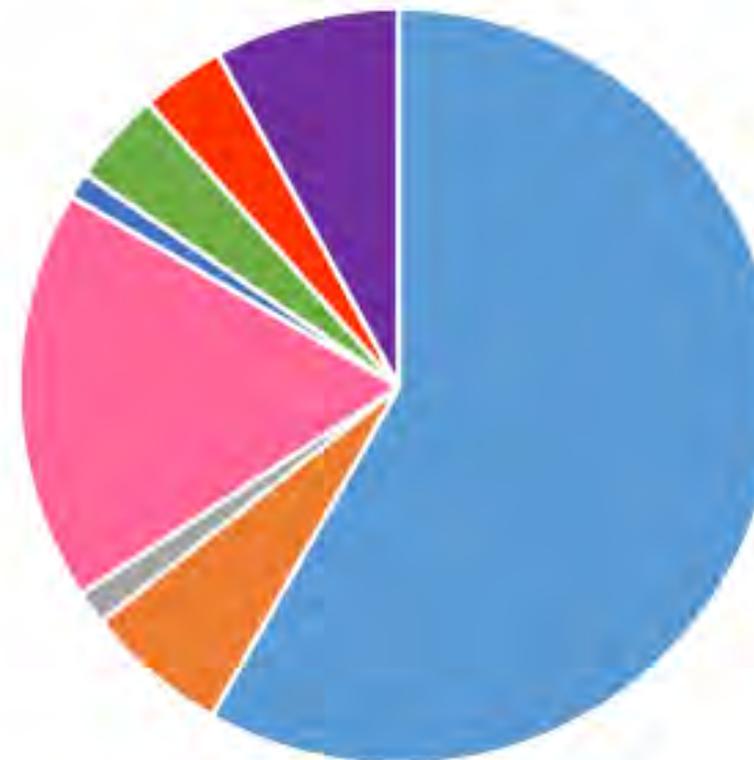
■ NHS England ■ CCGs ■ Other Patient Care ■ Private Patients ■ R&D / Education ■ PSF / STF ■ Other

PSF Provider Sustainability Funding

FRF Financial Recovery Funding

Analytical Review: Expenditure 2019/20

	£m		
	2019/20	2018/19	2017/18
Staff	56.8	53.6	50.3
Purchase of Healthcare Services	6	5.3	4.5
Drugs	1.4	1.6	1.6
Clinical Supplies	17.2	15.3	15.3
General Supplies	1.1	1.0	1.4
CNST	3.9	4.2	3.5
Premises	3.5	3.4	2.9
Other	7.7	6.5	5.7
	97.6	90.9	85.2



- Staff
- Purchase of Healthcare Services
- Clinical Supplies
- Drugs
- Premises
- General Supplies
- CNST
- Other

CNST Clinical Negligence Scheme for Trusts

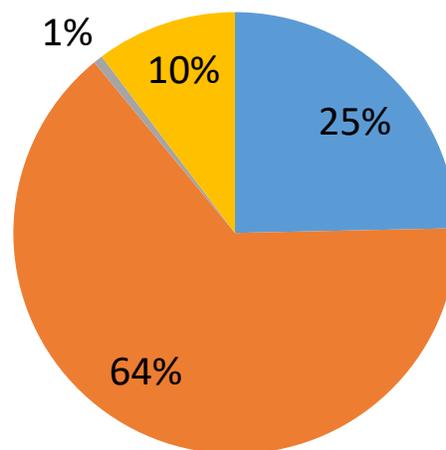


THE ROYAL ORTHOPAEDIC HOSPITAL
CHARITABLE FUND

2019-2020

The Royal Orthopaedic Hospital Charitable Fund exists to support the Trust. Through support from our donors, we have been able to fund a wide range of activities over the years focussed on enhancing the experiences of our patients, their families and our staff.

Income Received



Donations	£ 72,000
Legacies	£ 188,000
Gift Aid	£ 1,000
Fundraising	£ 30,000

Key Achievements

- The Dubrowsky Regenerative Medicine Laboratory opened in December 2019
- 5% increase of grants distributed towards hospital patient improvement projects
- Over £3000 worth of sponsorship received for our annual Staff Awards Ceremony
- Funded over £7500 worth of sensory and distractive equipment for patients with complex needs
- Invested in traditional and digital marketing activity to showcase our work

In 2019/20 we supported the following projects:

Patients' Experience:

- Young adult facilities
- Oncology support for patients and their families
- Equipment for patients with dementia and complex needs
- Learning disability training



Research:

- Dubrowsky Regenerative Medicine Laboratory
- Hip Research Study



Staff Welfare and Amenities:

- Investment in Learning
- Staff Recognition
- Employee Wellbeing Packages



Alley's School; £10,000

"I entered the charity into the mix on a whim. We don't influence the children in anyway and we let them choose what they are most supportive of. In this case it was The Royal Orthopaedic Hospital, which was really lovely for me, as I have such a personal connection with the hospital."

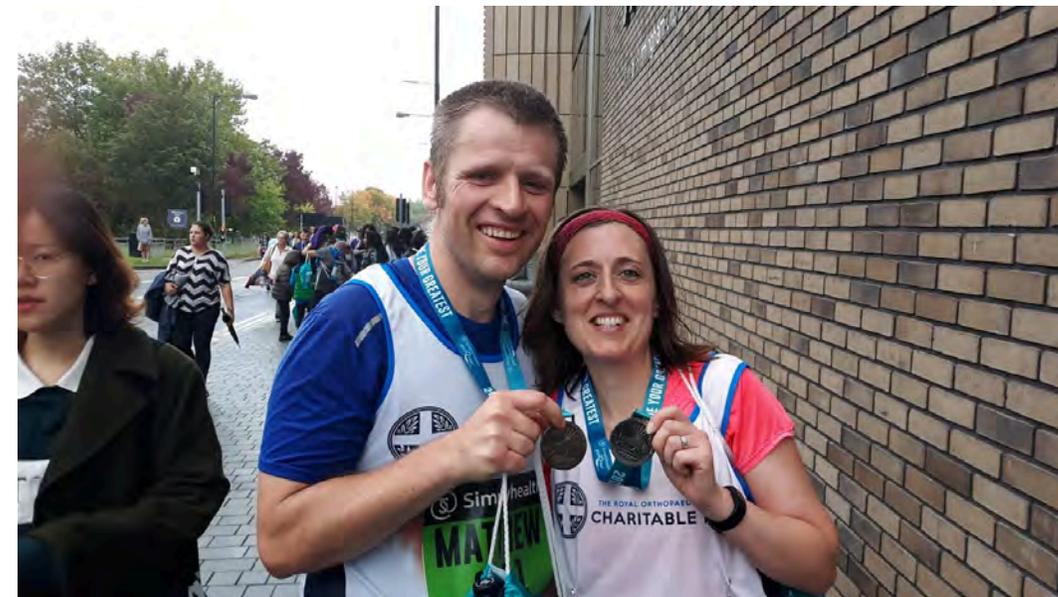
Jude



ROH Patients; £895

"Erin was so pleased to find I was supporting the ROH, that she was my first sponsor! Erin is now running pain free; something she could have only dreamt of before. I'm very grateful to the ROH for what they have done for Erin. Any support you can give will help to support the great work this hospital does!"

Natasha





Auditors Report

Mo Ramzan, Deloitte LLP

Responsibility Statement

The following report has been summarised from the findings of the ISA 260 report on the Financial Statements Audit for year ended 31 March 2020 which was presented to the Audit Committee of The Royal Orthopaedic Hospital NHS Foundation Trust in June 2020.

The contents were prepared to provide Those Charged With Governance with details of the key findings identified during the external audit of the Annual Report and Accounts for 2019/20 in line with the requirements of our Terms of Engagement.

This report is prepared for The Royal Orthopaedic Hospital NHS Foundation Trust. You should not refer to or use our name or the report for any other purpose, disclose them or refer to them in any prospectus or other document. No other party is entitled to rely on our report for any purpose whatsoever and we accept no duty of care or liability to any other party who is shown or gains access to this report.

Scope of our work

Accounts and Annual Report

- Identification and testing of the key risk areas.
- Performance of sample testing and analytical review.
- Testing of the auditable sections of the Remuneration Report.
- Review of the work of relevant regulatory bodies.
- Review of:
 - The Annual Report for consistency with the content of the Financial Statements.
 - The Annual Governance Statement.

Modified Audit Opinion
on Accounts

Use of
Resources

FT accounts consolidation schedules

- Comparison of the Consolidation Schedules to the audited Annual Report and Accounts.
- Sample testing of the Whole of Government Accounts (WGA) balances for income, expenditure, receivables and payables to supporting documentation.

Consistency of the
Consolidation
Schedules

Confirmation to National
Audit Office over content
of WGA schedules

- We issued an **modified opinion** on the Annual Accounts, due to the limitation of scope on the inventory balances.
- We included an **emphasis of matter** paragraph on going concern.
- We included disclosure on **material uncertainty** regarding the potential impact of Covid-19 on asset valuations.
- We issued an **unmodified opinion** on the Trust's Use of Resources.

Key Findings

Financial Performance

At the year-end the Trust reported:

Deficit	Deficit for the year of £10.2m
Cost Improvement Programme (CIP)	Actual: £1.5m (Plan: £1.6m)
Use of Resources Rating	4
Cash Position	Balance at year-end £0.7m (Plan: £3.0m)

The Trust reported a control total deficit of £10.2m for the year, there was no receipt of Provider Sustainability Funding (PSF) or Financial Recovery Funding (FRF).

Cash at year end was significantly lower than plan by £2.3m. The plan for 2020/21 is for cash to be £3.6m by 31 March 2021. Department of Health and Social Care (DHSC) loans will be converted to Public Dividend Capital (PDC), this will result in the removal of the requirement to repay the capital of the loans. This is expected to improve the Trust's balance sheet and long term cash flow outlook.

The Trust had its breach of licence enforcement undertaking from NHSE/I lifted during 2019/20. However, due to the decrease in clinical activity and variance to planned activity, financial sustainability is still considered an audit risk. The Trust have now also transferred paediatric inpatients to the Birmingham Women's and Children's Hospital NHS Foundation Trust.

We have also considered the Trust's forecasts and forward plan as part of our going concern assessment and have highlighted the ongoing challenge and uncertainty surrounding the current financial regime, impact of COVID-19, and delivering efficiencies. Management and the Board must continue to monitor progress closely and ensure early corrective action is taken to address any shortfalls in performance. We will continue to review the Trust's achievement as part of our ongoing responsibilities.

Audit findings

Some of the key findings from the audit included:

Accounting performance

- Submission of draft and final accounts within deadlines;
- Early, proactive discussion of potential issues; and
- High standard of working papers.

Accounting policies and financial reporting

- Required to consider accounting policies and financial reporting;
- The Trust's external valuers, Cushman and Wakefield, included a material uncertainty paragraph in their report to the Trust. This is consistent with what we have seen across the sector and is reflected in our audit opinion.
- Other minor comments provided were accepted by the Trust.

Annual Governance Statement

- The review of the Trust's Annual Governance Statement identified no significant issues with a number of minor improvements recommended.

Annual Report

- No significant issues identified. Minor comments provided were accepted by the Trust.

Controls findings

- Three control findings were noted during the audit.
- Two findings related to stock management issues where it was seen that not all stock items had values assigned, and where it was not possible to distinguish between Trust owned and consignment stock.
- One minor finding related to a review procedure not being evidenced.

Appendix 1

Glossary

Acronym	Term	Explanation
NHS	National Health Service	The healthcare service of the United Kingdom.
NHSE/I	NHS England and NHS Improvement	NHS England and NHS Improvement have come together and are responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.
CIP	Cost Improvement Programme	An NHS financial savings target with the aim to reduce costs while improving patient care, patient satisfaction and safety.
ISA	International Standards on Auditing (UK)	The guidelines that the external auditors follow when completing the audit of the Trust's financial statements.
ARM	Annual Reporting Manual	The accounting manual that Trusts must follow when preparing their financial statements.
RTT	Referral to Treatment	The NHS Constitution gives patients the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible.
WGA	Whole of Government Accounts	Consolidated accounts produced by NHSE/I for NHS providers (NHS trusts and foundation trusts).
EBITDA	Earnings Before Income, Tax, Depreciation and Amortization	This is a measure of a company's operating performance which excludes financing decisions, accounting decisions or tax impact.
PSF	Provider Sustainability Fund	Fund of money used to make payments to providers. This is allocated to support and incentivise the sustainable provision of efficient, effective and economic care by NHS Trusts and Foundation Trusts.



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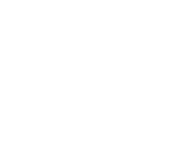
Members of the Trust at the Annual General Meeting are asked to formally acknowledge and accept the presentation of the following documents:

- The Annual Accounts
- The Report of the Auditor on them
- The Annual Report



Question & Answer Session

Led by Trust Chair, Dame Yve Buckland





Closing Remarks

Trust Chair, Dame Yve Buckland

